ISSA
INTL. SPORTS SCIENCES ASSOC.

3-DAY DIETARY LOG

Name:	Date:

This dietary record must be as accurate as possible. Please do not alter your eating habits or modify your meals to change what is logged. It is essential to be precise and honest because this log will aid your fitness professional in creating the best plan of action for your current behaviors and lifestyle.

Instructions

1. Please keep this log with you at all times and log meals, snacks, drinks, and anything else you consume as accurately as possible.
2. When possible, use a food scale or measuring spoons or cups. If you do not finish an entire serving that was logged, please adjust the log accordingly. Avoid guessing or estimating as much as possible.
3. Please list each food item in a meal separately.
4. For packaged items, use labels to determine quantities.
5. Include the time of day and any relevant notes in the last column.
6. Please log your food/drink consumption for three consecutive days. If there are special events or circumstances that affect your nutrition on a certain day, please note this in the far right column. This will provide your fitness professional with the appropriate insight. If you wish to log for more than 3 days, please do so.
7. Have this log completed and ready for your next session.

Example Log

Food Item (include brand name)	**Quantity** (g, ml, Tablespoons [Tbs], teaspoons [tsp], cups [c], etc.)	**Time of Day/ Additional Notes**
Breakfast		8:00 am - In a hurry
Toast	2 pcs	
Margarine	1 tsp	
Orange Juice	8 oz	
Lunch		12:00 pm - Homemade pizza
Small pizza (pepperoni, mushroom, cheese)	12-inch diameter	
Dinner		5:00 pm
Chicken	4 oz	
Baked Potato	8 oz	
Mixed Frozen Vegetables (peas, carrots, corn)	2 c	

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Name:	Date:

Day 1

Food Item (include brand name)	Quantity (g, ml, Tablespoons [Tbs], teaspoons [tsp], cups [c], etc.)	Time of Day/ Additional Notes

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Name:	Date:

Day 2

Food Item (include brand name)	Quantity (g, ml, Tablespoons [Tbs], teaspoons [tsp], cups [c], etc.)	Time of Day/ Additional Notes

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3-DAY DIETARY LOG

Name:	Date:

Day 3

Food Item (include brand name)	Quantity (g, ml, Tablespoons [Tbs], teaspoons [tsp], cups [c], etc.)	Time of Day/ Additional Notes

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