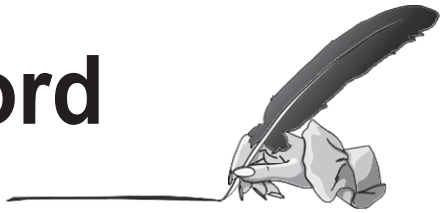
Lifestyle Management Form 5.2

Food Record



Name:_____Date: _____

- Complete this form as accurately as possible, using the examples as a guide.
- Use only one form per day. Do not put any thing on this form which pertains to another day.
- Record all foods and beverages, including water, you consumed from the time you woke up to the time you went to bed.

TIME	FOOD / DRINK	TYPE	PREPARATION	AMOUNT
8:00 AM	Bagel	Cinnamon Raisin	Toasted	one half
8:00 AM	Milk	1% fat	Fresh	8 ounces
NOON	Chicken	leg and thigh	Fried	1 each