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Food Diary Instructions

Please follow these directions as best as you can in completing your food diary:

1. Write down everything you eat or drink (that includes water).
2. Measure if possible, or estimate the amounts of food served using portions sizes such as cups, teaspoons, tablespoons, ounces, slices or inches. You can use a food scale if you have one.
3. Tell how the food was prepared-raw, baked, steamed, fried, etc.
4. List the brand names of prepared frozen entrees, for example “Stouffer’s Lean Cuisine Lasagna.”
5. Be sure to include all those extras, such as:
 - Milk, cream, half and half, sugar in your coffee or tea
 - Mayonnaise, ketchup, salad dressings, gravies, pickles, jelly, butter, margarine
6. As you record your intake for different types of foods, not the following:

Fruits and Vegetables

Are the vegetables fresh, frozen or canned? Are they in butter, cream or other sauce?

- Is the fruit fresh, frozen or canned (in juice or in heavy or light syrup)?
- With salads-did you have regular or low-fat dressing on the salad or on the side?

Cereals

- What kind of cereal? There are no uniform cereal bowls. Try to estimate in cups, or ounces.
- Did you add sugar, fruit, milk (what kind and how much), butter, or margarine?

Bread and Pasta

- Was the bread white, whole wheat or rye? Was it “lite”?
- Was it a regular or fat free muffin? How big?
- Was the bagel frozen or from the bagel store?
- What kind of sauce was on the pasta: marinara, Alfredo, etc.?

Meats, Poultry, Fish

- Estimate portion (for example, cooked hamburger, about 3 inches across, _ inch thick).
- Detail what’s in the sandwich (2oz. roast beef with 1oz. of Swiss cheese on rye bread with about a tsp. mayonnaise).

Desserts

- Estimate size of slice of cakes and pies. What kind of cookies-from the store or homemade?
- Was it ice cream or light ice cream or frozen yogurt? Was it an individual serving or out of a half gallon container?

Beverages

- Record in ounces, cups, teaspoons or tablespoons.
- List the type of milk such as whole, nonfat, 1%, 2%, Lactaid, evaporated, chocolate.
- Was the coffee, tea, or iced tea unsweetened, sweetened with sugar, or artificial sweeteners?
- Did you note all the water that you drank?
- Do you drink a large glass (8oz. or 1 cup) or a small glass of juice (4oz or _ cup)?

Other Instructions:

**Remember, this is not a test.
It’s just a way to get an idea of your
eating habits and to
save time at our first meeting.**

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FOOD DIARY: Please circle day of week: Su M Tu W Th F Sa

MEAL	WHAT EATEN (Please record all food and drink)	PORTION SIZES (cups, tsp, oz, etc)
Breakfast		
Time:		
Snack		
Time:		
Lunch		
Time:		
Snack		
Time:		
Dinner		
Time:		
Snack		
Time:		

Is this day typical? Yes/no. If not, what is not usual?

Please print out 3 pages to record two weekdays and one week-end day of food intake and return at your visit or fax to 610-649-9887.