

3-Day Food and Fluid Intake Record



Southern
Urogynecology

Patient Name: _____

Dates Recorded: _____

	Day 1 Date: _____ Day of Week: _____	Day 2 Date: _____ Day of Week: _____	Day 3 Date: _____ Day of Week: _____
Fluid Intake			
Breakfast			
Mid-Morning			
Lunch			
Mid-Afternoon			
Dinner			
Evening			