

# Clinical Paradigms

## 3-Day Food Log

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Record information as soon as possible after each meal/snack. Please include all beverages, including water.
- Describe the food or beverage consumed. e.g., milk - what kind? (whole, 2%, or nonfat); toast - (whole wheat, white, buttered); chicken - (fried, baked, breaded), etc.
- If a casserole, smoothie, etc., please include ingredients or specify brand if a prepared food
- Provide amount consumed using standard measurements when possible, such as 8 ounces, 1/2 cup, 1 teaspoon, etc.
- Include any additional items. For example: tea with 1 tsp sugar, potato with 2 tsp butter, etc.
- Please include any adverse effects, change in mood, change in bowel movements, rashes, etc.

### Day 1

	Item	Quantity
<b>Breakfast</b>  <i>Time:</i>		
	Symptoms/Changes?	
<b>Snack</b>  <i>Time:</i>		
	Symptoms/Changes?	
<b>Lunch</b>  <i>Time:</i>		
	Symptoms/Changes?	
<b>Snack</b>  <i>Time:</i>		
	Symptoms/Changes?	
<b>Dinner</b>  <i>Time:</i>		
	Symptoms/Changes?	
<b>Misc./Snack</b>  <i>Time(s):</i>		
	Symptoms/Changes?	

**Day Two**

<b>Day Two</b>		
<b>Breakfast</b>  <i>Time:</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	
<b>Snack</b>  <i>Time:</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	
<b>Lunch</b>  <i>Time:</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	
<b>Snack</b>  <i>Time:</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	
<b>Dinner</b>  <i>Time:</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	
<b>Misc./Snack</b>  <i>Time(s):</i>	<i>Item</i>	<i>Quantity</i>
	Symptoms/Changes?	

**Day 3**

<b>Day 3</b>		
<b>Breakfast</b>	<i>Item</i>	<i>Quantity</i>
<i>Time:</i>		
	Symptoms/Changes?	
<b>Snack</b>	<i>Item</i>	<i>Quantity</i>
<i>Time:</i>		
	Symptoms/Changes?	
<b>Lunch</b>	<i>Item</i>	<i>Quantity</i>
<i>Time:</i>		
	Symptoms/Changes?	
<b>Snack</b>	<i>Item</i>	<i>Quantity</i>
<i>Time:</i>		
	Symptoms/Changes?	
<b>Dinner</b>	<i>Item</i>	<i>Quantity</i>
<i>Time:</i>		
	Symptoms/Changes?	
<b>Misc/Snack</b>	<i>Item</i>	<i>Quantity</i>
<i>Time(s):</i>		
	Symptoms/Changes?	