

BRING THIS COMPLETED FORM TO YOUR APPT AT SPECTRA HEALTHCARE

3 DAY FOOD RECORD

Write down everything you eat and drink with portion sizes(Ex. Skim milk 8 oz, ½ cup of pineapple)

DAY 1	DAY 2	DAY 3
BREAKFAST TIME: _____	BREAKFAST TIME: _____	BREAKFAST TIME: _____
SNACK TIME: _____	SNACK TIME: _____	SNACK TIME: _____
LUNCH TIME: _____	LUNCH TIME: _____	LUNCH TIME: _____
SNACK TIME: _____	SNACK TIME: _____	SNACK TIME: _____
DINNER TIME: _____	DINNER TIME: _____	DINNER TIME: _____
SNACK TIME: _____	SNACK TIME: _____	SNACK TIME: _____

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