

Medical Nutrition Therapy
Beth Israel Deaconess Medical Center
330 Brookline Avenue, Boston, MA 02215

Food Diary Instructions

Please follow these instructions as best as you can in completing your food diary:

1. Write down **everything** you eat or drink (that includes water)
2. **Measure if possible, or estimate** the amounts of food served using portion sizes such as cups, teaspoons, tablespoons, ounces, slices or inches. You can use a food scale if you have one.
3. Tell **how** the food was prepared-raw, baked, steamed, fried, etc.
4. List brand names of prepared frozen entrees, for example “Amy’s Thai Stir-fry.”
5. Be sure to include all those **extras**, such as:
 - Milk, cream, half and half, sugar in your coffee
 - Mayonnaise, ketchup, salad dressings, gravies, pickles, jelly, butter, margarine
6. As you record your intake for different types of foods, note the following:

Fruits and Vegetables

- Are the vegetables fresh, frozen or canned?
- Are they in butter, cream or other sauce?
- Is the fruit fresh, frozen or canned (in juice or in heavy or light syrup)?
- With salads-did you have regular or low-fat dressing on the salad or on the side?

Cereal

- What kind of cereal? There are no uniform bowls. Try to estimate in cups, or ounces.
- Did you add sugar, fruit, milk (what kind and how much), butter, or margarine?

Bread & Pasta

- Was the bread gluten-free white or whole grain?
 - Was it “lite”?
 - Was it a regular or fat free muffin? How big?
 - Was the bagel frozen or from a bakery?
- What kind of sauce was on the pasta: marinara, Alfredo, etc?

Meats, Poultry, Fish

- Estimate portion (for example, cooked hamburger, about 3” across, ½” thick).
- Detail what’s in the sandwich (2oz. roast beef with 1oz. Swiss cheese on tapioca bread with 1 tsp. mayonnaise).

Desserts

- Estimate size of slice of cake, pies.
- What kind of cookies-from the store or homemade?
- Was it ice cream, light ice cream or frozen yogurt? Was it an individual serving or out of a half gallon container?

Beverages

- Record in ounces, cups, teaspoons or tablespoons.
- List type of milk such as whole, nonfat, 1%, 2% Lactaid, evaporated, chocolate?
- Was the coffee, tea, or ice tea unsweetened sweetened with sugar, or artificial sweeteners?
- Did you note all the water that you drank?
Do you drink a large glass (8oz. or 1 cup) or small glass of juice (4oz. or 1.2 cup)

Other Instructions:

Remember, this is not a test. It’s just a way to get an idea of your eating habits when we meet.

Please bring to your nutrition visit