



Nutrition Education
Gerda Endemann, Ph.D.

Nutritional Assessment Part II: Diet Record

Please indicate the foods and beverages you eat in a typical 24 h period. Indicate the approximate amounts in any convenient unit (cups, T, tsp, oz, lb). Be sure to include all beverages, including soda, coffee and alcoholic beverages.

Name	Date	
	foods (indicate amounts)	beverages (amounts)
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

Seminars and Consulting

Tel 650-814-4914

PO Box 60623, Palo Alto, CA 94306

Endemann@HealthyFat.com www.HealthyFat.com