

DIET SHEET

Do you eat meat? No: ___ Yes ___ What Types: _____
Number of times per day that you eat meat _____
Number of servings of fried or high fat foods per day _____
Number of vegetable servings per day _____
Number of fruit servings per day _____
Number of fish / seafood servings per week _____
How many glasses of water do you drink per day? _____
What types of liquids do you consume per day? _____
What types of sugar sweetened (not diet) beverages do you consume per day? _____

Do use salt? No ___ Yes ___ Added when cooking _____
Added at the table _____

Refined Carbohydrates:

Check all that apply to your diet:

Do you eat: White Bread _____ White Rice _____
White Potatoes _____ White Pasta _____

Complex Carbohydrates:

Check all that apply to your diet:

Do you eat: Whole Grain Bread _____
Brown Rice _____
High Fiber Cereal _____

What time of the day do you eat your last meal of the day? _____

Do you eat late night snacks? No: ___ Yes: ___

What kind _____

Do you take Vitamins or Herbal Supplements? No: ___

Yes, what types: _____
