New Patient Diet Sheet

Who prepares the majority of your meals?	How many meals do you eat each day?

Cookware/method:	Please describe your average breakfast:
stainless steel y/n non-stick y/n aluminum y/n glass y/n iron y/n enamel y/n copper y/n microwave y/n	Please describe your average lunch:
	Please describe your average dinner:
	Do you eat snacks? Type of snacks: Do you eat or drink things with NutraSweet?

How many glasses of water do you drink daily? Why do you drink it? thirst? someone told you to?	Source of water? tap-plain tap-filtered reverse osmosis spring distilled

Circle how often do you eat each of these foods:

example (3 times per week):	0 1 2 (3) 4 5 6 >6 / day? (week?)
whole milk	0 1 2 3 4 5 6 >6 / day? week?
low fat or skim milk	0 1 2 3 4 5 6 >6 / day? week?
cheese	0 1 2 3 4 5 6 >6 / day? week?
ice cream	0 1 2 3 4 5 6 >6 / day? week?
yogurt/sour cream	0 1 2 3 4 5 6 >6 / day? week?
butter/margarine	0 1 2 3 4 5 6 >6 / day? week?
eggs	0 1 2 3 4 5 6 >6 / day? week?
red meat (beef, pork, veal, lamb)	0 1 2 3 4 5 6 >6 / day? week?
coffee/tea (non-herbal)	0 1 2 3 4 5 6 >6 / day? week?
herbal tea	0 1 2 3 4 5 6 >6 / day? week?
soda	0 1 2 3 4 5 6 >6 / day? week?
cookies/pastries/deserts	0 1 2 3 4 5 6 >6 / day? week?
salt/miso/soy sauce	0 1 2 3 4 5 6 >6 / day? week?
canned vegetables	0 1 2 3 4 5 6 >6 / day? week?
cold and hot cereals	0 1 2 3 4 5 6 >6 / day? week?
frozen vegetables	0 1 2 3 4 5 6 >6 / day? week?
poultry (chicken, turkey)	0 1 2 3 4 5 6 >6 / day? week?
fish/seafood	0 1 2 3 4 5 6 >6 / day? week?
beans (lentil, azuki, navy, ...)	0 1 2 3 4 5 6 >6 / day? week?
fresh vegetables	0 1 2 3 4 5 6 >6 / day? week?
whole grains (brown rice, millet, ...)	0 1 2 3 4 5 6 >6 / day? week?
vegetable oil	0 1 2 3 4 5 6 >6 / day? week?
oleo/Crisco	0 1 2 3 4 5 6 >6 / day? week?
oranges/orange juice	0 1 2 3 4 5 6 >6 / day? week?
other fruits/jam	0 1 2 3 4 5 6 >6 / day? week?
other juices	0 1 2 3 4 5 6 >6 / day? week?
alcohol	0 1 2 3 4 5 6 >6 / day? week?
breads/pasta/pancakes	0 1 2 3 4 5 6 >6 / day? week?
nuts	0 1 2 3 4 5 6 >6 / day? week?
peanut butter	0 1 2 3 4 5 6 >6 / day? week?
mushrooms	0 1 2 3 4 5 6 >6 / day? week?
sugar/honey/syrup	0 1 2 3 4 5 6 >6 / day? week?
_____	0 1 2 3 4 5 6 >6 / day? week?

Are you willing to make dietary changes in order to accomplish your health goals?