

# NUTRITION RECORD

Patient Name \_\_\_\_\_

Please complete this form prior to your clinic visit. Be honest with your answers – you won't be scolded or criticized – this is not a test. We ask you for this information so we are better able to help you. Thank you!

## FOOD RECORD

Record everything you ate and drank over the past two days, including all snacks and beverages. Estimate the amount (i.e. ounces, cups, etc.) of food and drink that you consume. Please indicate if foods are low-fat or fat-free.

DAY 1 – Date: \_\_\_\_\_

MEALS	SNACKS
Time:	Time:
Time:	Time:
Time:	Time:

DAY 2 – Date: \_\_\_\_\_

MEALS	SNACKS
Time:	Time:
Time:	Time:
Time:	Time:

# NUTRITION RECORD

Please indicate how often and in what amounts you eat the following foods.

## Dairy Products

Please circle all products that you use:

Milk: Whole          2%          1%          Skim          \_\_\_\_\_ cup(s) per day  
Cream, cream cheese, sour cream      Regular or Low Fat?          \_\_\_\_\_ ounce(s) per week  
Regular whole milk cheese (i.e. cheddar, colby, etc)          \_\_\_\_\_ ounce(s) per week  
Low-fat cheese (made from part-skim milk)          \_\_\_\_\_ ounce(s) per week  
Regular ice cream          \_\_\_\_\_ per week; Reduced fat ice cream, frozen yogurt, sorbet          \_\_\_\_\_ per week  
Low-carb ice cream          \_\_\_\_\_ per week; Fat-free ice cream, frozen yogurt, sorbet          \_\_\_\_\_ per week  
No sugar added ice cream          \_\_\_\_\_ per week

## Meat and Meat Alternatives

Chicken or turkey          \_\_\_\_\_ per week;      *light or dark meat* \_\_\_\_\_      *with or without skin* \_\_\_\_\_  
Fish or seafood          \_\_\_\_\_ per week;      *How was it prepared? (fried, baked, etc.)* \_\_\_\_\_  
Beef, pork, lamb          \_\_\_\_\_ per week  
Bologna, salami, sausage, bacon, etc. Regular, Low-fat or Fat-free?          \_\_\_\_\_ per week  
Egg yolks          \_\_\_\_\_ per week  
Nuts and Seeds (peanut butter, walnuts, sunflower seeds, etc.) Please note which kind          \_\_\_\_\_ per week  
Legumes (kidney beans, split peas, navy beans, black beans, etc.)          \_\_\_\_\_ per week  
Soy Products (soy milk, tofu, burgers, etc.)          \_\_\_\_\_ per week

## Fats

Margarine Please note the brand name          \_\_\_\_\_ per day          Butter          \_\_\_\_\_ per week  
Oil used in cooking/baking or for salads, etc (olive, canola, corn, etc.)          \_\_\_\_\_ per day  
Mayonnaise salad dressing or salad dressing Low-fat or Fat free?          \_\_\_\_\_ per week  
Cholesterol-lowering margarine (Take Control®, Benecol®, etc.)          \_\_\_\_\_ per day

## Miscellaneous

Fruits and vegetables          \_\_\_\_\_ per day  
Oatmeal or oat products          \_\_\_\_\_ per week  
Sweet foods (candy, cookies, pies, sweet rolls, pudding, etc.)          \_\_\_\_\_ per week  
Sweetened beverages (soda, fruit drinks, cappuccino, etc.)          \_\_\_\_\_ per week  
Fried foods (french fries, deep-fried fish, fried chicken, etc.)          \_\_\_\_\_ per week  
Meals eaten in restaurants or cafeterias          \_\_\_\_\_ per week  
Alcohol (beer, wine, liquor)          \_\_\_\_\_ per week

Used by permission from University of Wisconsin, Madison, Preventive Cardiology Program