

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

### Weekly Food Intake Log

Food (Indicate which type if parentheses are present)	Daily	4-6x times per week	3 or less times per week	Rarely/ Never
Vegetables				
Fruits				
100% Fruit Juice				
Smoothie				
Breads (Whole Grain or White)				
Cereals (Whole Grain or White)				
Pasta				
Rice (Brown or White)				
Potatoes				
Corn				
Other Whole Grains (ie. Quinoa)				
Poultry (Duck, Chicken, Turkey)				
Fish				
Shellfish (Shrimp, Lobster, Mollusks)				
Red Meat (Beef, Lamb, Pork, Veal)				
Deli Meat				
Meat Sauces, Casseroles, Stews				
Hamburgers				
Hot Dogs				
Beans, Legumes, Hummus				
Soy Foods (Tofu, Tempeh, Edmame)				
Veggie Burgers				
Plant-Based Meal Substitutes				
Nuts and/or Seeds				
Peanut Butter/ Other nut butters				
Milk (Dairy or Non-Dairy)				
Cream (Dairy or Non-Dairy)				
Cheese (Dairy or Non-Dairy) (Full or Low-Fat)				
Cheese (Vegan)				
Yogurt (Dairy or Non-Dairy)				
Eggs				
Oils (Indicate Types)				
Butter				
Margarine				
Chocolate				
Energy Bars				

<b>Food (Indicate which type if parentheses are present)</b>	<b>Daily</b>	<b>4-6x times per week</b>	<b>3 or less times per week</b>	<b>Rarely/ Never</b>
Snack Foods (ie. Potato Chips/Corn Chips)				
Popcorn				
Sorbet and Ices				
Ice Cream/Frozen Yogurt				
Candy				
Canned Soups				
Frozen Meals				
International/Ethnic Foods				
Fast Food				
Pizza				
Take-Out Meals				
Soda (Regular)				
Soda (Diet)				
Water				
Seltzer/Club Soda				
Energy Drinks				
Sports Drinks				
Wine				
Beer				
Mixed Drinks				
Hard Alcohol				
Tobacco				