



Current Diet Assessment

(Week 1)

1—My favorite foods are (list): _____

2—My least favorite foods are (list): _____

3—I have allergies to these foods or other materials (list): _____

4—Write how much and how often you use the following.

Item	Describe	How much	How often
White sugar			
Coffee or caffeinated tea or sodas			
Water or other liquids			
Smoking			
Raw foods			
Alcoholic Beverages			
Vitamins/supplements (list)			

MEALS

Breakfast

My usual time is: _____ Irregular times? Yes/No Frequently skip meal? Yes/No

I usually eat these foods (list): _____

Lunch

My usual time is: _____ Irregular times? Yes/No Frequently skip meal? Yes/No

I usually eat these foods (list): _____

Dinner

My usual time is: _____ Irregular times? Yes/No Frequently skip meal? Yes/No

I usually eat these foods (list): _____

Other meals or snacks

I usually have a snack or additional meal at these times:

Time: _____ Foods: _____

Time: _____ Foods: _____

Other meal or snack times and foods _____