**Food Record**

Name _____ Date _____

Please keep a record of everything you eat and drink for a 24-hour period.

| Meal | Food & Drink (be specific) | Amount |
|---|---|---|
| Day #1 | | |
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(continued)

| Meal | Food & Drink (be specific) | Amount |
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| Day #2 | | |
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(continued)

| Meal | Food & Drink (be specific) | Amount |
|---|---|---|
| Day #3 | | |
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