

**3-Day Diet Record**  
**Center for Better Bones**  
605 Franklin Park Dr.  
East Syracuse, NY 13057  
315-437-9384

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please take any three (3) days in sequence and record everything that you eat or drink. Please include brand names when possible, along with specific types of food and beverages.

**Day 1** Breakfast: \_\_\_\_\_

Mid-AM Snacks: \_\_\_\_\_

Lunch: \_\_\_\_\_

Mid-PM Snacks: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

**Day 2** Breakfast: \_\_\_\_\_

Mid-AM Snacks: \_\_\_\_\_

Lunch: \_\_\_\_\_

Mid-PM Snacks: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

**Day 3** Breakfast: \_\_\_\_\_

Mid-AM Snacks: \_\_\_\_\_

Lunch: \_\_\_\_\_

Mid-PM Snacks: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

PLEASE LIST ANY OF THE FOLLOWING THAT YOU ARE TAKING  
**SUPPLEMENTS** **MEDICATIONS**
