

3-DAY DIETARY HISTORY

Describe your diet in one sentence:	
What percent of your meals are home cooked?	
How many times per week do you eat at restaurants?	
Are there any foods that you do not tolerate?	

Complete a recent, detailed 3-day dietary log (include beverages):

Breakfast:	
AM snack:	
Lunch:	
PM snack:	
Dinner:	
Eve snack:	

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Lunch:	
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