

Patient's ID/Name: _____

Date: _____

Basal Energy Expenditure: _____ kcal/day

Caloric Restriction: _____ kcal/day

Caloric Addition: _____ kcal/day

Total Energy Dietary Plan: _____ kcal/day

Protein intake: _____ g/kg/day

Theoretical Dietary Resume Table			
Macronutrient	%	Grams	Energy (kcal)
1. Protein			
2. Fats			
3. Carbohydrates			
TOTAL	100	-	

Mealtimes, schedule and standard food servings per day (SFS/d) individual distribution. Number of standard food servings per day, energy and macronutrient calculation format in the macronutrient meal-equivalent menu method.

Food Group	No. SFS/d	Protein per ^a SFS (g)	^b Protein in ^c ME (g/d)	Fat per ^a SFS (g)	^b Fat in ^c ME (g/d)	Carbohydrates per ^a SFS (g)	^b Carbohydrates in ^c ME (g/d)	Energy per ^a SFS (kcal)	^b Energy in ^c ME (kcal/d)
1. Vegetables		2		0		4		25	
2. Fruits		0		0		15		60	
3. Cereals									
A) Non-fat		2		0		15		70	
B) With fat		2		5		15		115	
4. Legumes		8		1		20		120	
5. Animal Origin (AO)									
A) Very low fat		7		1		0		40	
B) Low fat		7		3		0		55	
C) Moderate fat		7		5		0		75	
D) High fat		7		8		0		100	
6. Milk									
A) Low fat		9		2		12		95	
B) Reduced fat		9		4		12		110	
C) Whole		9		8		12		150	
D) With sugar		8		5		30		200	
7. Fats									
A) Without protein		0		5		0		45	
B) With protein		3		5		3		70	
8. Sugars									
A) Non-fat		0		0		10		40	
B) With fat		0		5		10		85	
TOTAL	^d N/A	^d N/A		^d N/A		^d N/A		^d N/A	

^aStandard Food Servings (SFS) according to the Mexican food equivalent lists (SMAE) [27] which corresponds to the kcal and grams provided by each SFS food group; ^bObtained macronutrient g/d or kcal/d by multiplying SFS content with No. SFS; ^cME: macronutrient meal-equivalent menu; ^dN/A: not applicable; Acceptable variations for calculated energy and macronutrient content are: ^eprotein ± 1 g/d; ^ftotal fat ± 1 g/d; ^gcarbohydrates ± 2 g/d; ^henergy ± 15 kcal/d.

Mealtimes, schedule and standard food servings per day (SFS/d) individual distribution planification sheet.

Number of meals per day regularly done by the patient: _____ Number of meals suggested per day: _____

Schedule						
Food Group	No. SFS/d	Meal 1 No. SFS/d	Meal 2 No. SFS/d	Meal 3 No. SFS/d	Meal 4 No. SFS/d	Meal 5 No. SFS/d
1. Vegetables						
2. Fruits						
3. Cereals						
A) Non-fat						
B) With fat						
4. Legumes						
5. Animal Origin (AO)						
A) Very low fat						
B) Low fat						
C) Moderate fat						
D) High fat						
6. Milk						
A) Low fat						
B) Reduced fat						
C) Whole						
D) With sugar						
7. Fats						
A) Without protein						
B) With protein						
8. Sugars						
A) Non-fat						
B) With fat						

