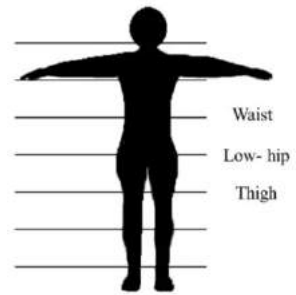





FOOD, BEVERAGE & EXERCISE RECORD

Name:
Height:



Take your waist, hip and thigh measurements and record them.  Write in Foods and Beverages Consumed and the time.
Note any symptoms.
Record your exercise type and duration.

| | |
|---------------|--------------|
| Before | After |
| Date _____ | _____ |

| Dates | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| MORNING FOODS and BEVERAGES Time: | | | | | | | |
| MORNING SYMPTOMS (Include how long they last and how bad they are on a scale from 1 to 5, with 5 being the worst) | | | | | | | |
| AFTERNOON FOODS and BEVERAGES Time: | | | | | | | |
| AFTERNOON SYMPTOMS | | | | | | | |
| EVENING FOODS and BEVERAGES Time: | | | | | | | |
| EVENING SYMPTOMS | | | | | | | |
| EXERCISE (Include exercise type and duration) | | | | | | | |