



Entry Diet Report

Patient: _____ Date: _____

Please list the foods you currently eat the most:

For Breakfast: _____

For Lunch: _____

For Dinner: _____

For Snacks: _____

Please indicate how often you eat from the following food categories:

	Never or less than once a year	Rarely: less than twice a month	Sometimes: 2-4 times a month	Often: 2-3 times a week	Almost daily
Meat					
Dairy (Milk, Cheese, etc.)					
White Bread, Crackers, etc.					
Vegetables: all fresh					
Vegetables: canned, frozen					
Fruits: fresh					
Fruits: canned, bottled					
Beans					
Nuts and Seeds					
Whole Grain Products					
Sweets and Desserts					
Coffee					
Sugar, Corn Syrup					
Artificial Sweeteners					
Alcohol					
Tobacco					

