

DEFEAT Cancer

E&Nergy Record – Comprehensive Form



Name: _____ Height: ' __ " Current Weight: ___ lbs Phone: _____

1. Enter a check for each vegetable (V) or fruit (F)
2. Check/enter physical activity you undertook (pedometers available at no charge)

Date	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Wednesday ___/___	V or F: <input type="checkbox"/> <input type="checkbox"/> Exercise: Walk/Run- <input type="checkbox"/> Pedometer Steps _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____
Thursday ___/___	V or F: <input type="checkbox"/> <input type="checkbox"/> Exercise: Walk/Run- <input type="checkbox"/> Pedometer Steps _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____	V or F: <input type="checkbox"/> Work- <input type="checkbox"/> Bicycle- <input type="checkbox"/> Yoga/Stretch- <input type="checkbox"/> Other: _____
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Return to Cancer Treatment Center, St. Charles Medical Center, 2500 NE Neff Rd., Bend OR 97701
Questions? Call Dr. Bleyer at 383-6998 or 706-7743