CHIP Food Diary Worksheet

Patient Full Name _____ Preferred Name/Nickname _____ Patient DOB _____

Breakfast & Morning Snacks

Throughout the CHIP program we will be tracking changes in your dietary habits. Prior to each individual visit with one of our health care providers, you will need to keep a record of foods that you eat throughout an average day. An average day is broken down as follows: breakfast and any morning snacks / lunch and any afternoon snacks / dinner and any evening snacks. Recorded meals need not occur in the same day. For example you may record Monday's breakfast, Tuesday's lunch, and Wednesday's dinner. What is most important is that the meals/snacks are average for you. RLM CHIP is a "No Judgement Zone". Please answer as honestly as possible so that we can track changes in your dietary habits and provide you with excellent care. We're here to support and encourage you.

Please take a **photograph** of each meal or snack that you consume during breakfast and any morning snacks. You may attach it in the space provided below. You may also email your photos to us at info@roclifemed.com. Please list all ingredients in the chart below.

A = Animal products: meat, chicken, fish, milk, cheese, ice cream, yogurt, eggs, etc.	X = Processed foods: most packaged foods, fast food, flour, sugar, oil, additives, alcohol, chips, candy, soda, etc.	G = Minimally processed plants: whole grain bread, whole grain pasta, whole grain cereal, etc.	V = Whole plants: grains, nuts, seeds, vegetables, legumes, fruits, etc.	W = Clear liquids: coffee, tea, water.

attach photos here

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Patient Full Name _____ Preferred Name/Nickname _____ Patient DOB _____

Lunch & Afternoon Snacks

Throughout the CHIP program we will be tracking changes in your dietary habits. Prior to each individual visit with one of our health care providers, you will need to keep a record of foods that you eat throughout an average day. An average day is broken down as follows: breakfast and any morning snacks / lunch and any afternoon snacks / dinner and any evening snacks. Recorded meals need not occur in the same day. For example you may record Monday's breakfast, Tuesday's lunch, and Wednesday's dinner. What is most important is that the meals/snacks are average for you. RLM CHIP is a "No Judgement Zone". Please answer as honestly as possible so that we can track changes in your dietary habits and provide you with excellent care. We're here to support and encourage you.

Please take a **photograph** of each meal or snack that you consume during lunch and any afternoon snacks. You may attach it in the space provided below. You may also email your photos to us at info@roclifemed.com. Please list all ingredients in the chart below.

A = Animal products: meat, chicken, fish, milk, cheese, ice cream, yogurt, eggs, etc.	X = Processed foods: most packaged foods, fast food, flour, sugar, oil, additives, alcohol, chips, candy, soda, etc.	G = Minimally processed plants: whole grain bread, whole grain pasta, whole grain cereal, etc.	V = Whole plants: grains, nuts, seeds, vegetables, legumes, fruits, etc.	W = Clear liquids: coffee, tea, water.

attach photos here

CHIP Food Diary Worksheet

Patient Full Name _____ Preferred Name/Nickname _____ Patient DOB _____

Dinner & Evening Snacks

Throughout the CHIP program we will be tracking changes in your dietary habits. Prior to each individual visit with one of our health care providers, you will need to keep a record of foods that you eat throughout an average day. An average day is broken down as follows: breakfast and any morning snacks / lunch and any afternoon snacks / dinner and any evening snacks. Recorded meals need not occur in the same day. For example you may record Monday's breakfast, Tuesday's lunch, and Wednesday's dinner. What is most important is that the meals/snacks are average for you. RLM CHIP is a "No Judgement Zone". Please answer as honestly as possible so that we can track changes in your dietary habits and provide you with excellent care. We're here to support and encourage you.

Please take a **photograph** of each meal or snack that you consume during dinner and any evening snacks. You may attach it in the space provided below. You may also email your photos to us at info@roclifemed.com. Please list all ingredients in the chart below.

A = Animal products: meat, chicken, fish, milk, cheese, ice cream, yogurt, eggs, etc.	X = Processed foods: most packaged foods, fast food, flour, sugar, oil, additives, alcohol, chips, candy, soda, etc.	G = Minimally processed plants: whole grain bread, whole grain pasta, whole grain cereal, etc.	V = Whole plants: grains, nuts, seeds, vegetables, legumes, fruits, etc.	W = Clear liquids: coffee, tea, water.

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