

## Directions for Using the Food Diary

1. Do not alter your normal diet during the period you keep this diary.
2. Your food diary should be done for 3 days. Preferably Thurs., Fri., Sat. or Sun., Mon., Tues.
3. Keep your food diary current. List foods and beverages immediately after they are eaten. Record everything you eat, drink, all snacks, and any supplements in your food diary for the 3 days. Please print all entries.
4. Be specific as possible when describing all beverages: what did you drink, how much did you drink, was there any ice in the cup.
5. For beverages: List as **Fluid Ounces**. Record only the amount you drink not the amount served. Read labels if drinking from bottles/cans/cartons to find the amount. If you are at a fast food place or restaurant, ask what fluid ounce size the glass/cup is. **Record if you have ice in your beverage.** Compare any mugs/cups/glasses to a soda can (12 fl oz) to figure out how much you drank if there is no label. **Record if beverage is diet or caffeine free, any brand names (Pepsi, Gatorade, Coke, Sprite, Minute Maid lemonade, Diet Coke).**
6. Be specific as possible when describing the food items eaten: record the food portion actually eaten, what it was, how much eaten, how it was cooked or prepared, any condiments used.
7. For food: **Report only the food portion actually eaten.** Do not include bones in figuring the size of the meat eaten.
8. Record food amounts in household measurements: **ounces, tablespoons, cups, or units.** Some examples: 1 cup Kellogg's corn flakes, 6 fl oz 2% reduced fat milk, 1 cup steamed white rice, 2/3 cup fried green beans, 5 oz New York grilled steak, 2 Tablespoons A-1 steak sauce original flavor, 1 whole red apple 3 inch diameter, 3 oz roasted chicken breast (meat only, no skin), 3 chip ahoy chocolate chip cookies 3 inch diameter. Please measure out food items whenever possible, otherwise you may use the attached sheets for tools in estimating portion sizes.
9. Include method that was used to prepare the food item- for example: **Fresh, frozen, stewed, fried, baked, broiled, raw, braised, or canned.** Please be as specific as possible.
10. For canned foods: list the type of liquid that the item was in: **heavy syrup, light syrup, in its own juice, in oil, in water, low sodium.**
11. List any condiments on the food or any that you added. **Oils, butter, ketchup, steak sauce, salad dressing, sugar, cream** - Was the food in a sauce? what type of sauce? Other examples: ketchup with fries, dressing with carrot sticks, sugar & cream in coffee, butter on vegetables or toast, cream cheese on bagel....etc..
12. For homemade food items, please include the recipe with all specific ingredients and amounts as well as the number of servings the recipe provide.
13. **Include brand names of any food or beverage. And whenever possible attach the actual food label to your food diary.**

### Questions?

Please call Andria Pescatello at (714) 456-2309 or Bridgett Duarte at (714) 456-8326

## DIETARY INTAKE FORM

Study: \_\_\_\_\_ Date of Intake: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Method Recall Record Intake Day: Sun Mon Tue Wed Thu Fri Sat

(circle one) (circle one)

Line #	Time Eaten				Food and Beverages	Amount Eaten	Complete Description (Include the brand name, preparation method and type of fat used and at table additions.)
	A.m. P.m.						
	Hrs	Min					
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Comments: \_\_\_\_\_

## DIETARY INTAKE FORM

Study:

Date of Intake: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Method    Recall    Record  
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Intake Day: Sun Mon Tue Wed Thu Fri Sat  
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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

## DIETARY INTAKE FORM

Study: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Method	Recall	Record
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Intake Day: Sun Mon Tue Wed Thu Fri Sat

(circle one)

(circle one)

Line #	Time Eaten				Food and Beverages	Amount Eaten	Complete Description (Include the brand name, preparation method and type of fat used and at table additions.)
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Comments: \_\_\_\_\_

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## DIETARY INTAKE FORM

Study: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

[illegible]

Collection Method	Recall	Record
		(circle one)

Intake Day: Sun Mon Tue Wed Thu Fri Sat  
(circle one)

Line #	Time Eaten				Food and Beverages	Amount Eaten	Complete Description (Include the brand name, preparation method and type of fat used and at table additions.)
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Comments: \_\_\_\_\_

Figure 10-10-10

## DIETARY INTAKE FORM

Study: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Method    Recall    Record  
(circle one)

Intake Day: Sun Mon Tue Wed Thu Fri Sat  
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Comments: \_\_\_\_\_

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# Food Record Checklist

FOR:

DID YOU SAY:

Beverages	<ul style="list-style-type: none"> <li>• Milk</li> <li>• Soda</li> <li>• Coffee, Tea</li> <li>• Creamer</li> <li>• Wine</li> <li>• Beer</li> <li>• Cocktail</li> <li>• Fruit Beverage</li> </ul>	<ul style="list-style-type: none"> <li>○ Skim, 1%, 1 ½%, 2% or whole?</li> <li>○ Reg. or diet? Decaf? Cola or non-cola?</li> <li>○ Reg. or decaf? Brewed or instant? Additions? What kind of sweetener?</li> <li>○ Brand? Dairy or non-dairy?</li> <li>○ Dinner or dessert?</li> <li>○ Low cal (lite) or regular?</li> <li>○ Name?</li> <li>○ Juice or drink?</li> </ul>
Breads, Cereal and Grain Products	<ul style="list-style-type: none"> <li>• Bread</li> <li>• Sweet Roll</li> <li>• Doughnut</li> <li>• Pancake or Waffle</li> <li>• Cereal</li> <li>• Tortilla</li> <li>• Crackers</li> </ul>	<ul style="list-style-type: none"> <li>○ Kind? Spread?</li> <li>○ Frosting, glaze, filling or topping?</li> <li>○ Yeast or cake? Frosting, glaze or topping? Homemade or commercial? Type of fat in frying if homemade?</li> <li>○ Kind? Mix or scratch? Fat in prep? Kind of fat? Additions?</li> <li>○ Kind? Brand? Additions?</li> <li>○ Corn or flour? Fried? Kind of fat used?</li> <li>○ Kind? Brand? Spread?</li> </ul>
Meat, Fish and Poultry	<ul style="list-style-type: none"> <li>• Meat, Fish or Poultry</li> <li>• Canned Fish</li> </ul>	<ul style="list-style-type: none"> <li>○ Kind, cut or piece? Fat on meat eaten? Skin of poultry eaten? Kind of ground beef (e.g. round, chuck, or % fat) With or without bone? Prepared with fat? Breaded or battered? Sauce or gravy added?</li> <li>○ Water or oil pack? Drained or rinsed?</li> </ul>
Dairy and Eggs	<ul style="list-style-type: none"> <li>• Cheese</li> <li>• Cottage Cheese</li> <li>• Yogurt</li> <li>• Egg</li> <li>• Egg Substitute</li> </ul>	<ul style="list-style-type: none"> <li>○ Brand? Kind? Natural or processed? Low fat?</li> <li>○ Creamed? Low fat?</li> <li>○ % fat? Plain or flavored?</li> <li>○ Prepared with fat? Kind and/or brand of fat?</li> <li>○ Brand?</li> </ul>
Mixed Dishes	<ul style="list-style-type: none"> <li>• Mixed Dish</li> <li>• Soup</li> </ul>	<ul style="list-style-type: none"> <li>○ Mix, scratch or commercial? Main ingredients?</li> <li>○ Kind? Homemade or commercial? Ready-to-serve? Regular or chunky? Creamy? Regular or low sodium?</li> </ul>



