Bone Health and Osteoporosis Program

NAME: _____ **DATE:** _____

Calcium Intake Questionnaire

In an average, week how many portions of these foods do you eat?
Please note you should also list your calcium supplements at the end.

Food and Portion Size	mg of Calcium	Number per week	*Calcium*
250ml glass whole/Skim milk	300		
250ml glass fortified Soy/Oat/Almond/Rice milk	300		
1 cup calcium fortified cereals (please check)	300		
Soya yogurt 1 cup	300		
Flavoured yogurts 1 cup	350		
Plain yogurts 1 cup	400		
1oz (30g) portion of Cheese	200		
½ cup soft/cottage cheese	60		
bowl of Ice-cream (2 scoops)	150		
3.5 oz (100g) portion Milk Chocolate	250		
1 can of boned salmon (3oz/85g)	150		
1 can of sardines (3oz/85g)	350		
4oz/1/2 cup Tofu with calcium	200		
1 cup soybeans	250		
½ head of cabbage	300		
1 cup of broccoli/bok choi/kale	150		
1 cup collards, turnip greens	300		
Cup of pasta/Rice (cooked)	20		
1 slice wholemeal bread	30		
1 slice white bread	10		
1 cup beans (lima, navy, kidney) dates, raisins	100		
1 oz (30g) Almonds	70		
1 Egg (hen)	30		
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TOTAL WEEKLY CALCIUM			
TOTAL DAILY CALCIUM		*÷ 7*	
Incidentals (not included abov)e		*+250*	
DAILY CALCIUM SUPPLEMENTS			
TOTAL DAILY CALCIUM INTAKE			

For more information: http://dietary-supplements.info.nih.gov/factsheets/calcium.asp