

Health Facts for You

UWHealth

Food Record

Patient Name: _____ Birth Date: _____ Clinic: _____

Food Record of Everything You Ate or Drank

Write the name and amount of all food or drinks. Include brand names. Don't forget extras like butter, salad dressings, sauces, and gravy. Write how they are prepared (ex. baked or fried). Give amounts, such as 1 teaspoon, 1 Tablespoon, 4 ounces, ½ cup or 1 saltine cracker.

Stooling Pattern

Record **type** and **when** stool occurs. Can add comments about pain, gas, or any description of a problem.

Food and Amount	Time	Diarrhea	Soft	Hard	Other
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Snack					

Please record any vitamins, minerals, or herbal supplements used: _____

Please return completed form to: _____

If you are a UW Health patient and have more questions, please contact UW Health at one of the phone numbers listed below.

You can also visit our website at

www.uwhealth.org/nutrition.

Nutrition clinics for UW Hospital and Clinics (UWHC) and American Family Children's Hospital (AFCH)
(608) 890-5500

Nutrition clinics for UW Medical Foundation (UWMF)
(608) 287-2770

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#473.