Wellness Food Record

Name:_____ **Age**: _____ **Sex**:_____ **D.O.B**: _____
Address:_____ **City**:_____ **State**: ____ **Zip**:_____
Phone:_____ **Email**: _____ **Best time(s) to meet**:_____
Height: ___ ft. ___ in. **Weight**: _____ **Desired weight**: _____
Activity: Light / Moderate / Heavy **What type**?_____ **How often**?_____
Are you Diabetic: Yes __ No __ **Are you Pregnant**: Yes __ No __ **Are you Breastfeeding**: Yes __ No __
Special concerns (i.e. weight loss/gain, health concerns, nutrient deficiency, cholesterol, fiber, etc.):

_____

_____

Instructions:

1. Record **EVERYTHING** you **eat** and **drink** for **3 days**. It is best to use two week days and one weekend day; record as soon after you eat as possible.
2. When describing a food, be specific and precise (i.e. brand name, cooked, raw, fresh, frozen, canned, chopped, whole wheat, low fat, non fat).
3. When recording amounts, use standard measures (i.e. cups, tablespoons, teaspoons, number of pieces).
4. Return completed food record to 302 Helen Newman Hall; diet analysis will take approximately 2-4 weeks.
5. You will be signed up for a **FREE** online customized nutrition tracker and will receive an e-mail from **SparkPeople.com**. You will be contacted by a student nutrition intern to discuss your results and teach you about the Spark People online service. **Questions**? Contact Beth at 255-3703 or bm20@cornell.edu

Date	Time	Food/Description	Amount

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Date	Time	Food/Description	Amount