

# TNS FOOD, BEVERAGE & EXERCISE RECORD



**Name:**

**Height:**



Date			
Chest			
Waist			
Hip			
Thigh			

- Record your chest, waist, hip and thigh measurements.
- Write in Time and Foods & Beverages Consumed.
- Note any symptoms.
- Record your exercise type and duration.

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