

SUMMARY OF 7 DAY DIET

Name: _____ Date: _____ Age: _____ Gender: _____ Weight: _____ Height: _____

Currently reside in: USA Canada Other: _____

At what times do you usually eat? Breakfast _____ Lunch _____ Dinner _____

Which is the largest meal of the day? _____

Do you snack during the day? Yes No During the night? Yes No If so, what foods? _____

How often do you eat alone? _____ Which days and meals? _____

Describe your activities and moods while eating. (i.e. watching TV, talking with others, eating alone, sad, happy, relaxed, etc.)

Directions: Please follow the steps below to complete your 7 day diet summary.

- ◇ On a separate sheet, keep track of **everything** you eat and drink, including water, for 7 consecutive days.
- ◇ After the 7 day period, total up each item and find the closest match to that item on this form. *Write in the **total quantity** for each item for the entire seven days.*
- ◇ Send or fax this summary sheet to our office. *Please do not send the sheets you kept your notes on.* We must have the information on this form to expedite processing your report.

GRAIN PRODUCTS (PER WEEK)

Bagel, plain	___ Each
Biscuit	___ Each
Bread, mixed grain	___ Each
Bread, potato	___ Each
Bread, rice	___ Each
Bread, rye	___ Each
Bread, soy	___ Each
Bread, spelt	___ Each
Bread, wheat	___ Each
Bread, white	___ Each
Cereal, cold (without sugar)	___ Cup
Cereal, cold (with sugar)	___ Cup
Cereal, Fiber / bran	___ Cup
Cereal, Fortified	___ Cup
Cereal, Granola	___ Cup
Cereal, Multigrain	___ Cup
Cereal, Oatmeal	___ Cup
Cracker, Saltine	___ Each
Cracker, Wheat	___ Each
Grain, Amaranth	___ Cup
Grain, Millet	___ Cup
Grain, Quinoa	___ Cup
Muffin	___ Each
Pancake, Buckwheat	___ Each
Rice, Brown	___ Cup
Rice, White	___ Cup
Tortilla	___ Each
Waffle	___ Each

VEGETABLES (PER WEEK)

Beans - Dried	___ Cup
Beans - Green	___ Cup
Broccoli	___ Cup
Cabbage	___ Cup
Carrots	___ Cup
Cauliflower	___ Cup
Celery	___ Cup
Corn	___ Cup
Corn on Cob	___ Each
Cucumber	___ Cup
Lettuce	___ Cup
Mustard Greens	___ Cup
Mushroom	___ Cup
Olives	___ Each
Onion	___ Cup
Peas - Green	___ Cup
Pepper - Green, Red	___ Cup
Potato	___ Cup
Potato - Fries	___ Cup
Potato - Sweet	___ Cup
Spinach	___ Cup
Squash	___ Cup
Tofu	___ Cup
Tomato	___ Cup
Turnip	___ Cup
Vegetables - Mixed	___ Cup

FRUITS (PER WEEK)

Apple	___ Each
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Applesauce	___ Cup
Apricot	___ Each
Avocado	___ Cup
Banana	___ Each
Berries	___ Cup
Dried Fruit	___ Cup
Grapefruit	___ Each
Grapes	___ Cup
Kiwi	___ Each
Melon / Cantaloupe	___ Cup
Orange	___ Each
Peach	___ Each
Pear	___ Each
Pineapple	___ Cups
Raisins	___ Cup

DAIRY PRODUCTS (PER WEEK)

Butter	___ Tsp
Cheese - Yellow	___ Cup
Cheese - White	___ Cup
Cream Cheese	___ Tbs
Cream Cheese - (non fat)	___ Tbs
Cottage Cheese	___ Cup
Cottage Cheese - (non fat)	___ Cup
Cream	___ Tbs
Creamer - Nondairy	___ Tbs
Cream - Half & Half	___ Tbs
Eggs	___ Each

More on back ⇨

Name: _____

Date: _____

Ice Cream _____ Cup
 Ice Cream - (non dairy) _____ Cup
 Margarine _____ Tsp
 Milk - Whole _____ Cup
 Milk - 2% _____ Cup
 Milk - 1% _____ Cup
 Milk - Skim _____ Cup
 Rice Milk _____ Cup
 Soy Milk _____ Cup
 Sorbet _____ Cup
 Sour Cream _____ Cup
 Sour Cream (imitation) _____ Cup
 Yogurt - Frozen _____ Cup
 Yogurt - (low fat) _____ Cup
 Yogurt - (non fat) _____ Cup