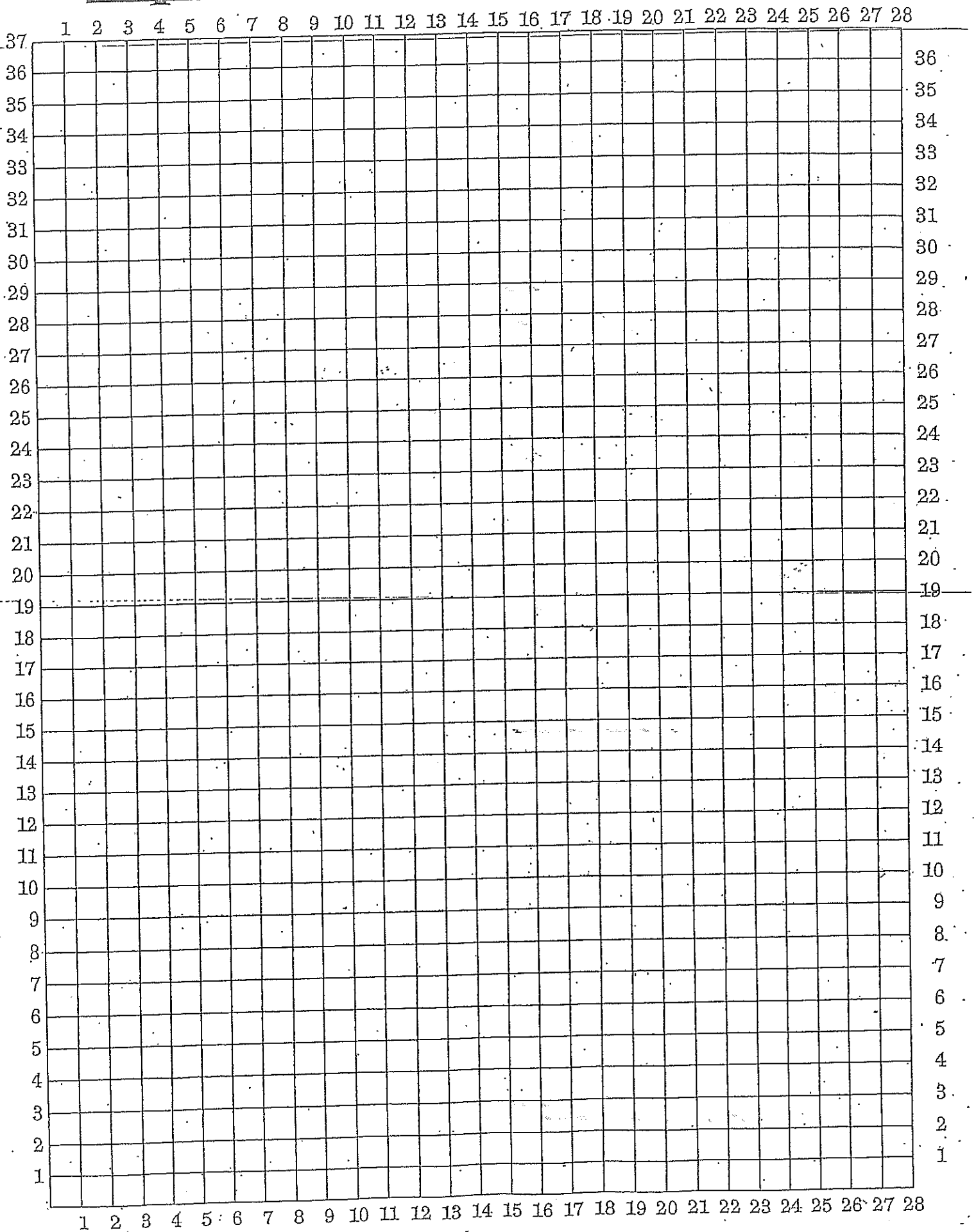
# Food Record Checklist

FOR:

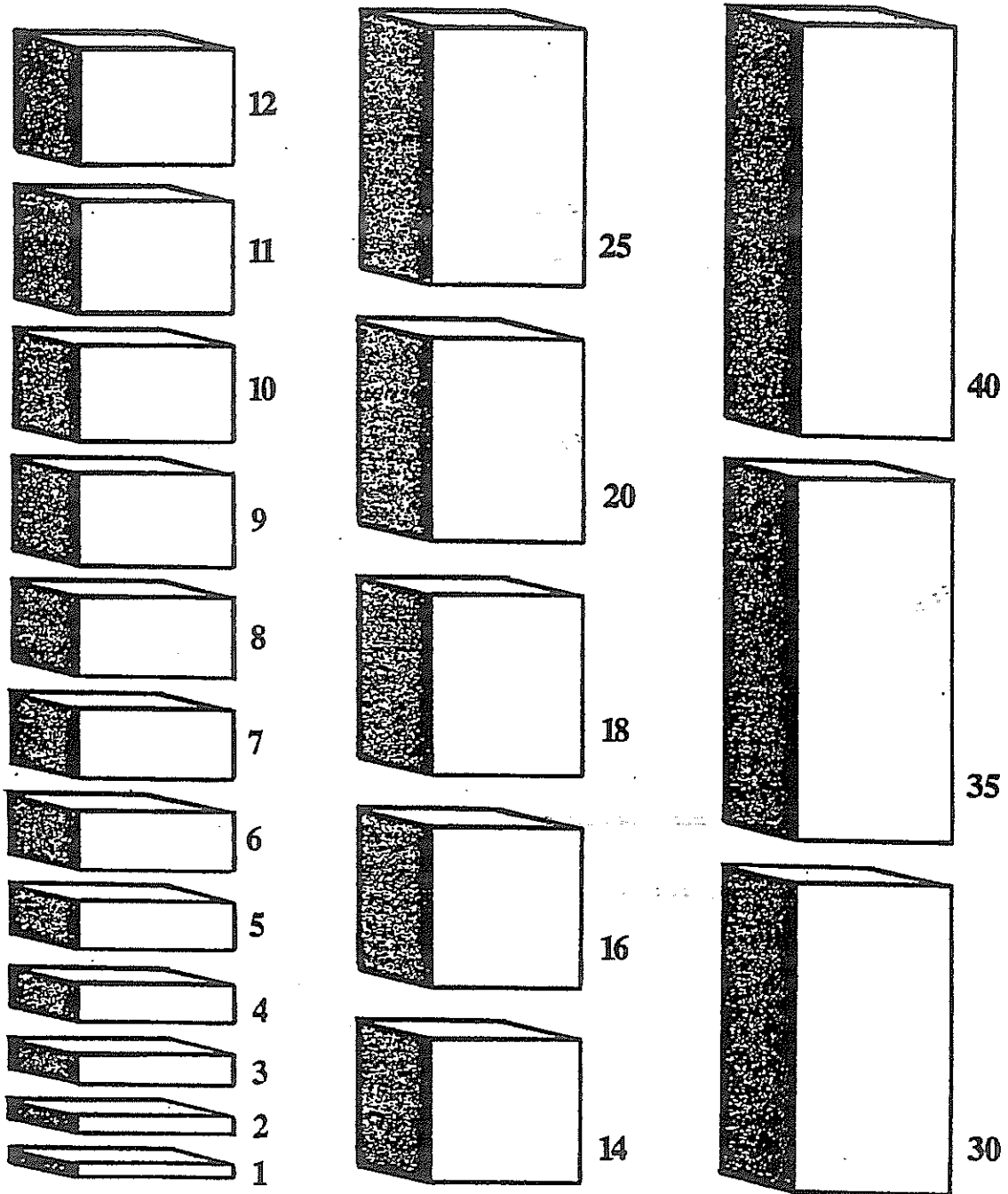
DID YOU SAY:

Vegetables	<ul style="list-style-type: none"> <li>• Vegetable</li> <li>• Potato</li> <li>• Salad</li> <li>• French Fries</li> </ul>	<ul style="list-style-type: none"> <li>o Raw, cooked from fresh, canned or frozen? Additions? (e.g. sauce, sour cream, fat) Salt added in preparation?</li> <li>o Skin eaten? Additions?</li> <li>o Kind? Dressing? Additions?</li> <li>o Oven baked? Pan-fried? Deep-fried? Kind of fat in frying? Salted?</li> </ul>
Fruit	<ul style="list-style-type: none"> <li>• Fruit</li> </ul>	<ul style="list-style-type: none"> <li>o Fresh, canned or dried? Sweetened? Skin eaten?</li> </ul>
Fast Foods	<ul style="list-style-type: none"> <li>• Pizza</li> <li>• Sandwich</li> <li>• Fast Food</li> </ul>	<ul style="list-style-type: none"> <li>o Kind? Commercial or homemade? If homemade, from mix or scratch? Thin or thick crust? Toppings?</li> <li>o Kind of bread? Fillings? Spreads?</li> <li>o Name of item? Name of restaurant?</li> </ul>
Fats, Oils and Salad Dressing	<ul style="list-style-type: none"> <li>• Salad Dressing</li> <li>• Margarine</li> <li>• Shortening</li> <li>• Oil</li> </ul>	<ul style="list-style-type: none"> <li>o Kind? Brand? Low fat? Creamy or clear? Commercial or homemade? Ingredient oil if homemade? Real mayonnaise?</li> <li>o Brand? Tub, stick, squeeze or whipped? Regular, diet or low fat?</li> <li>o Brand?</li> <li>o Brand? Kind of oil?</li> </ul>
Snack Foods, Chips and Candy	<ul style="list-style-type: none"> <li>• Cracker</li> <li>• Popcorn</li> <li>• Snack</li> <li>• Candy</li> </ul>	<ul style="list-style-type: none"> <li>o Kind? Brand?</li> <li>o Type? Commercial or home popped? Fat in preparation? Brand, if microwave? Additions (salt, fat)?</li> <li>o Kind? Brand? Dip?</li> <li>o Kind? Brand?</li> </ul>
Cookies, Cake and Ice Cream	<ul style="list-style-type: none"> <li>• Cake</li> <li>• Cookie</li> <li>• Pudding</li> <li>• Ice Cream</li> </ul>	<ul style="list-style-type: none"> <li>o Kind? Mix or scratch? Fat added?</li> <li>o Kind? Mix or scratch? Brand?</li> <li>o Kind? Type of milk used? Egg added? Toppings?</li> <li>o Ice milk? Sherbet? Toppings?</li> </ul>

