

Nutrition/Dietary Assessment

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List any prescribed,	es a week and per sitting?	
indicate the amount Tell me e Example I want a Example I want so Example	ing experience to your needs, we would light structure you believe meets your needs, eactly what to eat for all my meals and sna ½ cup oatmeal, 1 cup blueberries, 1 tables of of structure but freedom to select foods 1 milk, 2 starches, 1 fruit, and 1 fat exchain the structure and freedom to select foods. 1 serving of dairy foods, fruits, and fat an	c, choose one: acks. I want a detailed food plan. espoon peanut butter, 2 hard boil eggs s. I want to use the exchange system. ange I want to use a food group plan. and oil group; 2 servings of grains
☐ I don't w	ant a diet. I just want to eat better and set a	goal each session.
Please add any addit surgeries, etc.)	onal information you feel may be relevant	at to understanding your nutritional health (chronic

Complete short Food Frequency Questionnaire per day and/or per week to the best of your abilities:

Food Group	Serving Sizes	Serving per day	Serving per week	Never/ rarely
Refined Grains: white bread	1 Slice bread	aay	Week	Trevery rurery
pasta, cereals	1 cup cereal			
OR	1/2 cup cooked rice, pasta or			
Whole Grains: whole wheat	cereal			
bread, brown rice, quinoa,	1/2 bagel			
oatmeal	English muffin			
	1 cup raw leafy vegetable			
	1/2 cup cooked or raw			
Vegetables	vegetables			
	6oz vegetable juice			
	1/2 cup juice			
	medium fruit			
Fruits	1/4 cup dried fruit			
	1/2 cup fresh, frozen, or			
	canned fruit			
	8 oz. milk			
Low Fat dairy OR	1 cup yogurt			
Whole fat dairy	1 oz. cheese or 1 slice			
Lean meats, poultry, fish	3 oz.			
OR High fat meats, sausage, cold cuts, bacon, ribs				
Nuts, seeds, dry beans	1/4 cup nuts 2 tbsp. seeds 1/2 cup cooked dry beans 4oz tofu 1 cup soy milk 2 tbsp. nut butter			
Fats and oils	1 tbsp. regular dressing 2 tbsp. light dressing 1 tsp. oil 1 tbsp. mayo 1 tsp. butter			
Sweets	1.5 oz. candy (bag of M&Ms) Cookies (2 cookies Oreo size)			
Alcohol	12 oz. beer 5oz wine 1 shot spirits			



24-Hour Dietary Recall

Name:

Date recorded:

List any nutritional supplements you take:

Total amount of money spent on food last month:

<u>M</u>	eal	Type	2:
_			

1= Morning

2= Mid-Morning

3= Noon

4= Afternoon

5= Evening

6= Late evening

Serving Abbreviations:

Tablespoon = TBSP

Cup = c

Teaspoon = tsp

Pound = lb.

Ounce = oz.

Slice = sl.

Record what you eat and drink in 24 hours. Please be thorough. Try to record as close to a typical day of consumption as possible.

Food and Beverages Consumed	Meal Type	<u>Amount</u>
Describe in detail. List one food item per line.		<u>Eaten</u>
Example: Omelet		
Eggs	1	2
Mozzarella cheese	1	1 sl.
Spinach	1	<i>¼</i> cup
Whole wheat Ezekiel bread	1	2 sl.
Butter	1	1 TBSP
Strawberries	1	½ cup
Blueberries	1	¼ cup

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