PREPARED FOODS (PER WEEK)

Burrito _____ Each
 Chili _____ Cup
 Egg Noodles _____ Cup
 Enchilada _____ Each
 Pasta _____ Cup
 Pizza _____ Piece
 Stew _____ Cup
 Soup - Creamed _____ Cup
 Soup - Meat _____ Cup
 Soup - Vegetable _____ Cup
 Spaghetti & Sauce _____ Cup
 Soy burger _____ Ounce

MEATS (PER WEEK)

Bacon _____ Ounce
 Beef Roast _____ Ounce
 Beef Steak _____ Ounce
 Beef - Deli Thin _____ Ounce
 Chicken - Roasted _____ Ounce
 Chicken - Fried _____ Ounce
 Crab / Lobster _____ Ounce
 Fish - Baked _____ Ounce
 Fish - Fried _____ Ounce
 Ham _____ Ounce
 Ham - Deli Thin _____ Ounce
 Hamburger _____ Ounce
 Hotdog _____ Each
 Lamb _____ Ounce
 Liver _____ Ounce

Liverwurst _____ Ounce
 Pork Chop _____ Ounce
 Pork Roast _____ Ounce
 Sausage _____ Ounce
 Shrimp _____ Ounce
 Tuna Salad _____ Cup
 Turkey - Roasted _____ Ounce
 Turkey - Deli Thin _____ Ounce
 Venison _____ Ounce

NUTRITIONAL SUPPORT (PER WEEK)

Energizing Soy - Powder _____ Tbs
 Fiber - Powder _____ Tbs
 Instant Protein - Powder _____ Tbs
 Meal Shake - Powder _____ Tbs
 Nutritional Bar _____ Each
 Weight Mgmt - Powder _____ Tbs

BEVERAGES (PER WEEK)

Water _____ Cup
 Beer _____ Ounce
 Carrot Juice _____ Cup
 Coffee - Decaf _____ Cup
 Coffee - Regular _____ Cup
 Fruit Juice _____ Cup
 Orange Juice _____ Cup
 Soda Pop - Diet _____ Ounce
 Soda Pop - Regular _____ Ounce
 Tea - Brewed _____ Cup
 Tea - Herbal _____ Cup
 Tomato Juice _____ Cup
 Vegetable Juice _____ Cup
 Whiskey - Rum _____ Ounce
 Wine _____ Ounce

MISCELLANEOUS (PER WEEK)

Barbecue Sauce _____ Tbs
 Catsup / Ketchup _____ Tbs
 Dressing - (low fat) _____ Tbs
 Dressing - (non fat) _____ Tbs
 Dressing - Vinegar _____ Tbs
 Gravy _____ Cup
 Honey _____ Tbs
 Jam _____ Tbs
 Lemon Juice _____ Tsp
 Mayonnaise _____ Tbs
 Mustard _____ Tsp
 Oil - Flaxseed _____ Tbs
 Oil - Olive _____ Tbs
 Oil - Vegetable _____ Tbs
 Peanut Butter _____ Tbs
 Pickles _____ Each
 Salsa _____ Tbs
 Sweet Substitute _____ Tsp
 Syrup _____ Tbs

DESSERTS AND SNACKS (PER WEEK)

Cake - Angel Food _____ Piece
 Cake - Carrot _____ Piece
 Cake - White / Chocolate _____ Piece
 Candy - Hard _____ Piece
 Chips - Low Fat _____ Ounce
 Chips - Regular _____ Ounce
 Chocolate Candy _____ Ounce
 Cookie - Chocolate Chip _____ Each
 Cookie - Oatmeal _____ Each
 Cookie - Sugar _____ Each
 Doughnut _____ Each
 Gelatin _____ Cup
 Nuts - Dry Roasted _____ Cup
 Nuts - Oil Roasted _____ Cup
 Nuts - Raw _____ Cup
 Pie - Cream _____ Piece
 Pie - Fruit _____ Piece
 Popcorn - Buttered _____ Cup
 Popcorn - Plain _____ Cup
 Pumpkin Seed _____ Cup
 Sunflower Seed _____ Cup
 Pretzels _____ Ounce