Certified Obesity Management Specialist

Dietary Record | **American College of Wellness**

Name _____

Keep a detailed food record for at least 4 days. Use one sheet for each day. Please enter one food per line and indicate the amount as close as you can. Include all food, condiments and beverages. Please list specific amounts and preparation of item (baked, broiled, or fried)
For example:

Time	Food	Amount
6:30 am	Eggs, scrambled	2
	Bacon	4 slices
	Toast	4 slices
	Butter	2 tablespoons
	Whole milk	16 ounces
	Coffee, black	2 cups

Time	Food (1 item per line)	Amount

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Time	Food (1 item per line)	Amount

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