

Nutrient Analysis Instructions

1. Obtain the official food diary form from the Office of Nutrition Services via computer attachment or in the office.
2. Complete the food record for 3 days. Record complete information for 2 week days and 1 weekend day.
3. Be as specific and as accurate with information as possible. Include a complete description of the food along with the amount eaten. Brand names can be included as well. This will help make the nutrient analysis as accurate as possible.
4. Professional educated guesses will be made for records that are not specific enough or for a food that is not listed in the data base exactly as written on the food diary form.

My Food Diary (need 3 days)

Name _____ Date _____

Birth Date: _____ Age _____ Height: _____ ft. _____ in. Gender: ___ Male ___ Female

Pregnant: Y or N Nursing: Y or N Body Frame: ___ Small ___ Medium ___ Large

Daily Activity Level (circle one): Sedentary Lightly Active Moderately Active

Very Active Extremely Active

Weight _____ Goal Weight _____

*Include serving Size, description of food and brand name

Type of Food	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>
Fats & Oils (ex: butter)				
Milk, Cheese & Dairy				
Meat & Protein (beans, legumes, nuts, soy)				
Vegetables & Fruits				
Grains (Bread, Cereals, Rice, Pasta)				
Other				

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Other				

Good Example	
Types of Food	Breakfast
Fat and oils	1 tsp. margarine
Milk, cheese and dairy	8 fl oz. skim milk
Meat and protein	1 tsp peanut butter
Vegetables and fruits	1 medium banana
Bread and cereals	2 slices whole wheat toast 2/3 cup Cheerios cereal
Other	8 fl oz water

Bad Example	
Types of Food	Breakfast
Fat and oils	Butter
Milk, cheese and dairy	Glass of milk
Meat and protein	Bacon
Vegetables and fruits	Banana and apple
Bread and cereals	Bowl of cheerios
Other	Water

*Sample Portion Sizes
$\frac{1}{4}$ cup = golf ball 1 oz = matchbox $\frac{1}{2}$ cup = tennis ball 3 oz portion of cooked meat = deck of cards 1 tablespoon = 3 teaspoons

Notice of Privacy Policies

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program and requires all medical records and other individual identifiable health information be kept confidential. HIPAA provides for you, the patient, significant rights to understand and to control how your health information is used. Your health information is necessary to provide you with adequate nutrition services. The Office of Nutrition Services (ONS) is committed to providing you with appropriate care in a confidential manner. As required by HIPAA we have prepared a policy regarding the use and disclosure of your health information. You, as the patient, are entitled to a full copy of the privacy policies of ONS.

Summary of ONS Privacy Policy

- ONS may use your health information for treatment, appointments, research, health and safety reasons and as required by law. All other uses will require written consent from you.
- You have the right to a complete copy of the privacy policy, the right to restrict the use/disclosure of your information, the right to receive a copy of your medical record, the right to amend/correct your health record, the right to an alternate means of communication to you of your health information, the right to an accounting of the use/disclosure of your health information and the right to file a complaint regarding your health information.
- ONS will maintain the confidentiality of your information, abide by the privacy policy as written, and will accommodate reasonable requests by you with regards to your health information.

I understand that by law, I have certain rights regarding my confidential health information. I have been informed by ONS of their privacy policies. I have been offered and/or received a complete copy of this policy prior to signing this consent. I understand that the ONS has the right to change their privacy policies as applicable by law and revision notices will be available to me upon request.

Signature_____

Date_____

Print Name_____