

DIET HISTORY

Record everything eaten yesterday, including beverages and snacks. Include amounts eaten and how food was prepared. For diabetics, record the time meals and snacks were eaten.

Meal 1: Time: _____	Meal 2: Time: _____	Meal 3: Time: _____
Snacks: Time: _____	Snacks: Time: _____	Snacks: Time: _____

1. Was this a typical day's intake for you? yes no
If no, explain: _____
2. Do you eat differently on weekends? yes no
If yes, explain: _____
3. How often do you eat out? When you eat out, what and where do you typically eat? _____
4. Do you ever skip meals, fast, go on fad diets, or use diet pills to control your weight? yes no
5. Do you ever vomit or use laxatives or diuretics to control your weight? yes no
6. Do you ever feel that your eating is out of control? yes no
7. Have you ever been on a special diet? yes no
If yes, what type, how long, and who gave it to you? _____

Additional Questions for Diabetics:

8. Has anyone given you a meal plan / diet for diabetics? yes no
If yes, who gave it to you? _____
calorie level? _____ anything in writing? _____
any instructions yet? _____
9. Do you take oral medication for diabetes? yes no If yes, what kind? _____ dosage _____
10. Do you take insulin? yes no If yes: describe type, dose, and frequency: _____
11. Do you test your own blood glucose at home? yes no If yes, what times? _____
12. Are you allergic to any foods? _____

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Cl. Name:	
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DOB:	

DIET HISTORY

13. Who shops and cooks the food in your household? _____

14. Do you have a working stove and refrigerator in your house? _____
15. Are you enrolled in WIC? yes no Food stamps? yes no
16. Do you take vitamin-mineral pills? yes no
If yes, what kind? _____ dosage? _____
why? _____ how long? _____
17. Do you take any medications? yes no
If yes, what kind? _____ dosage? _____
why? _____ how long? _____
18. Do you get any type of regular exercise? yes no
If yes, what type, how long, and for how long each time? _____

	Frequency	Timeframe (Day, Week, Month, Year)
19. How often do you drink:		
water	_____ times per	never _____
soft drinks / sodas	_____ times per	never _____
diet soft drinks / sodas	_____ times per	never _____
coffee / tea (w / sugar Y N)	_____ times per	never _____
milk (type: _____)	_____ times per	never _____
fruit / vegetable juice	_____ times per	never _____
beer	_____ times per	never _____
wine	_____ times per	never _____
mixed drinks / hard liquor	_____ times per	never _____
20. <u>How often do you eat:</u>	# Times per	
red meat	_____ times per	never _____
poultry	_____ times per	never _____
fish	_____ times per	never _____
bacon / sausage	_____ times per	never _____
eggs	_____ times per	never _____
cheese	_____ times per	never _____
dried beans	_____ times per	never _____
pasta, potatoes, rice	_____ times per	never _____
bread, rolls, muffins	_____ times per	never _____
tortillas (type: _____)	_____ times per	never _____
crackers	_____ times per	never _____
cereal	_____ times per	never _____
fruit	_____ times per	never _____
vegetables	_____ times per	never _____
soups / stews / casseroles	_____ times per	never _____
burritos / tacos / enchiladas	_____ times per	never _____
chips, pretzels, etc.	_____ times per	never _____
cookies, cakes, pastries	_____ times per	never _____
candy	_____ times per	never _____
ice cream or sherbet	_____ times per	never _____
fried foods	_____ times per	never _____

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Date: _____ Taken by: _____

PRIVACY NOTIFICATION With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Cl. Name: _____

SS# _____

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