Food Record

Name _____ Date/Day of the week_____

- To get an idea of what you are eating, complete this form as accurately as possible.
- Use one form for each day and keep the food records specific to that day only.
- Record all food and beverages (including water) you consume from the time you get up until the time you go to bed.
- This is your starting point on your GPS to weight management
- Follow the examples below as a guide.

TIME	FOOD/DRINK	TYPE	PREPARATION	AMOUNT

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