

3-Day Food Diary

Cheshire Fitness Zone and Pediatric Therapy

328 Main Street Cheshire, CT 06410

(203) 250-9663

Client Name: _____ D.O.B: _____ Dates Diary was Completed: _____, _____ & _____

Please provide a detailed record of your child's food intake over a 3-day period. **Include all meals, snacks, and beverages.** Thank you!

	Day 1	Day 2	Day 3
Breakfast Time:			
Snacks Time:			
Lunch Time:			
Snacks Time:			
Dinner Time:			
Snacks Time:			

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Additional Information:
