Diet History Worksheet

Day/Date: ____________________

Time	Food & Amount

**This diet history worksheet is used as an assessment. By seeing how much you are eating, drinking, how often, etc., we can better determine how to correct problems that might contribute to fat and health issues.*

1). At the top of the page, please fill out the day/date section for each day of the assessment. A mininum of three days should be filled out.
2). Fill out the time you consumed each food or drink with a calorie.
3). Give as much detail about what you consumed. For example, if you had chicken and rice, you would write: 4oz chicken breast and one cup cooked brown rice. If you don't know the weight, just take a good guess or just use a food scale.
4). At the bottom of the page, write down what time you woke up and also what time you went to bed.
5). Also list what supplements you took each day.
6). If you have any questions about filling out this sheet, then please feel free to call any time.

What time did you wake up? ____________________

What time did you go to sleep? ____________________

What supplements did you take today? ____________________