

Name \_\_\_\_\_ Date \_\_\_\_\_

### Diet History

Approximately how many of the following foods do you consume **EACH WEEK**? When possible put Figures in blank spaces. If a food is eaten on only an occasion write **OCC** in the blank. If you do not consume a certain food write **NONE** in the blank. If a **YES** or **NO** answer is required, check the appropriate box.

#### Glasses of:

Whole milk \_\_\_\_\_  
Skim milk \_\_\_\_\_  
Buttermilk \_\_\_\_\_  
Half & half \_\_\_\_\_  
Servings of cheese \_\_\_\_\_  
Kind of cheese? \_\_\_\_\_

#### Servings of:

Eggs \_\_\_\_\_  
Beef \_\_\_\_\_  
Pork \_\_\_\_\_  
Bacon \_\_\_\_\_  
Liver \_\_\_\_\_  
Fowl \_\_\_\_\_  
Fish \_\_\_\_\_  
Lunch meat \_\_\_\_\_  
Canned meat \_\_\_\_\_  
Cereals \_\_\_\_\_  
Pancakes \_\_\_\_\_  
Waffles \_\_\_\_\_  
Crackers \_\_\_\_\_  
Rice \_\_\_\_\_  
Macaroni \_\_\_\_\_  
Spaghetti \_\_\_\_\_  
Soup \_\_\_\_\_

#### Servings or portions of:

Pie/cake \_\_\_\_\_  
Jell-O \_\_\_\_\_  
Candy \_\_\_\_\_  
Cookies \_\_\_\_\_  
Doughnuts \_\_\_\_\_  
Ice cream \_\_\_\_\_  
Other desserts most commonly eaten: \_\_\_\_\_  
\_\_\_\_\_

#### Servings of Vegetables:

Potatoes: white, red or sweet \_\_\_\_\_  
Carrots \_\_\_\_\_  
Beans \_\_\_\_\_  
Corn \_\_\_\_\_  
Parsley \_\_\_\_\_  
Squash \_\_\_\_\_  
Spinach \_\_\_\_\_  
Greens \_\_\_\_\_  
Lettuce \_\_\_\_\_  
Celery \_\_\_\_\_  
Green Peas \_\_\_\_\_  
Broccoli \_\_\_\_\_  
Asparagus \_\_\_\_\_  
Cole Slaw \_\_\_\_\_  
Onions \_\_\_\_\_

Tomatoes \_\_\_\_\_  
Green Peppers \_\_\_\_\_  
Cabbage \_\_\_\_\_  
Turnips \_\_\_\_\_  
Others: \_\_\_\_\_  
\_\_\_\_\_

#### Servings of fruit:

Oranges \_\_\_\_\_  
Grapefruit \_\_\_\_\_  
Pineapple \_\_\_\_\_  
Apples \_\_\_\_\_  
Bananas \_\_\_\_\_  
Prunes \_\_\_\_\_  
Dates \_\_\_\_\_  
Raisins \_\_\_\_\_  
Figs \_\_\_\_\_  
Grapes \_\_\_\_\_  
Dried Apricots \_\_\_\_\_  
Apple Sauce \_\_\_\_\_  
Canned fruits \_\_\_\_\_  
What dried or frozen fruits? \_\_\_\_\_  
Other fruits? \_\_\_\_\_  
\_\_\_\_\_

Popcorn \_\_\_\_\_  
Peanut butter \_\_\_\_\_  
Nuts \_\_\_\_\_  
Honey \_\_\_\_\_  
Soda \_\_\_\_\_  
Orange juice \_\_\_\_\_  
Grapefruit juice \_\_\_\_\_  
Tomato juice \_\_\_\_\_  
Other juices? \_\_\_\_\_  
\_\_\_\_\_

What vegetable oils, fats or compounds do you use in cooking? \_\_\_\_\_  
\_\_\_\_\_

What vegetable oil do you use in salads? \_\_\_\_\_

What did you eat for breakfast yesterday? \_\_\_\_\_  
\_\_\_\_\_

What did you eat for lunch yesterday? \_\_\_\_\_  
\_\_\_\_\_

What did you have for supper yesterday? \_\_\_\_\_  
\_\_\_\_\_

What beverages did you have?  
\_\_\_\_\_

What did you have in between meals?  
\_\_\_\_\_

#### How many per day?

Pats of butter \_\_\_\_\_  
Pats of margarine \_\_\_\_\_  
White bread \_\_\_\_\_  
Wheat bread \_\_\_\_\_  
Rye bread \_\_\_\_\_  
Corn bread \_\_\_\_\_  
Other breads? \_\_\_\_\_  
Sweet rolls \_\_\_\_\_

Glasses of water \_\_\_\_\_  
Alcoholic beverages \_\_\_\_\_  
Cups of coffee \_\_\_\_\_  
Cups of Decaf \_\_\_\_\_  
Cups of Tea \_\_\_\_\_  
Cream in coffee, tea, etc. **Yes No**  
How much sugar do you add to coffee or tea? \_\_\_\_\_  
Do you use salt?  
Sparingly \_\_\_\_\_  
Freely \_\_\_\_\_  
Moderately \_\_\_\_\_  
Do you use vinegar? \_\_\_\_\_  
Is this your average diet for the past three or four years? **Yes No**  
What foods, if any, disagree with you? \_\_\_\_\_

Do you get indigestion? **Yes No**

Fond of fats? **Yes No**

Fond of sweets? **Yes No**

Fond of vegetables? **Yes No**

Fond of fruits? **Yes No**

Fond of bread? **Yes No**

Fond of butter? **Yes No**

Fond of cereal? **Yes No**

\_\_\_\_\_  
Signature