Three-Day Food Log (Day One)

Name: _____ Date: __/__/___

This form will give Dr. Ettinger an overview of your typical eating habits and food selections.

Please include any nutritional supplements and medications you are currently taking.

DAY OF WEEK	🗆 SU	M	ΠT	u w	🗆 TH	🗆 F	🗆 SA	(Check One)
Food and liqu	id intake					ТІ	ME	AMOUNT

Three-Day Food Log (Day Two)

Name: _____ Date: __/__/___

This form will give Dr. Ettinger an overview of your typical eating habits and food selections.

Please include any nutritional supplements and medications you are currently taking.

DAY OF WEEK	🗆 SU	M	Γ	u w	🗆 TH	□F	🗆 SA	(Check One)
Food and liqui	id intake					ТІ	ME	AMOUNT

Three-Day Food Log (Day Three)

Name: _____ Date: __/__/___

This form will give Dr. Ettinger an overview of your typical eating habits and food selections.

Please include any nutritional supplements and medications you are currently taking.

DAY OF WEEK	🗆 SU	ΔM	ПТ	U W	🗆 TH	□F	🗆 SA	(Check One)
FOOD AND LIQUID INTAKE							ME	AMOUNT