

Name: \_\_\_\_\_

Please record everything you eat for four days in a row in the table below. Please be specific and write the amount and type of food, e.g. "1/2 cup brown rice", not "rice". Also include drinks, water, and any vitamins or other supplements that you take. Please return this sheet at your next visit.

	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>
<b>Breakfast</b>				
<b>Snack</b>				
<b>Lunch</b>				
<b>Snack</b>				
<b>Dinner</b>				
<b>Snack</b>				