

### 3-Day Food Diary

*Please record everything you consume for 3 days prior to your appointment. Include time, brands and ingredients of package foods, and (approximate) quantities. If possible, please include at least one weekend day.*

Day 1: Breakfast

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Day 1: Morning snack

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Day 1: Lunch

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Day 1: Afternoon snack

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Day 1: Dinner

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Day 1: Nighttime snack

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Glasses (8oz) of water drank

<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8 or more

Day 2: Breakfast

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Day 2: Morning snack

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Day 2: Lunch

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Day 2: Afternoon snack

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Day 2: Dinner

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Day 2: Nighttime snack

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Glasses (8oz) of water drank

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|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 or more |

Day 3: Breakfast

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Day 3: Morning snack

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Day 3: Lunch

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Day 3: Afternoon snack

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Day 3: Dinner

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Day 3: Nighttime snack

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Glasses (8oz) of water drank

- |                            |                                    |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 or more |

What environment did you eat in most often? (Ex: in front of computer, with spouse in the dining room with music playing, etc.)

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