

Name: _____

Record 10 (1-2)

Circle day of week
 S M T W T F S

Check () if:
 • fat trimmed from meat, or
 • poultry skin not eaten, or
 • lowfat, no fat or "lite" item

Date ____ / ____ / ____ (3-8)
 I.D. _____ (9-15)

B=breakfast
L=lunch
D=dinner
S=snack
(record letter)

H=home (1) **C=store (4)**
S=school (2) **V=vending (5)**
R=restaurant (3) **O=other (6)**
(record letter)

F=fried, sauteed (1)
B=baked, boiled, microwaved (2)
S=steamed, broiled (3)
R=raw, uncooked (4)
O=other preparation (5)
(record letter)

Check (√) if applies

Meal	Food Item	# of Sv.	Place of Prep	Fat Level	Cking Method	Added Fat?	CODES
							16-24
							25-33
							34-42
							43-51
							52-60
							61-69
							70-78
							79-87
							88-96
							97-105
							106-114
							115-123
							124-132
							133-141
							142-150
							151-159
							160-168
							169-177
							178-186
							187-195
							196-204
							205-213
							214-222
							223-231
							232-240
							241-249
							250-258
							259-267
							268-269
							270-271
							272-273

Check () box if food diary for this day is continued on another page

Page ? of ? for this day ____ / ____
 Coder I.D. _____
 Problem Code _____