



Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

## Client's Three Day Food Record

Thurs, Fri, Sat OR Sun, Mon, Tues

TIME	FOOD & BEVERAGE	SERVING SIZE	WHERE? Home, Car, Restaurant- Type; Alone;With Family or Friends	HUNGER LEVEL 1-Not Much 2-Somewhat 3-Ravenous	Feeling Calm,Happy, Sad, Stressed, Rushed

PHYSICAL ACTIVITY (continued on page 2)	TIME	HOW LONG / HOW MUCH	FEELING

