

Name:			
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.

	Day 1	Day 2	Day 3	Day 4
Breakfast	_			2 /
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