

## DIETARY ASSESSMENT

**Directions:** Complete one page for each day, total of three days (preferably 2 weekdays and 1 weekend day). Bring the completed dietary assessment to Group 2's Admin Assistant at Student Health at least 1-2 working days **before** your appointment. Call **(858)-822-5926** for any questions or to schedule an appointment.

### Suggestions for Keeping a Diet Record:

Please follow the guidelines below so that we can provide you with an accurate assessment.

- **Include everything you eat or drink** – meals, snacks, beverages (including water), nutrient supplements, vitamins, etc. from the time you wake up until you go to bed.
- **Be HONEST** – Your food record should represent a typical day, so don't change your eating habits while you keep this record! If this was not a typical day, you may select a more typical day.
- **Be DETAILED and DESCRIPTIVE** – *For each food item recorded, please take note of the following:*
  1. **SERVING SIZE:** Record the amount of food eaten using standard measurements.
    - Cups for grains/vegetables/fruit; Ounces for meats and poultry; # of pieces, teaspoons, tablespoons, grams
    - Food can also be measured in number (1 French fry, 2 whole wheat crackers), size (3 meatballs, 2 inch diameter; 1 medium banana, 7.5 inches), or by weight (3/4 ounce bag of potato chips).
  2. **TYPE:** Give as many details as possible about the food you ate, some suggestions listed below.
    - *Fruits & Vegetables* – was the item you ate fresh, canned, or frozen? Did it have any additional sauces, salt or sugar? Was the fruit/vegetable cooked, raw, dried, freeze dried, and/or peeled?
    - *Meat, Fish, & Cooked Poultry* – what type of cut? What % fat? Packed in oil or water, added salt?
    - *Eggs* – How large was the egg? Did you cook it with additional fats?
    - *Milk* – indicate the fat percentage: whole, skim, 2%, 1%, nonfat? Was it imitation or reduced calorie? Powdered or liquid milk?
    - *Cereals* – indicate brand name, additional milk/sugar/fruit/nuts, instant type?
    - *Baked Goods* – indicate whether it was homemade or commercial, from scratch or mix, brand, toppings and frosting, dimensions, weight, amount eaten?
    - *Mixed Dishes* – was the item homemade or commercial? From scratch or mix? What brand? Major ingredients and proportions? Cooking method?
    - *Soups* - was the item homemade or commercial? Brand? Broth or milk-based, type of milk? Main ingredients?
    - *Fats and Oils* - stick, tub, diet, whipped, squeezed, liquid margarine? Brand of oil, type of shortening? Homemade or commercial salad dressing? Low calorie? Extra creamy?
    - *Beverages* – Brand? Sweetened? Diet? Decaffeinated? Alcoholic content? Additions?
    - *Restaurant Meals* – Name of restaurant? Type of food? Amount eaten? Main ingredients? Preparation style? Additions?
    - *Brand Names* – include this for any product you consumed. This can be for any packaged products, cereals, snacks, supplements, canned vegetables or fruits, fast food, restaurants, etc.
  3. **PREPARATION:** How was your food prepared?
    - Raw, baked, boiled, blanched, steamed, fried, stir-fried, poached, grilled, toasted, broiled, microwaved, etc.?
    - Was there any special cooking technique or preparation involved? For example, did you trim any of the fat off the meat?
    - Include any added ingredients such as butter, salt, oil, gravy, sauces, syrup, sugar, and cream in coffee.
  4. Complete each column (TIME, FOOD, AMOUNT, HUNGER LEVEL).
- **Be TIMELY** – Write down the information as soon as you finish eating, since meals are difficult to recall in detail.

### Sample Entry

TIME	FOOD & BEVERAGES	AMOUNT	HUNGER LEVEL/MOOD
Evening	Spaghetti & Meatballs		Very hungry, stressed
7:00PM	- Cooked Barilla spaghetti	1.5 cups	
	- Trader Joe's Tomato Basil Marinara Sauce	1 cup	
	- Garlic Cloves	3 each	
	- Olive Oil	1.5 tbsp	
	- Trader Joe's Italian Style Flame Broiled Meatballs, microwaved from frozen	3 each	

<b>NAME:</b>	<b>DATE:</b>		
<b>DOB:</b>	<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>SEX ASSIGNED AT BIRTH:</b>

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<b>TIME</b>	<b>FOOD &amp; BEVERAGES</b> (Describe the food in detail – see guidelines on page 1)	<b>AMOUNT</b> (Use standard measurements- cups, ounces, pieces, etc. See guidelines – page 1)	<b>HUNGER LEVEL /MOOD</b> (Example: Not or very hungry, stress, bored, etc.)
<b>Morning</b>			
<b>Afternoon</b>			
<b>Evening</b>			

<b>Food Dislikes &amp; Allergies:</b>
<b>List Favorite or Craved Foods:</b>
<b>Comments:</b>