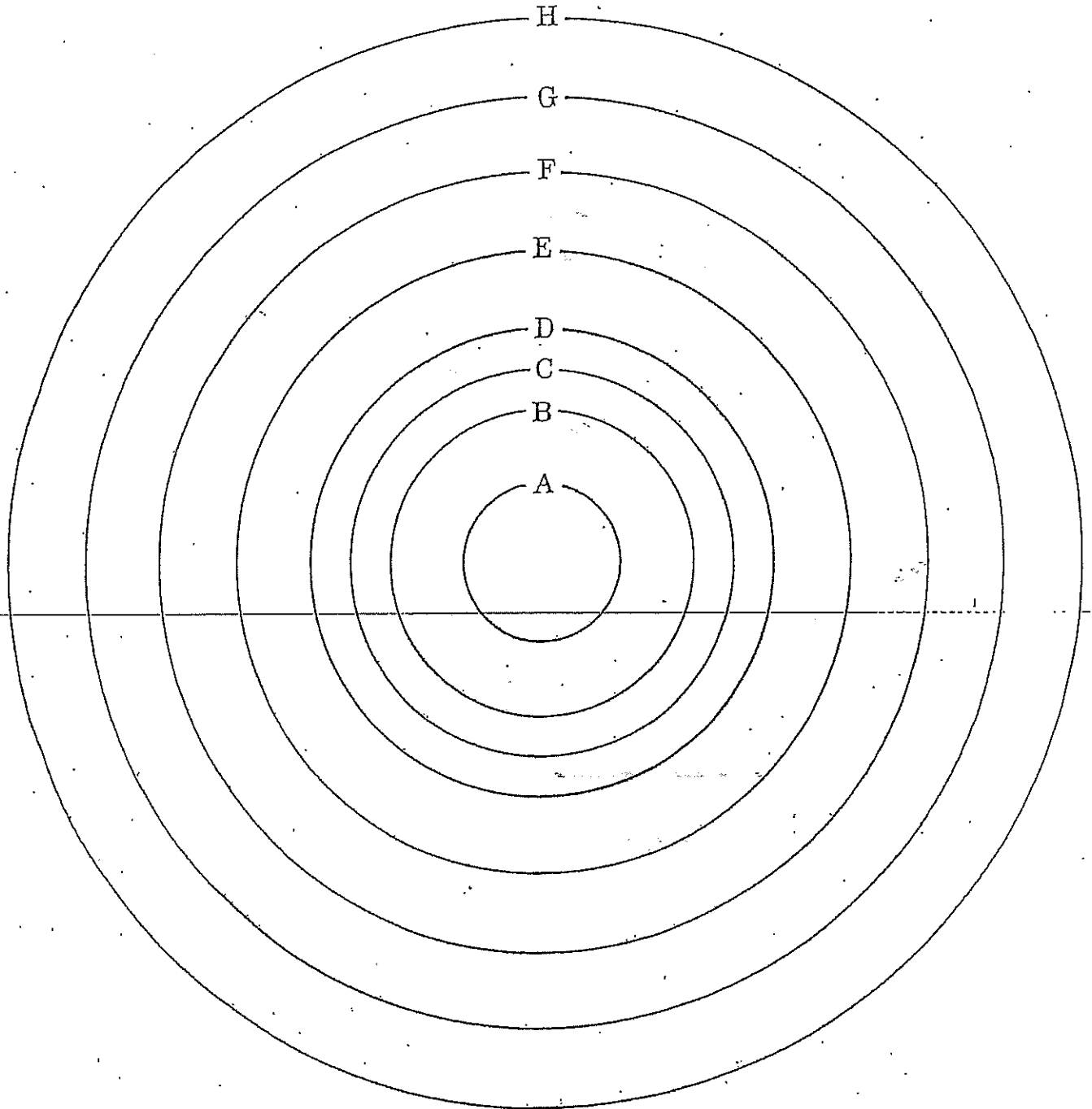
# Squares and Rectangles



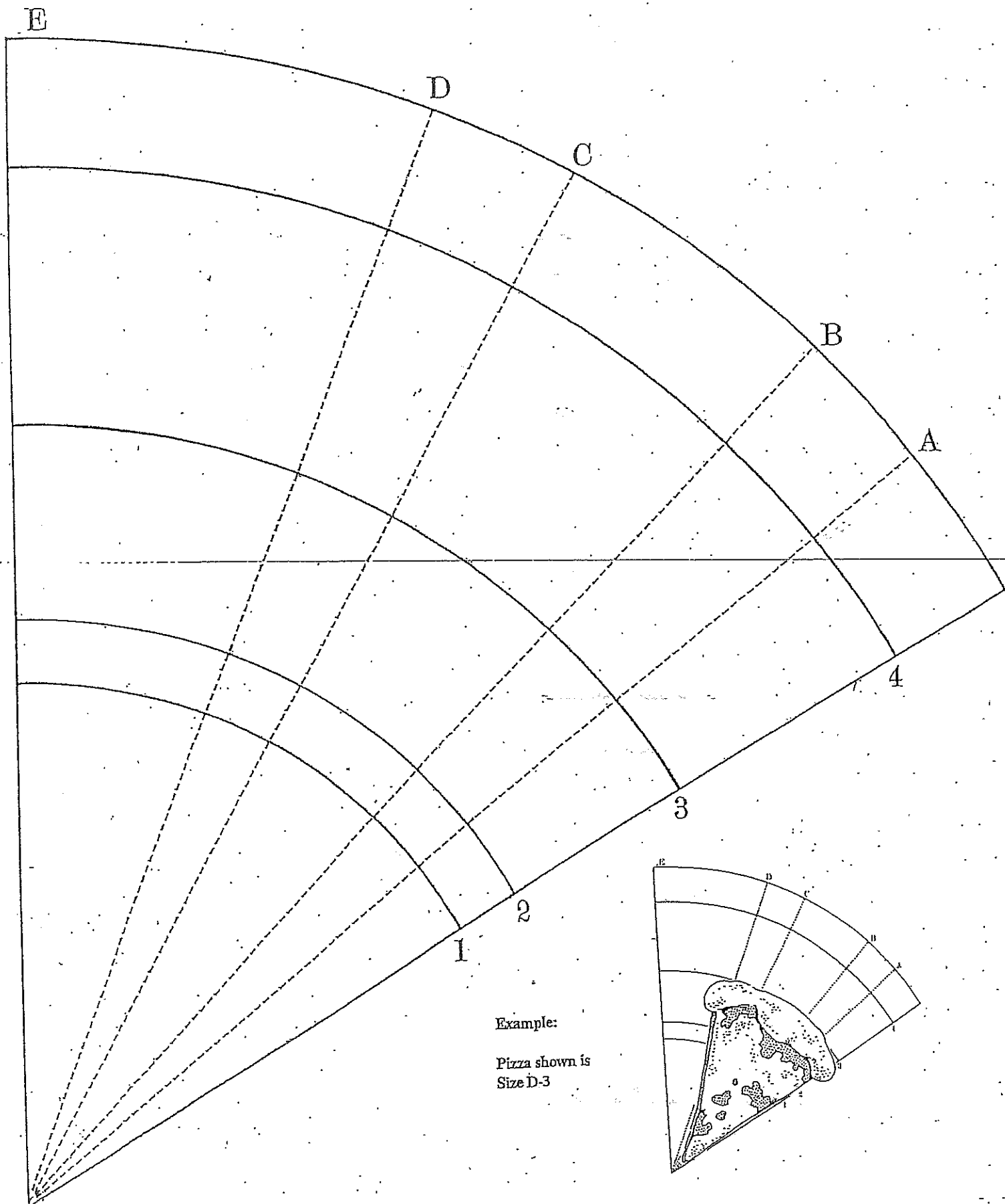
# Thickness



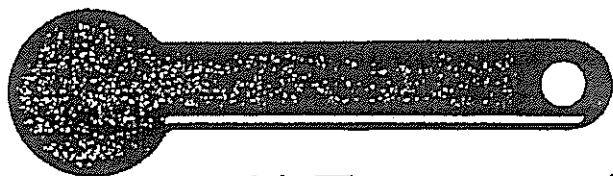
# Circles



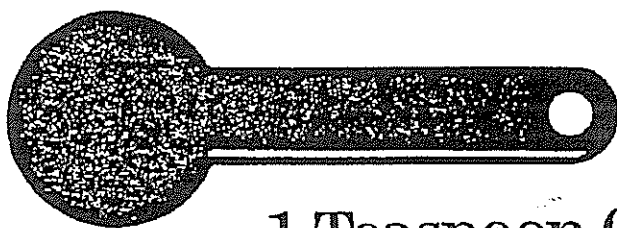
# Wedges



# Measuring Spoons



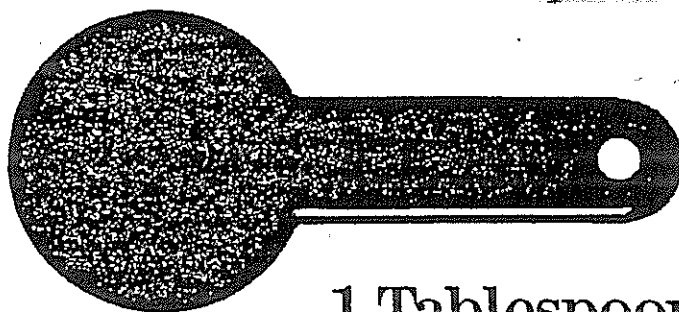
$\frac{1}{2}$  Teaspoon (tsp)



1 Teaspoon (tsp)



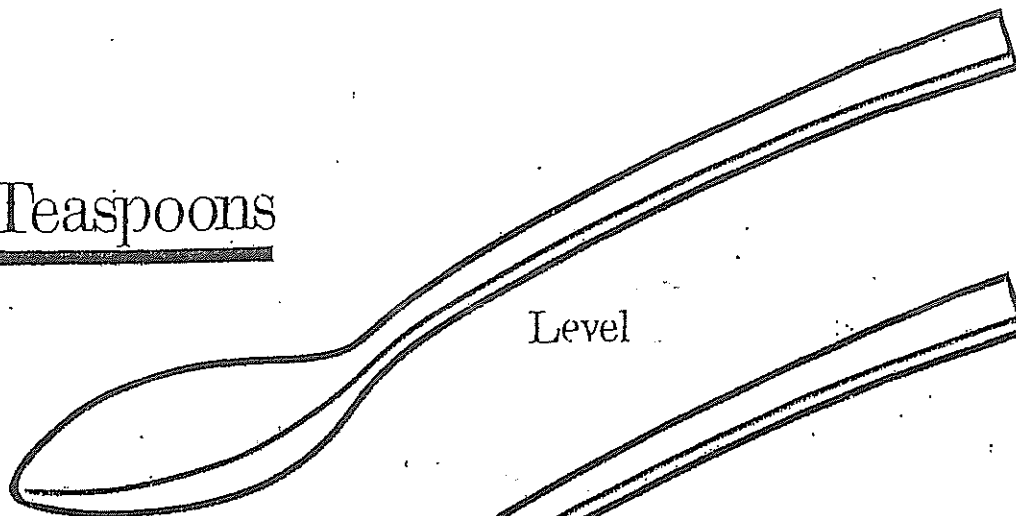
$\frac{1}{2}$  Tablespoon (Tbsp)



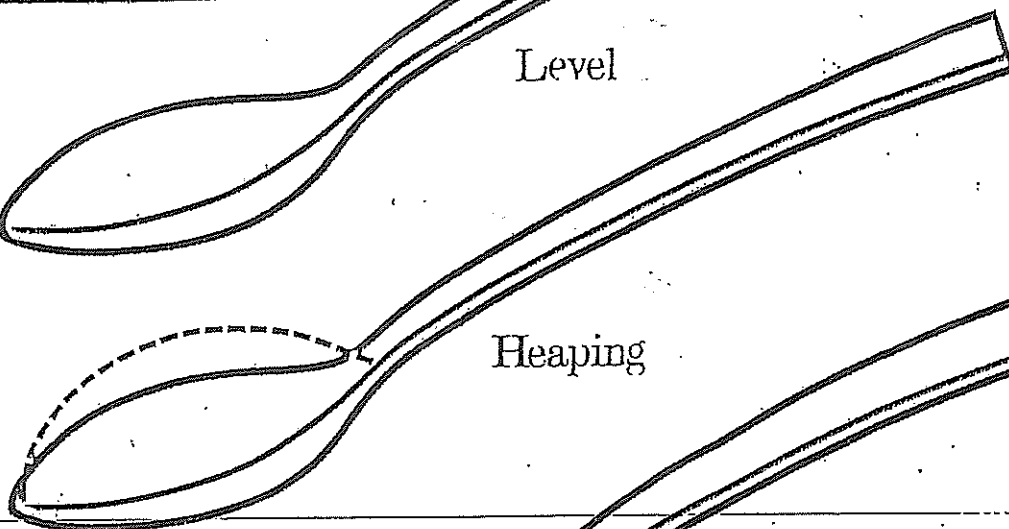
1 Tablespoon (Tbsp)

# Eating and Serving Spoons

## Teaspoons

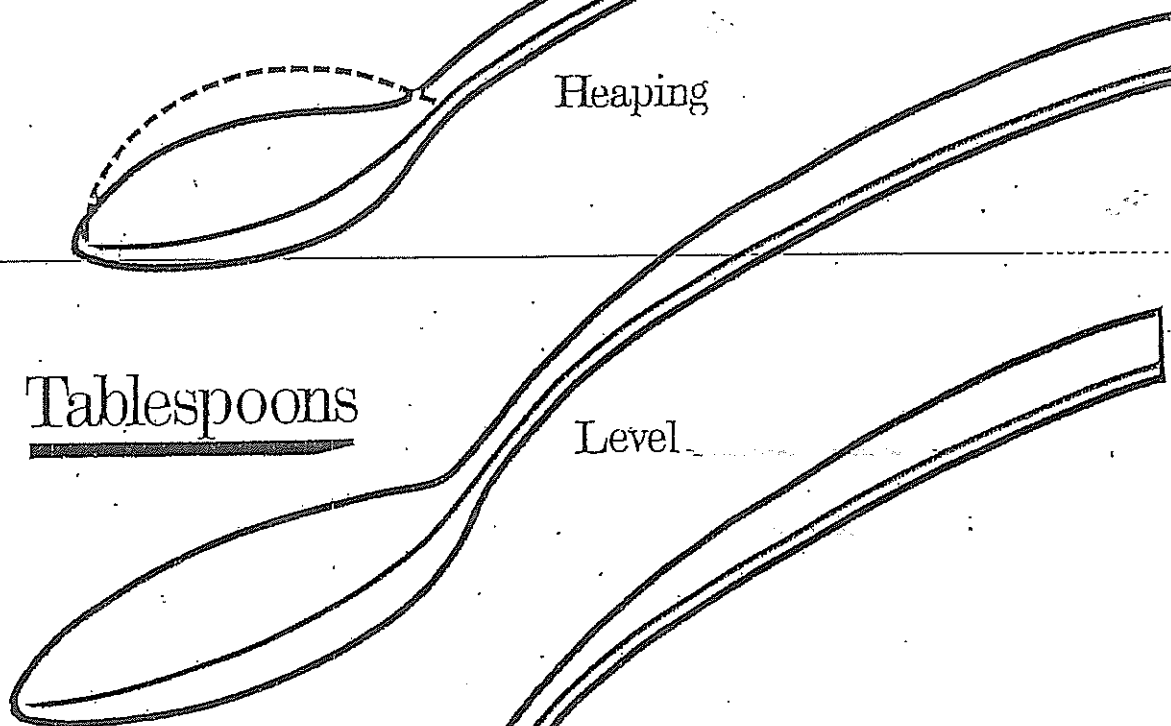


Level

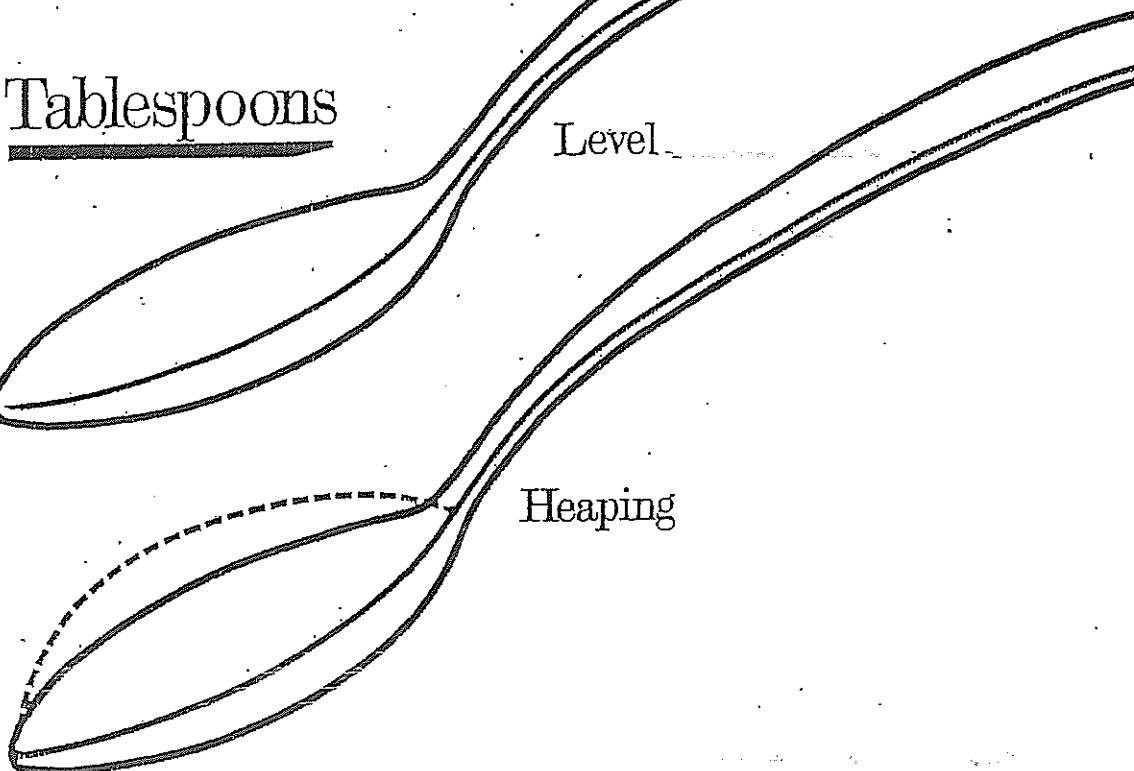


Heaping

## Tablespoons

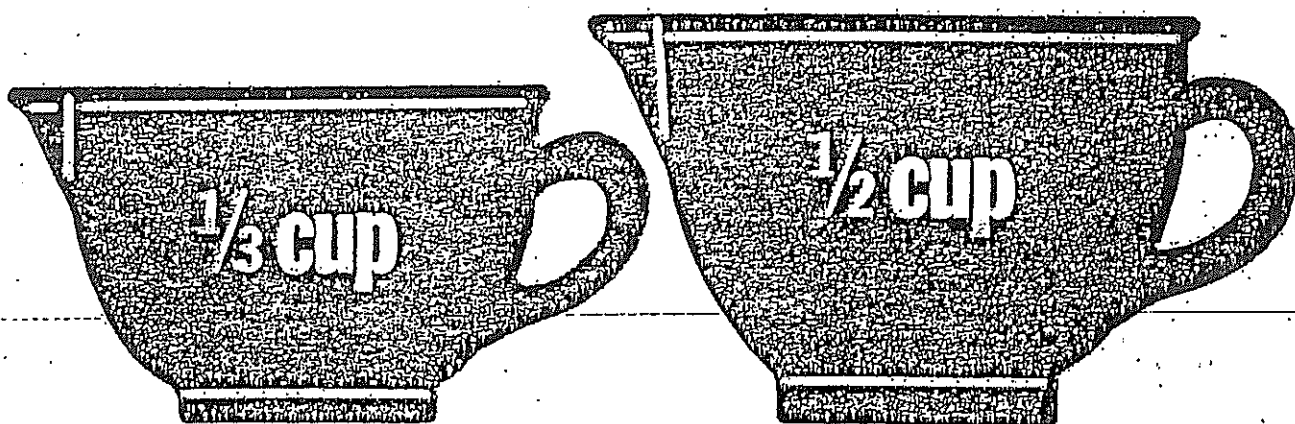
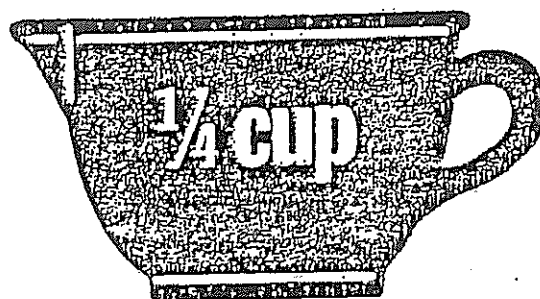


