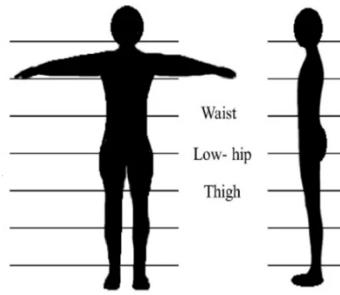




FOOD, BEVERAGE & EXERCISE RECORD

Name:
Height:



Date							
Chest							
Waist							
Hip							
Thigh							

Take your chest, waist, hip and thigh measurements and record them.

Write in Time and Foods & Beverages Consumed.

Note any symptoms.

Record your exercise type and duration.

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)							