

DIETARY ASSESSMENT

NAME			DATE		
DOB:	HEIGHT:	WEIGHT:	SEX	M	F

Note: Complete **one** form for **each** of **three days** (preferably 2 weekdays and 1 weekend day). Bring the completed forms to the Nutrition Office (Room 119) in Student Health at least **2 working days before** your appointment. Questions? Call: (858) 822-0085.

Daily Food Intake: Please list **everything** you eat including the serving size, like cups or ounces. Complete the first three columns (TIME, FOOD, AMOUNT) and include all snacks and beverages. This should represent a typical day's food intake. If a certain day was not a typical day, you may select a more typical day. Be honest with your daily diet so that we can provide you with an accurate assessment.

TIME	FOOD	AMOUNT (cups or ozs)	Hunger Level / Mood
Morning			
Afternoon			
Evening			

List food dislikes and allergies:
List favorite or craved foods:
Comments:

SOME SUGGESTIONS ON KEEPING A DIET RECORD

1. Write down everything that you eat or drink, including all foods, beverages, nutrient supplements, vitamins, etc. Include all your meals and between-meal snacks from the time you get up until the time you go to bed.
2. Do not change your usual eating habits while you keep the food record. Eat just as you normally would, and be honest!
3. Write down the information as soon as you finish eating, since meals are difficult to recall in detail after time has passed.
4. Describe the type of food you have eaten, giving as many details as possible. For example, if you drank milk, indicate whether you had whole, skin, 2%, or 1%. Include the brand name of commercial products, and indicate whether the item was fresh, canned or frozen.
5. Describe how the food was prepared: raw, baked, boiled, steamed, fried, stir-fried, poached, grilled, toasted, broiled or micro-waved. Also indicate if you trimmed fat from meat, or followed any other special preparation or cooking technique.
6. Record the amount of food eaten. Use standard measurements, such as teaspoon, tablespoon or cup. You may also measure food by number (e.g., 1- french fries), size (e.g., 3 meatballs, 2 inch diameter) or by weight (e.g., $\frac{3}{4}$ ounce bag of potato chips).
7. Include all added ingredients, such as butter, salt, cooking oil, gravy, sauces, syrup, sugar and cream in coffee.

CHECKLIST FOR DIET RECORDS

Food Type	Did You Specify?
All	Amount eaten? By cup, teaspoon, tablespoon, using standard measurements? By size, giving dimensions (length, width, thickness, or diameter)? By number, for standard-size items? By weight?
Cereals	Size of serving? Brand name? Additions, e.g., milk, sugar, fruit or nuts? Instant or ready-to-eat type?
Baked Goods	Homemade or commercial? From scratch or mix? Brand? Topping or frosting? Dimensions? Weight or number eaten?
Fruits/Juices	Cooked, raw or dried? Peeled? Fresh, frozen, or canned? Sweetened? Size of serving?
Vegetables	Cooked or raw? Fresh, frozen or canned? Sauces, other additions? Serving size?
Milk Products	Percent fat? Imitation or reduced calorie? Powder or liquid?
Meat, Fish, Poultry	Type of cut? Percent fat? Oil or water packed? Fat, skin removed? How prepared? Additions? Cooked weight or dimensions of amount eaten?
Eggs	Size? How prepared? Added fat?
Mixed Dishes	Homemade or commercial? From scratch or mix? Brand? Major ingredients and proportions? Cooking method?
Soups	Homemade or commercial? Brand? Broth or milk-based? Type of milk? Principal ingredients?
Fats and oils	Stick, tub, diet, whipped, squeezed, or liquid margarine? Brand? Major oil, brand of oils and type of shortening? Homemade or commercial salad dressing? Type of oil brand? Low calorie? Creamy? Additions?
Beverages	Brand? Sweetened? Diet? Decaffeinated? Alcohol content? Additions? Amount?
Restaurant Meals	Type? Fast food, ethnic, deli, family-style?