Level



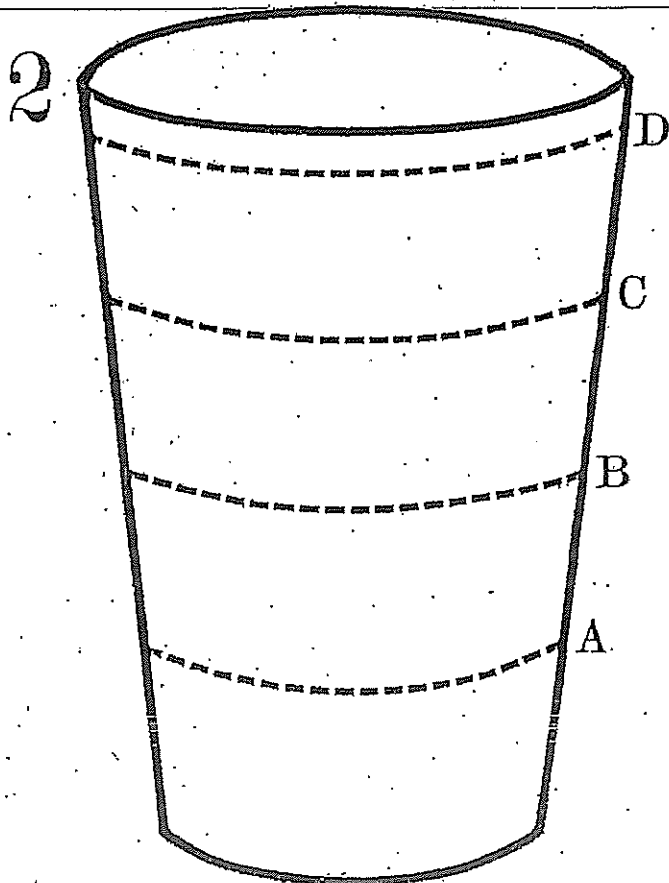
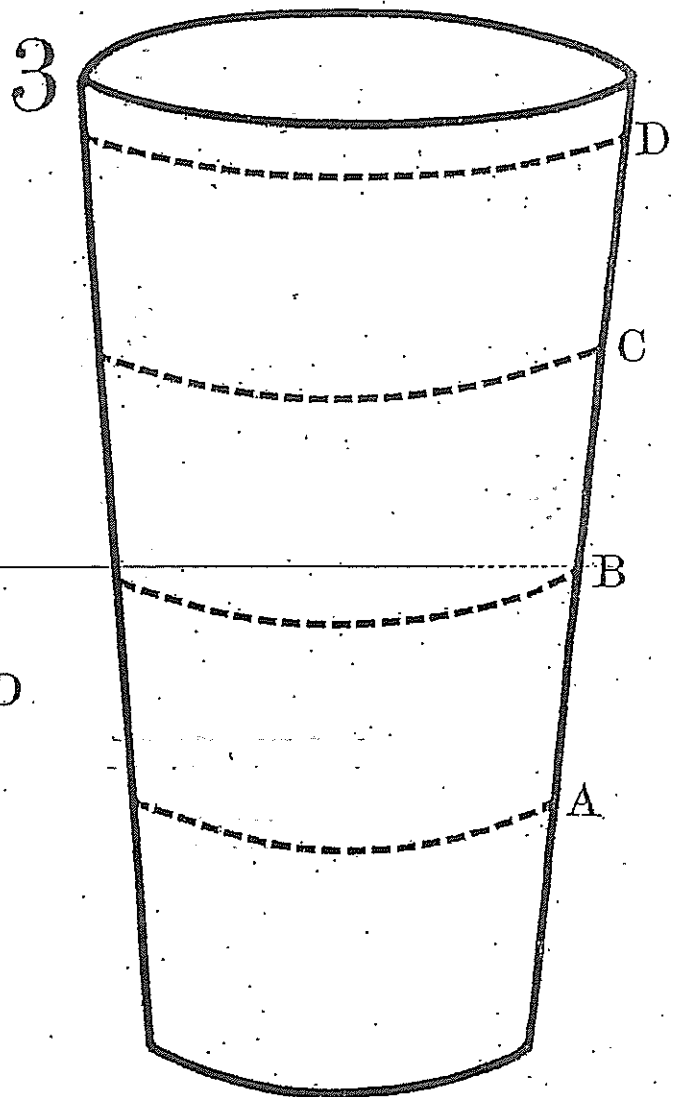
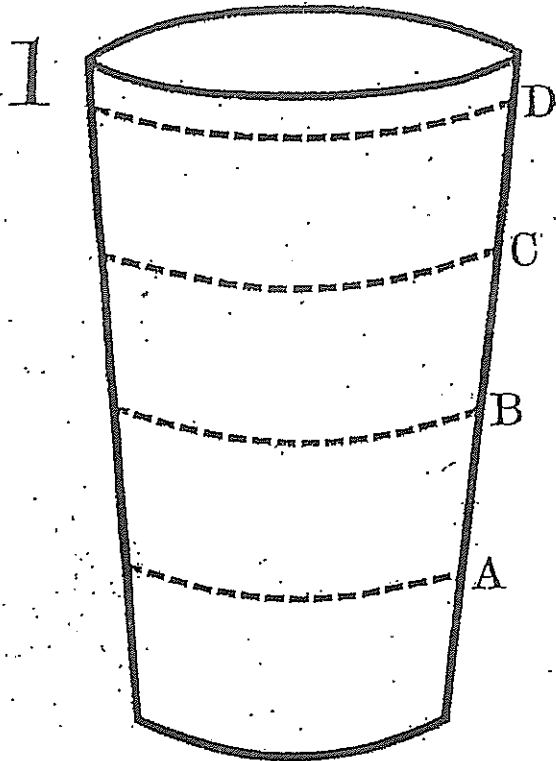
Heaping

