



THE EMORY CLINIC, INC.
1525 CLIFTON ROAD

Nutrition Record

Patient Name: _____

Please complete this form prior to your clinic visit. Be honest with your answers – you won't be scolded or criticized – this is not a test. We ask you for this information so we are better able to help you. Thank you!

FOOD RECORD

Record everything you ate and drank over the past two days, including all snacks and beverages. Estimate the amount (i.e., ounces, cups, etc.) of food and drink that you consume. Please indicate if foods are low-fat or fat-free.

DAY 1 – Date: _____

MEALS

SNACKS

Time:	Time:
Time:	Time:
Time:	Time:

DAY 2 – Date: _____

MEALS

SNACKS

Time:	Time:
Time:	Time:
Time:	Time:

Nutrition Record

Please indicate how often and in what amounts you eat the following foods.

Dairy Products

Please circle all products that you use:

Milk: Whole 2% 1% Skim _____ cup(s) per day
 Cream, cream cheese, sour cream: Regular or Low Fat? _____ ounce(s) per week
 Regular whole milk cheese (i.e., cheddar, colby, etc.) _____ ounce(s) per week
 Low-fat cheese (made from part-skim milk) _____ ounce(s) per week
 Regular ice cream _____ per week; Reduced fat ice cream, frozen yogurt, sorbet _____ per week
 Low-carb ice cream _____ per week; Fat-free ice cream, frozen yogurt, sorbet _____ per week
 No sugar added ice cream _____ per week

Meat and Meat Alternatives

Chicken or turkey _____ per week; *light or dark meat* _____ *with or without skin* _____
 Fish or seafood _____ per week; *How was it prepared? (fried, baked, etc.)* _____
 Beef, pork, lamb _____ per week
 Bologna, salami, sausage, bacon, etc. Regular, Low-fat or Fat-free? _____ per week
 Egg yolks _____ per week
 Nuts and Seeds (peanut butter, walnuts, sunflower seeds, etc.) Please note which kind _____ per week
 Legumes (kidney beans, split peas, navy beans, black beans, etc.) _____ per week
 Soy Products (soy milk, tofu, burgers, etc.) _____ per week

Fats

Margarine Please note the brand name _____ per day Butter _____ per week
 Oil used in cooking/baking or for salads, etc (olive, canola, corn, etc.) _____ per day
 Mayonnaise salad dressing or salad dressing Low-fat or Fat free? _____ per week
 Cholesterol-lowering margarine (Take Control®, Benecol®, etc.) _____ per day

Miscellaneous

Fruits and vegetables _____ per day
 Oatmeal or oat products _____ per week
 Sweet foods (candy, cookies, pies, sweet rolls, pudding, etc.) _____ per week
 Sweetened beverages (soda, fruit drinks, cappuccino, etc.) _____ per week
 Fried foods (french fries, deep-fried fish, fried chicken, etc.) _____ per week
 Meals eaten in restaurants or cafeterias _____ per week
 Alcohol (beer, wine, liquor) _____ per week

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