

BENEFITNESSNOW

Food Assessment

Please record the servings of each food you consume each week

Food Category	Rarely / Never	3 or less servings a week	4 or more servings a week	7 or more servings a week	10 or more servings a week
Lean cuts of beef					
High fat cuts of beef					
Processed Meats					
Pork, Lamb & Organ Meats					
Poultry					
Fish					
Whole Eggs					
Egg Whites					
Whole Dairy					
Skim or reduced Fat Dairy					
Fried Foods					
Baked Goods					
Convenience Foods					
Processed Snacks					
Alcohol					
Bread/ Rice/ Cereal/ Pasta					
Vegetables					
Fruit					

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Other					
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Please list your trigger or problem foods _____

What foods do you need more of in your diet? _____

What are you consuming too much of in your diet? _____