

DENVER INDIAN HEALTH AND FAMILY SERVICES

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24 Hour Food Log

Please complete this form prior to your visit. Keeping an accurate record will assist us in making specific dietary recommendations for you. **Be as specific as possible.** Try to include brand or restaurant names, preparation of food (ie grilled, fried, baked), condiments used and how much (mayo, ketchup, mustard). Don't panic. If you did not complete your food journal, you can still come to your appointment!

Breakfast - Time of day:			
Food/Beverage	Amount/Serving Size		
Snacks – Time of day:			
Food/Beverage	Amount/Serving Size		
Lunch – Time of day:			
Food/Beverage	Amount/Serving Size		
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Snacks – Time of day:			
Food/Beverage	Amount/Serving Size		
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Dinner – Time of day:			
Food/Beverage	Amount/Serving Size		
Snacks – Time of day:	<u> </u>		
Food/Beverage	Amount/Serving Size		
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Serving-Size Chart

FOOD	SYMBOL	COMPARISON	SERVING SIZE
Dairy: Milk, Yogurt, Cheese			
Cheese (string cheese)	TOD	Pointer finger	1½ ounces
Milk and yogurt (glass of milk)		One fist	1 cup
Vegetables			
Cooked carrots		One fist	1 cup
Salad (bowl of salad)		Two fists	2 cups
Fruits			
Apple		One fist	1 medium
Canned peaches		One fist	1 cup
Grains: Breads, Cereals, Pasta			
Dry cereal (bowl of cereal)		One fist	1 cup
Noodles, rice, oatmeal (bowl of noodles)		Handful	½ cup
Slice of whole-wheat bread		Flat hand	1 slice
Protein: Meat, Beans, Nuts			
Chicken, beef, fish, pork (chicken breast)	B	Palm	3 ounces
Peanut butter (spoon of peanut butter)		Thumb	1 tablespoon