



*Nutrition Solutions, LLC*  
*For Health and Longevity*

Please bring this form to your initial nutrition assessment!

## 3 Day Diet Recall

Please include 2 week days & 1 weekend day, include all beverages & list the amount/portion size you are eating.

**Day 1**

**Day 2**

**Day 3**

<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>
<b>Snack</b>	<b>Snack</b>	<b>Snack</b>
<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>
<b>Snack</b>	<b>Snack</b>	<b>Snack</b>
<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>
<b>Snack</b>	<b>Snack</b>	<b>Snack</b>