



DEFEAT Cancer

E&Nergy Record – Abbreviated Form

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

1. Enter a vertical line for each vegetable (V) or fruit (F); group in fives (see example)
2. Check/enter steps taken (pedometers available) and comment on other physical activity

Day	Date	Veg & Fruits	Steps	Other Exercise
e.g.	1/21		6,540	Bike 1 mile
Mon	__/__/			
Tue	__/__/			
Wed	__/__/			
Thu	__/__/			
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Sat	__/__/			
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Sun	__/__/			

Day	Date	Veg & Fruits	Steps	Other Exercise
e.g.	1/21		5,540	Swam 7 laps
Mon	__/__/			
Tue	__/__/			
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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