## HEALTHY HAPPY EATING <br> Food Record



Name: $\qquad$ Date $\qquad$

- Complete this form as accurately as possible, using the examples as a guide
- Use only one form per day. Do not put anything on this form that pertains to another day.
- Record all foods and beverages, including water, you consumed from the time you woke up to the time you went to bed.

| TIME | FOOD / DRINK | TYPE | PREPARATION | AMOUNT |
| :---: | :---: | :---: | :---: | :---: |
| 8:00 a.m. | Bagel | Cinnamon Raisin | Toasted | one half |
| 8:00 a.m. | Milk | 1\% fat | Fresh | 8 ounces |
| NOON | Chicken | leg and thigh | Fried | 1 each |
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