# Measuring Cups

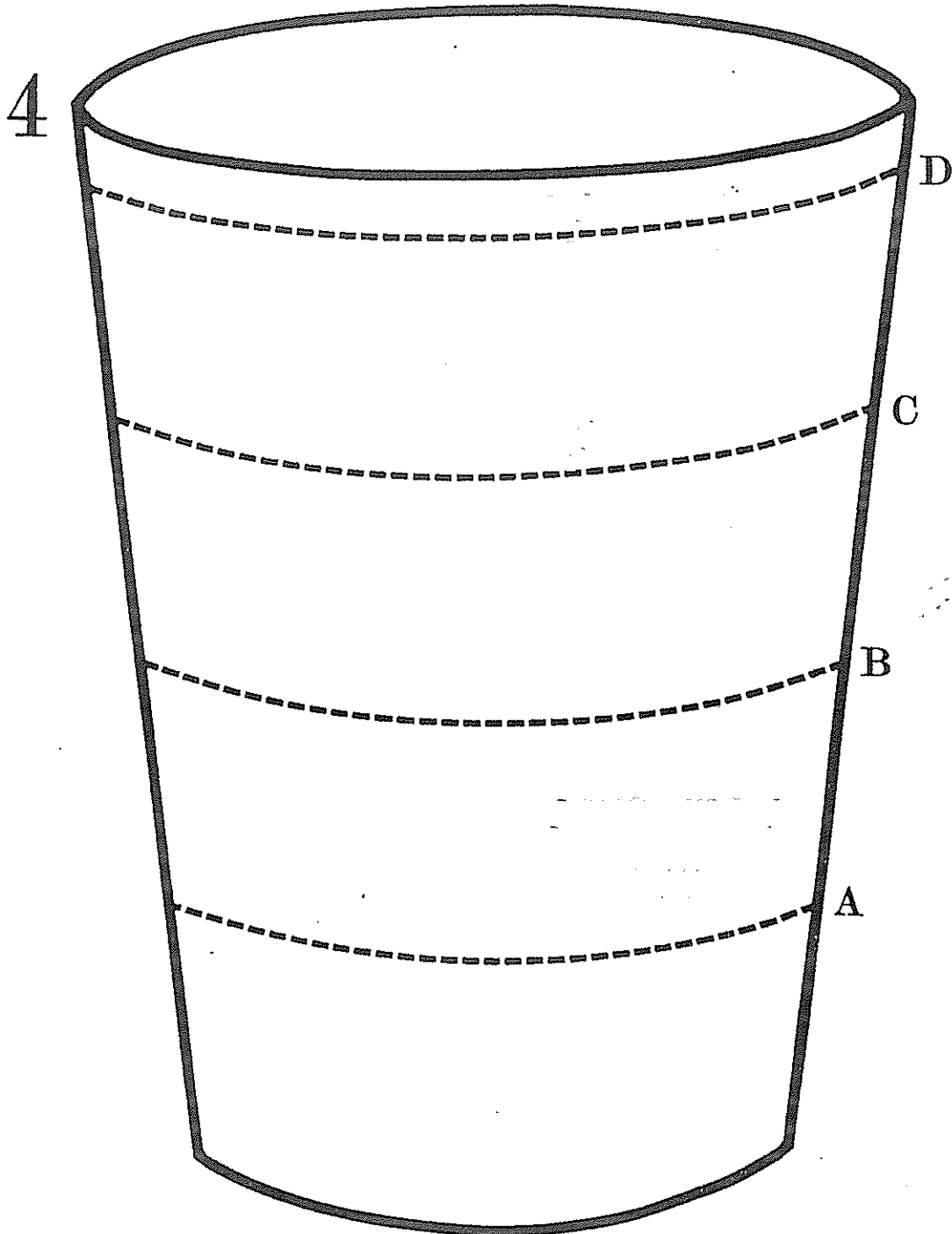




# Glasses

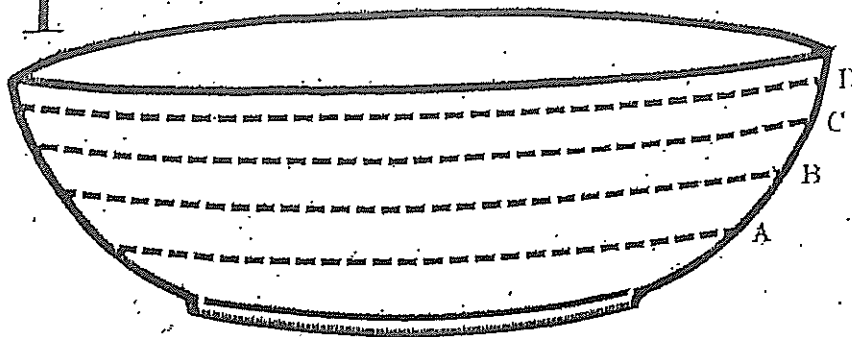


# Glasses

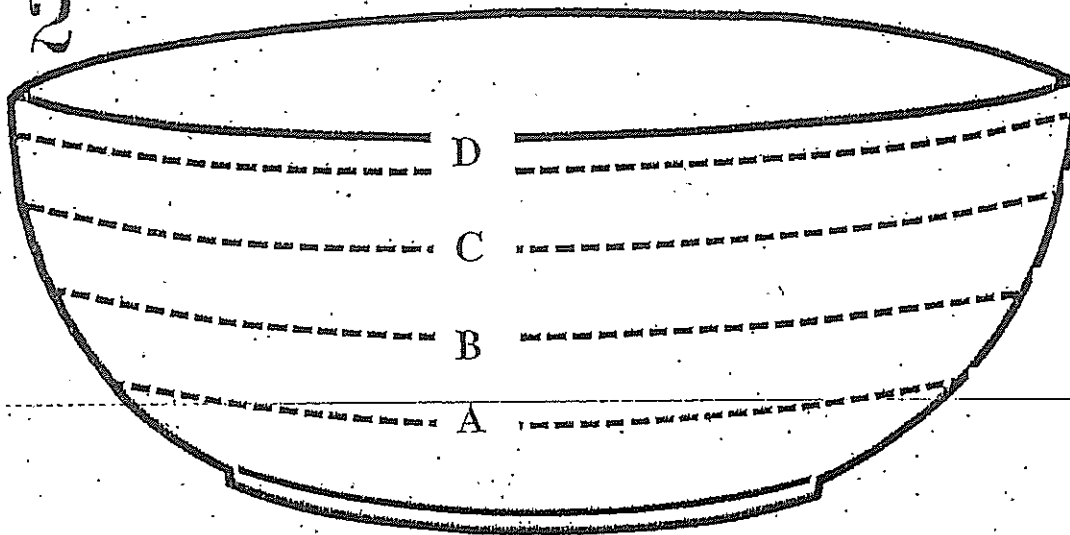


# Bowls

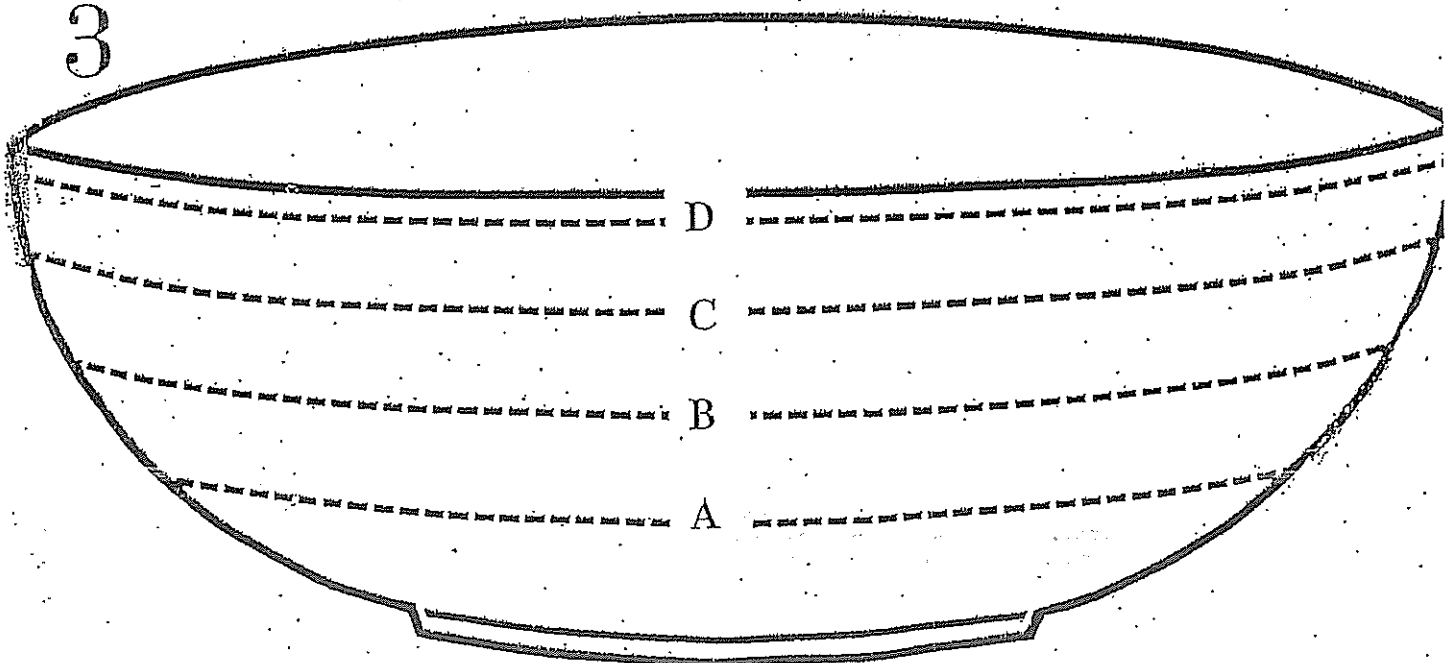
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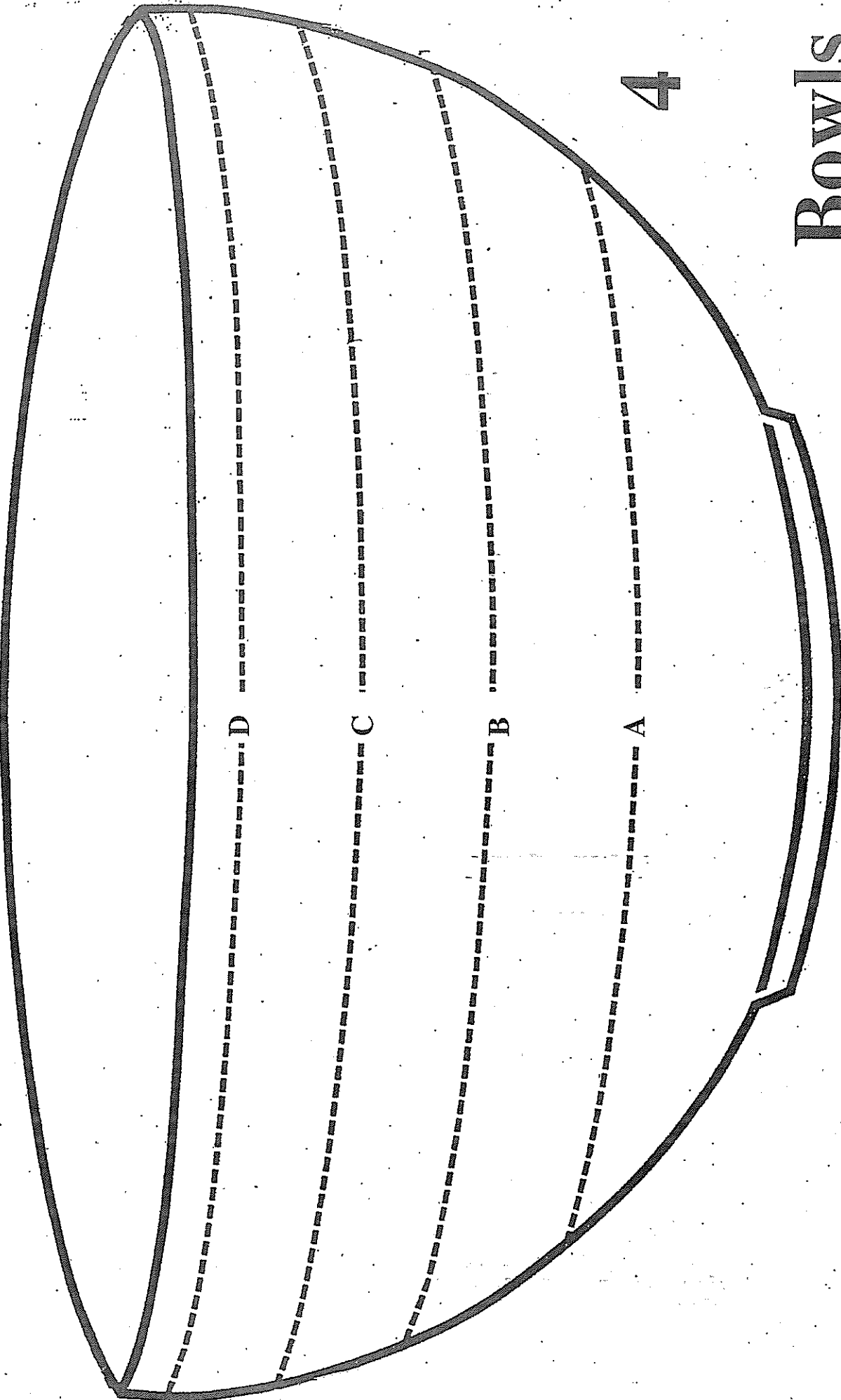


