

Due: _____
Appt.: _____

Diet Analysis— Food Record

Please complete the following food record by writing down everything you eat and drink during any three-day period prior to your appointment. For best results, include at least **one weekend day**.

Instructions:

- Record immediately after eating and describe food in as complete detail as possible. Include the time of your meal or snack.
- The more specific you can be, the more accurate your diet analysis will be. For example, include the method of preparation (boiled, fried, baked, steamed, canned, frozen), type of food (whole milk, cheddar cheese, skinless chicken, whole wheat bread), condiments (ketchup, butter, mustard, cream in coffee) and brand names (brand of cereal, yogurt, etc.). When recording restaurant foods, include the restaurant and menu item (Starbucks non-fat grande mocha, Round Table pepperoni pizza, Taco Bell bean and cheese burrito).
- Estimate the serving size by using measuring cups or spoons, by weight (ounces, pounds) or by unit (1 apple, 1 slice of bread, 1 cookie). Or use the enclosed portion tip sheet to help estimate portion sizes.
- Include any supplements such as vitamins, sports or herbal supplements you are taking.

Personal Information:

Name: _____ Phone: _____

Email (optional): _____ Date of Birth: _____

Sex: M F (Pregnant ___ Nursing ___) Height: _____ Weight: _____

Day to Day Activity Level:

- ___ **Sedentary:** minimum daily activity (watching TV, reading, computer work) most of the day.
- ___ **Very Light:** most office jobs that require desk work and sitting most of the day, students sitting in class most of the day.
- ___ **Moderately Heavy:** work that involves heavy work such as construction, heavy laborers, farm workers, etc.
- ___ **Heavy:** full-time athletes, military on active duty, steelworkers.
- ___ **Very Heavy:** female construction workers, coal miners, lumberjacks.

<p>What are your nutrition goals?</p> <p>Weight maintenance _____</p> <p>Lose weight: _____</p> <p>Gain weight: _____</p> <p>Healthy eating: _____</p> <p>Other nutritional Concerns _____</p> <hr/> <hr/> <p>Would you like to see the nutritionist?</p> <p>Y N</p>

	Weekly Activities	
Day	Activity (run, walk, bike, swim, weights, etc.)	Duration (minutes)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Diet Evaluation

This questionnaire provides information for your diet analysis appointment. Please answer each question.

Name: _____.

Reason for Diet Analysis: **Nutrition Client** **Academic Class** **Personal Interest**

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| <p>1. How many days a week do you eat breakfast?</p> <ul style="list-style-type: none"><input type="radio"/> 1-2 days<input type="radio"/> 3-5 days<input type="radio"/> 6-7 days<input type="radio"/> None <p>2. How many meals do you eat daily?</p> <ul style="list-style-type: none"><input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 5-6<input type="radio"/> 6 or more <p>3. How many snacks do you eat daily?</p> <ul style="list-style-type: none"><input type="radio"/> 1<input type="radio"/> 2<input type="radio"/> 3 or more<input type="radio"/> None <p>4. How times do you eat fruit daily?</p> <ul style="list-style-type: none"><input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 5 or more<input type="radio"/> None <p>5. How many times do you eat vegetables daily?</p> <ul style="list-style-type: none"><input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 5 or more<input type="radio"/> None <p>6. Do you follow a special diet?</p> <ul style="list-style-type: none"><input type="radio"/> Low calorie/Low-Fat<input type="radio"/> High protein<input type="radio"/> Vegetarian/Vegan<input type="radio"/> No special diet | <p>7. How many cups water do you drink a day (1 cup = 8 ounces)?</p> <ul style="list-style-type: none"><input type="radio"/> Rarely drink water<input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 3-5<input type="radio"/> 6 or more <p>8. How many sweetened beverages do you drink a day (soda, coffee drinks, fruit beverages, etc.)?</p> <ul style="list-style-type: none"><input type="radio"/> Rarely drink sweetened beverages<input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 3-5<input type="radio"/> 6 or more <p>9. How many days a week do you eat out (restaurants, fast food, coffee shops)?</p> <ul style="list-style-type: none"><input type="radio"/> Rarely<input type="radio"/> 1-2<input type="radio"/> 3-4<input type="radio"/> 5-7 <p>10. Outside of your normal work or daily responsibilities, how often do you engage in exercise of 30 minutes or more, which markedly increases your breathing (such as vigorous walking, cycling, running or swimming)?</p> <ul style="list-style-type: none"><input type="radio"/> Seldom or never<input type="radio"/> Less than once per week<input type="radio"/> 1-2 times per week<input type="radio"/> 3-5 times per week<input type="radio"/> 6 or more times per week |
|--|---|