

BSP Nutrition

3-Day Food Log

Name:		Date:	
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Meal 1:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Meal 2:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Meal 3:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Meal 4:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Meal 5:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Meal 6:	Amount, Type and Preparation Method of Food Consumed - Details!	Why you ate? How you felt after?
Time		
Place		
Beverage(s)		

Notes & Comments: (please list any comments that influenced how you ate today, such as: if and when you exercised, no time to eat, all-day meetings, birthday party, at a wedding, etc. _____)

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Progress Check-In

Weight	
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Measurements (in inches)	
Neck:	
Arm:	
Chest:	
Waist:	
Stomach:	
Hip:	
Thigh:	
Calf:	

On a scale of 1-10 Rate Below	
Compliance to Nutrition Guidelines-	
Level of Hunger-	
Level of Energy-	
Happiness with Results-	
Improvement from Previous Food Log-	

Please enter any more general info that you feel should be documented