



Please keep a food record for 4 days including a Saturday and Sunday prior to your next visit. This record should include all meals, any time of day or night, snacks, coffee breaks, soda pop breaks, cocktails, beer, nibbling, etc. **Try to write in your food record immediately after each meal or snack.** Please try to estimate as best you can, the amounts of food you eat or drink in ounces, cups, tablespoons, etc.

For example:

Chicken breast - 3 oz, broiled, no skin
Mashed potatoes - 1/2 cup
Sherbet - 1 cup
Green beans - 1/2 cup, plain
Gravy - 2 Tablespoons
Skim milk - 8 oz

Please answer the following questions:

1. If you drink milk or cook with milk, what type do you use?
 Whole 2% 1% 1/2% Skim
2. Do you use butter or margarine? _____ What brand? _____
3. What type of oil do you use? _____
4. What type of salad dressing do you use? _____
5. What kind of cheese do you eat? (Regular? Lite? Please be specific!) _____

If you use any diet or reduced fat items, please record them in your records.

THANK YOU!

