

Three-Day Dietary Intake Form

Name: _____

Date: _____

Please note approximate time and where/with whom meals were eaten. Please also indicate any notes/observations on how you felt that day in terms of energy, mood, and skin. If possible, try to include two weekdays and one weekend day.

Day 1

Breakfast	
Lunch	
Dinner	
Snacks/Dessert	
Drinks	
Supplements	
Bowel movements	
Exercise	
Sleep	

Day 2

Breakfast	
Lunch	
Dinner	
Snacks/Dessert	
Drinks	
Supplements	
Bowel movements	
Exercise	
Sleep	

Day 3

Breakfast	
Lunch	
Dinner	
Snacks/Dessert	
Drinks	
Supplements	
Bowel movements	
Exercise	
Sleep	