Name: _____ Date of Birth: _____ Appointment:_____
Date of Measurement: _____ Height_____inches, Weight_____pounds

Directions for completion of food record:

1. Please record three full days: two week days and one weekend day.
2. Write down everything you eat and drink from the time you awake until the time you go to sleep.
3. Include everything consumed, food and beverage (including water).
4. Be as specific as possible about brand and amount eaten. Use cups or ounces for liquids, ounces for meat (the size of your palm and thickness is about 4 oz.), and cups, teaspoons, or tablespoons if needed. Remind yourself of measurements by looking at plastic measuring cups/spoons for solids and glass measuring cup for liquids. Measure if needed.
5. In the last column, record any physical activity and put the time in the first column.
6. E-mail me with any questions: Marysue@BeHealthyNH.com or call 603-997-2277. When completed, bring this with you to your first appointment.
7. Thank you!

Supplements Taken:	Medications taken:

Day 1/Date: _____ Patient Name: _____

Time of Day	***Food Eaten***	***Amount of food***	***Activity Done***
Example:			
8:00 am Breakfast	*Skim milk*	*½ cup*	
	Orange juice	*½ cup*	
	Rice Chex cereal	*1 cup*	
9:00 am			*Walk 20 min.*

Day 2/Date: _____ Patient Name: _____

Time of Day	***Food Eaten***	***Amount of food***	***Activity Done***
Example:			
8:00 am Breakfast	*Skim milk*	*½ cup*	
	Orange juice	*½ cup*	
	Rice Chex cereal	*1 cup*	
9:00 am			*Walk 20 min.*

Day 3/Date: _____ Patient Name: _____

Time of Day	***Food Eaten***	***Amount of food***	***Activity Done***
Example:			
8:00 am Breakfast	*Skim milk*	*½ cup*	
	Orange juice	*½ cup*	
	Rice Chex cereal	*1 cup*	
9:00 am			*Walk 20 min.*