The Emily Program

Real help for eating disorders

Food Record

The Emily Program Name: _____ Date: _____ Su M T W Th F Sa

Food Record Goal for Today:

Time	Food Item	Portion	PR	GR	VG	FR	FT	ML	DS	Other	Symptoms	Exercise*	Thoughts/Feelings
		INTAKE											
		GOAL											

*Kind of exercise, length, HR

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