

Please keep a food record for 4 days including a Saturday and Sunday prior to your next visit. This record should include all meals, any time of day or night, snacks, coffee breaks, soda pop breaks, cocktails, beer, nibbling, etc. Try to write in your food record immediately after each meal or snack. Please try to estimate as best you can, the amounts of food you eat or drink in ounces, cups, table-spoons, etc.

### For example:

Chicken breast - 3 oz, broiled, no skin Mashed potatoes - 1/2 cup Sherbet - 1 cup Green beans - 1/2 cup, plain Gravy - 2 Tablespoons Skim milk - 8 oz

### Please answer the following questions:

1.	If you drink milk or cook with milk, what type do you use?
	☐ Whole ☐ 2% ☐ 1% ☐ 1/2% ☐ Skim
2.	Do you use butter or margarine? What brand?
3.	What type of oil do you use?
4.	What type of salad dressing do you use?
5.	What kind of cheese do you eat? (Regular? Lite? Please be specific!)

If you use any diet or reduced fat items, please record them in your records.

#### THANK YOU!



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