

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

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