Food Record (an example)

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
8:30 AM	Bagel	Whole Wheat	Toasted	1/2 Bagel
8:30 AM	Milk	Non fat	Fresh	1 cup
Noon	Chicken	Leg	Fried	1 leg

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