

**DIABETES AND NUTRITION CARE  
DIETARY HISTORY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Instructions:**

Please write down all the food you ate yesterday, or eat on a typical day. Be specific, include types of sauces, margarine/butter, cheese, jelly, salad dressing, mayonnaise, beverages, sweets, etc. and if possible amounts.

Meal	Food	Amount Eaten
Breakfast Time eaten: 7:30 a.m.	<b>Cheerios</b> <b>Milk 2%</b> <b>Whole wheat toast</b> <b>Peanut butter</b> <b>Fried eggs</b> <b>Coffee with</b> <b>Vanilla Creamer</b>	<b>1 cup</b> <b>1 cup</b> <b>2 slices</b> <b>1 Tablespoon</b> <b>2</b> <b>1 cup coffee with</b> <b>2 Tbsp. creamer</b>

Meal	Food	Amount Eaten
Breakfast Time Eaten:		
Mid-morning snack Time eaten:		
Lunch Time Eaten:		
Mid-afternoon snack Time Eaten:		
Dinner Time Eaten:		
After dinner snack Time eaten:		

Diabetic Record



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1. How many times a week do you eat the following meals away from home?

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

2. What foods do you use for snacks? \_\_\_\_\_

3. Do you drink soft drinks?  NO  YES → Regular or Diet How many per day? \_\_\_\_\_

4. Have you recently:  lost weight  gained weight? If so, how much? \_\_\_\_\_

5. Do you exercise?(outside of work activities)  NO  YES

If yes, how many days per week and what type of exercise do you do? \_\_\_\_\_

6. On average, how many pieces of fruit, or glasses of juice, do you drink each day?

Fruit \_\_\_\_\_ Juice (4 ounce cup) \_\_\_\_\_

7. On average, how many servings of vegetables do you eat each day? \_\_\_\_\_

8. How many hours of television/computer/smart phone time do you spend each day? \_\_\_\_\_

Do you snack while doing any of these activities?  NO  YES

9. How many times a week do you eat desserts and/or sweets? \_\_\_\_\_

Diabetic Record

