

Name _____

FOOD DIARY

Directions: Keep a record of everything you eat or drink for one week. Record portions in household measures (e.g. 1 cup, ½ cup, 3 oz, 8 oz, 1 slice, etc). Bring completed diary to your appointment with the Dietitian.

MONDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

TUESDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

WEDNESDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

THURSDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

FRIDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

SATURDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

SUNDAY

Breakfast

Lunch

Dinner

Snack(s) if any _____

Name _____

FOOD FREQUENCY QUESTIONNAIRE (Complete and bring to your appointment with the Dietitian)

1. How often do you drink milk? Sometimes Always Never
What kind? Whole _____ 2% _____ 1% _____ Skim _____
2. How often do you eat cheese? Sometimes Always Never
What kind? American _____ Cheddar _____ Cottage _____ Other _____
3. How often do you eat other dairy foods? Sometimes Always Never
Pudding _____ Yogurt _____ Custard _____ Ice cream _____ Frozen yogurt _____
4. How often do you eat cream or broth (vegetable, chicken noodle) soups? Sometimes Always Never
5. How often do you eat vegetables? Sometimes Always Never
Circle the vegetables you do eat: Broccoli, Green peppers, Carrots, Tomatoes, Lettuce, Cooked greens, Peas, Celery, Asparagus, Sweet potatoes, Corn, Raw cabbage, Green beans, White potatoes
6. How often do you eat fruit? Sometimes Always Never
Circle the fruits you do eat: Apricots, Apples or applesauce, Bananas, Prunes, Peaches, Grapes, Grape juice, Pears, Berries, Pineapple, Grapefruit, Grapefruit Juice, Oranges, Orange Juice
7. Bread and cereal products:
 - A. How many slices of bread do you eat a day? _____
 - B. How often do you eat macaroni, spaghetti, noodles, etc per week? _____
 - C. How often do you eat: *Cooked/hot cereal* Sometimes Always Never
Dry/cold cereal Sometimes Always Never
8. How many teaspoons of sugar do you use per day (1 packet = 1 teaspoon)? _____
Which sugar substitute do you use? None Splenda Sweet-n-low Equal Stevia
9. How many times a week do you eat away from home? _____
What type of food establishments? Buffet _____ Fast food _____ Chinese _____ Pizza _____
Family restaurant _____ Other _____
10. How much water do you drink each day? _____
11. Do you drink alcohol? _____ How often? _____ How much? _____
12. How much soda do you drink each day? _____ What kind? Regular Diet Brand _____
13. Circle each one that you drink: Coffee Hot tea Iced Tea Diet Iced Tea How much? _____
14. Name 3 things in your diet you will need to be concerned with after the surgery:

15. How long does it take for you to finish a meal? _____
16. Do you eat 3 meals a day? Yes If no, how many meals do you eat a day? _____
17. Do you snack during the day? Sometimes Always Never
What do you snack on and how much? _____
18. Do you have a tendency to: ___ Binge Eat ___ Eat when stressed ___ Eat late at night
___ Eat when not hungry ___ Graze ___ Skip meals
19. Who does the grocery shopping/food preparation? ___Self ___Spouse ___Other _____
20. What are you currently doing for physical activity? _____
For how long? _____ How many days per week? _____