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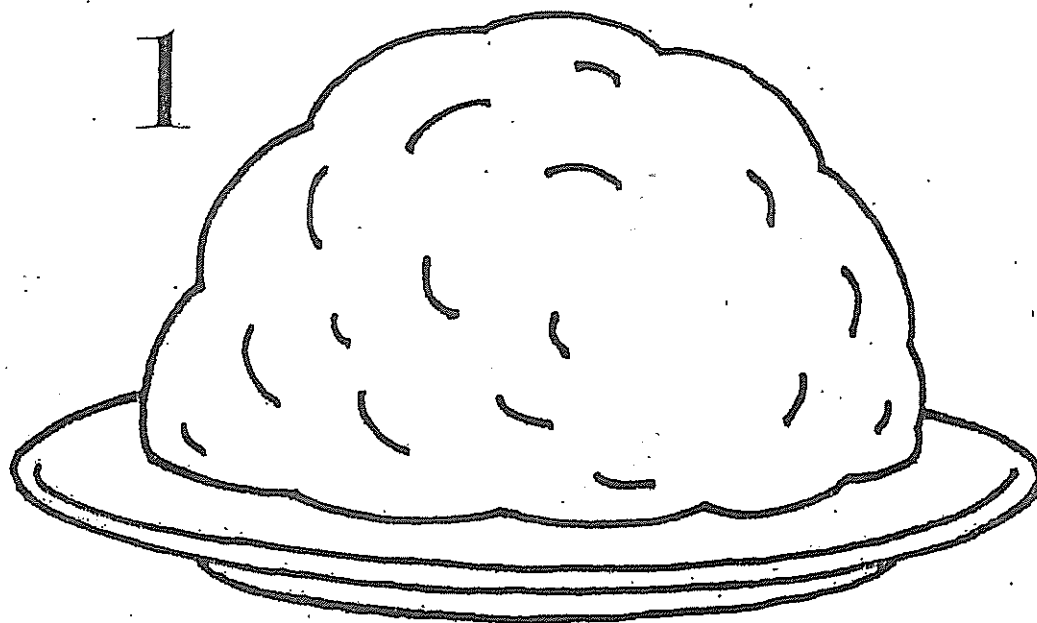
# Bowls

4

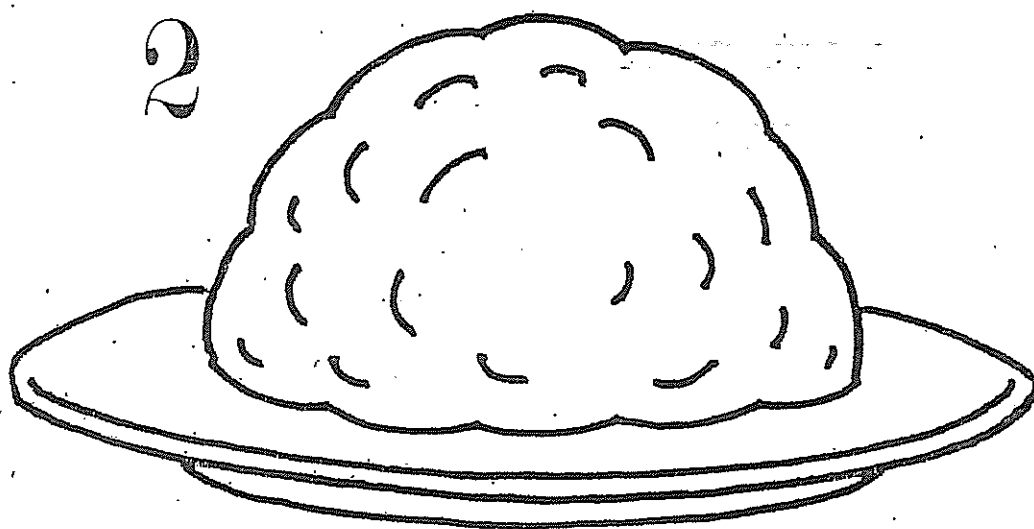


# Mounds

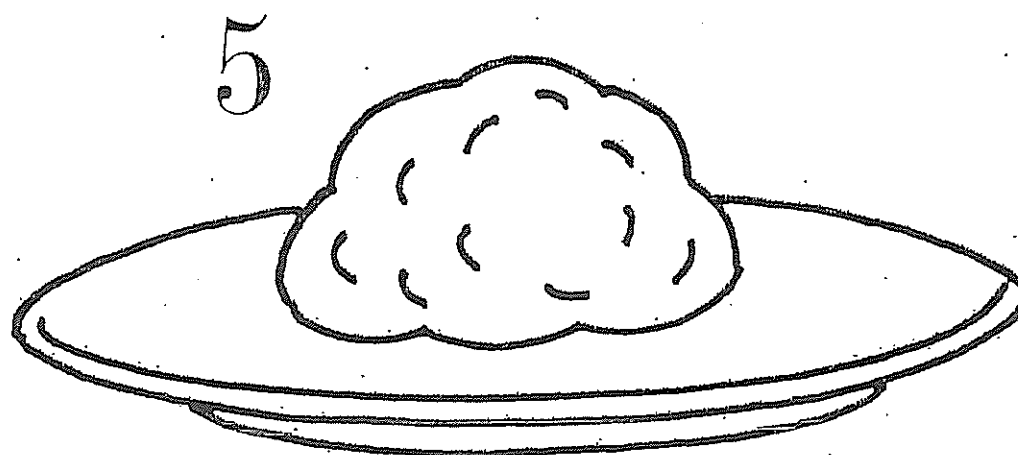
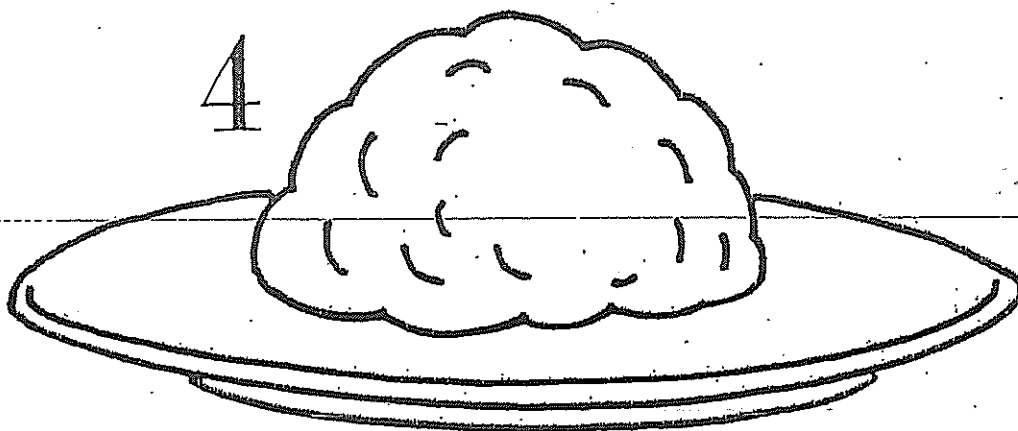
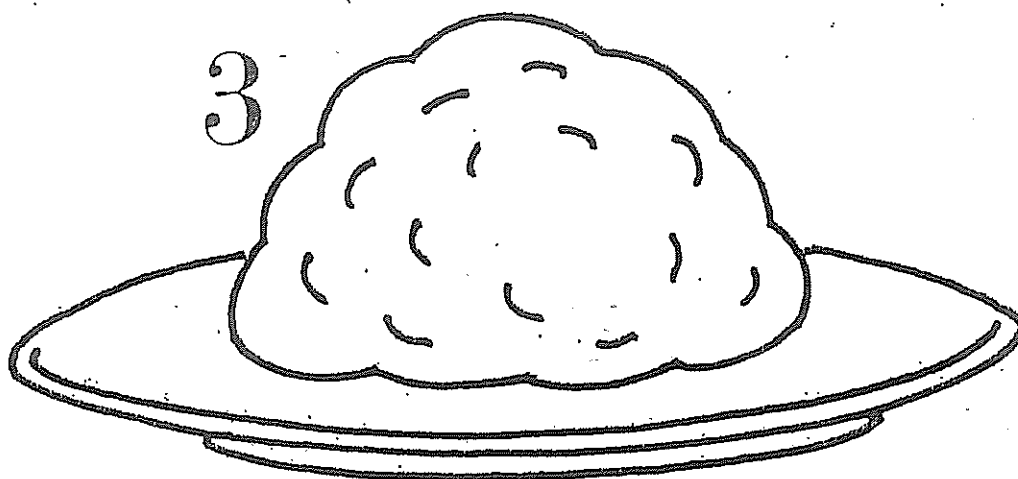
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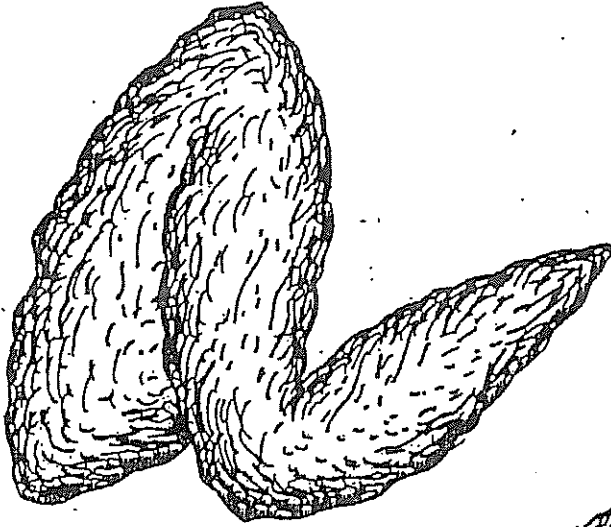


