

FOOD INTAKE

NAME: _____ DATE: _____

How many of each do you eat per week? Estimate as best as you can. Write number in each box.

	Srvgs/Wk
DAIRY	
Whole Milk	
Skim Milk	
Buttermilk	
Half & Half/Cream	
Yogurt	
Cheese	
Kind(s)	
Ice Cream	
Eggs	
MEAT/POULTRY/FISH	
Poultry	
Fish	
Other Seafood	
Beef	
Pork	
Bacon	
Liver	
Bologna/Cold Cuts	
Canned Meat	
NUTS & SEEDS	
Peanuts	
Peanut Butter	
Others: (Specify)	
GRAINS	
Cereals	
Sugar Coated Cereals	
Oatmeal	
Pancakes	
Waffles	
Crackers	
Rice	
Macaroni	
Spaghetti	
Slices of White Bread	
Slices of Wheat Bread	
Slices of Rye Bread	
Slices of Corn Bread	
Rolls	
Sweet Rolls & Muffins	
DESSERTS/SWEETS	
Pie	
Cake	
Cookies	
Doughnuts	
Jello	
Candy	
Chocolate	
Sweets most commonly eaten:	
VEGETABLES	
Asparagus	
Beans, Dried or String	
Brussel Sprouts	
Broccoli	
Cabbage	
Carrots	

Celery	
Cole Slaw	
Corn	
Green or Bell Peppers	
Green Peas	
Greens, Turnips etc.	
Lettuce	
Parsley/Cilantro	
Potatoes, White	
Potatoes, Sweet	
Spinach	
Squash, Summer	
Squash, Winter	
Onion	
Tomatoes	
Yams	
Others: (Specify)	
FRUITS	
Apples	
Applesauce	
Apricots	
Bananas	
Dates	
Figs	
Grapefruit	
Oranges	
Pears	
Pineapple	
Prunes	
Canned Fruits	
Dried or Frozen Fruit Type:	
Others: (Specify)	
BEVERAGES	Glasses/wk
Colas	
Uncolas	
Kool Aid, etc.	
Orange Juice	
Grapefruit Juice	
Grape Juice	
Tomato Juice	
Others: (Specify)	
Alcoholic Beverages: Type:	
Coffee	
Decaffeinated, Sanka	
Tea	
Herbal Tea	
Cream in coffee, tea, etc	Y N
White Sugar in coffee # Tsp/day	Y N
Artificial Sweeteners	Y N
Honey	Y N
Water	

Tap Water	Y N
FATS	
Pats of Butter	
Pats of Margarine	
What Vegetable oils, fats or other compounds do you use in cooking?	
What salad oil(s) do you use?	
RECENT MEALS & HABITS	
What did you eat yesterday for breakfast	
What did you eat yesterday for lunch?	
What did you eat yesterday for dinner?	
What did you eat yesterday for snacks?	
What beverages did you have yesterday?	
Do you use salt (x) Sparingly Moderately Freely	
Do you use vinegar (x) Sparingly Moderately Freely	
Is this your average diet for the past 3 or 4 years?	Y N
What foods, if any, disagree with you?	
Do you have/Are you:	Yes/No
Indigestion	
Fond of Bread	
Fond of Cereals/Grains	
Fond of Fried Foods	
Fond of Salty Foods	
Fond of Sweets	
Fond of Meats	
Fond of Fruits	
Fond of Vegetables	
Fond of (Specify)	