# Mounds

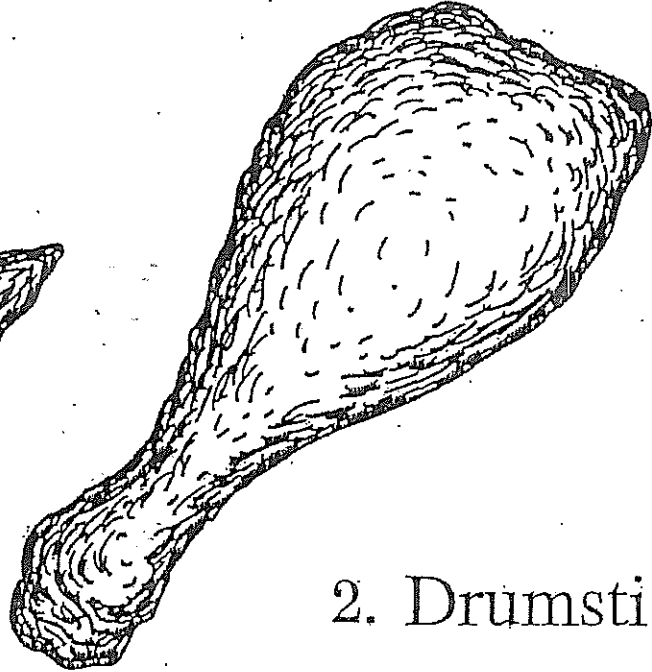


# Chicken

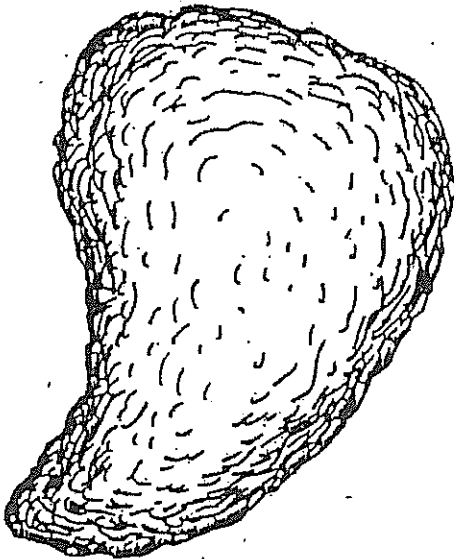
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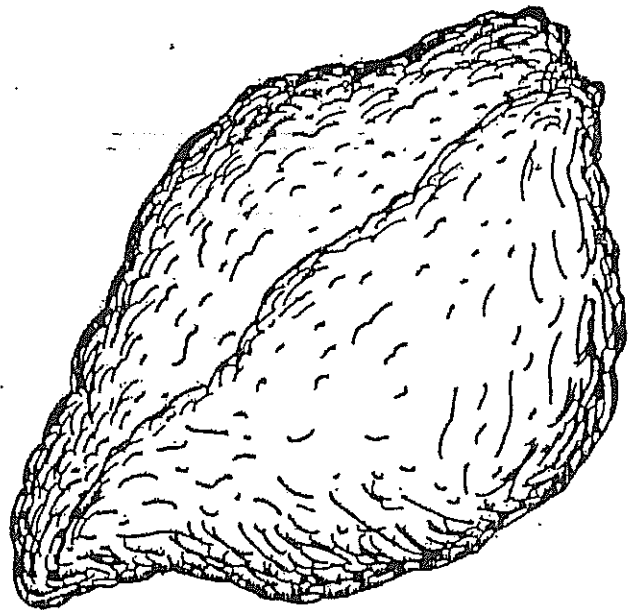
1. Wing



2. Drumstick



3. Thigh

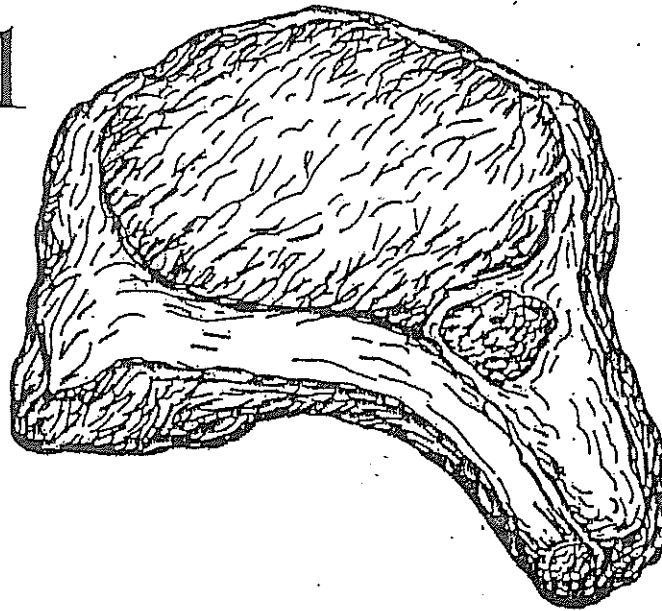


4. Breast

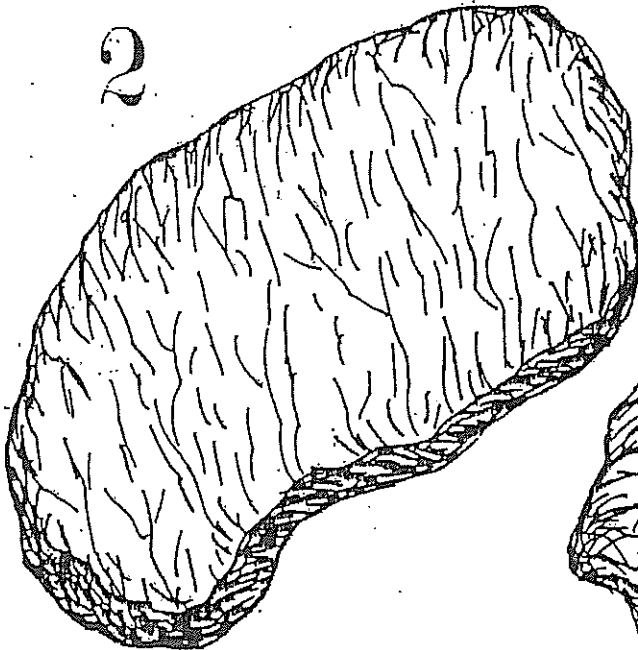
# Meats

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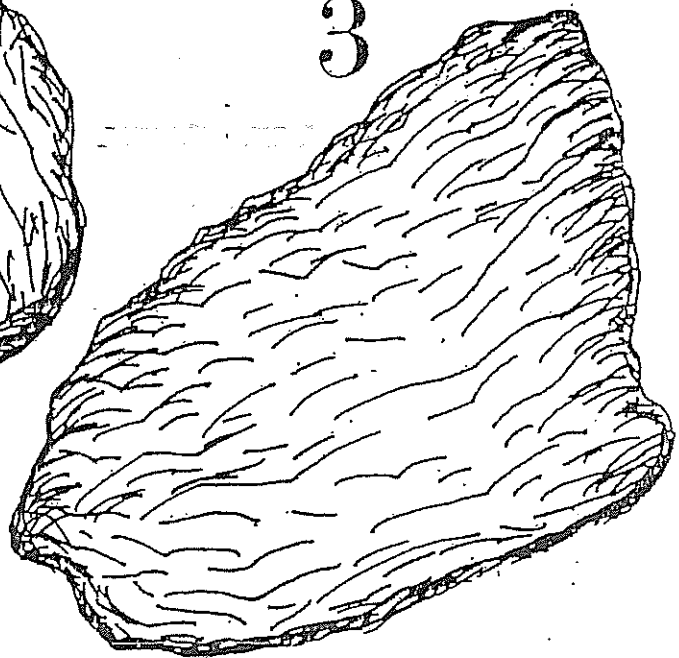
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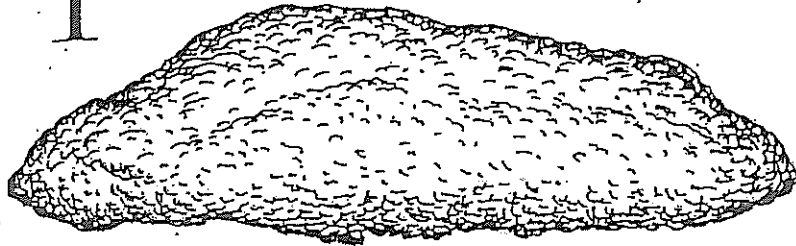
3



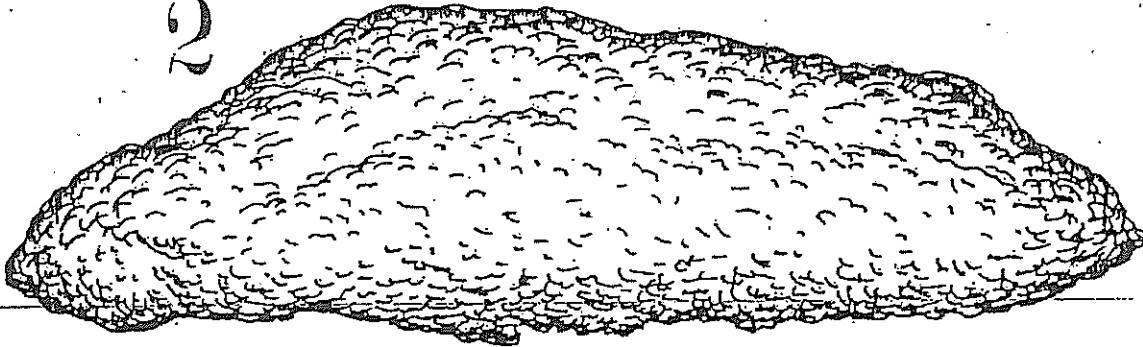


# Fish

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2



3



4

