

100 Gram Fat Diet for Fecal Fat Stool Collection

Your doctor and/or Registered Dietitian needs to know how much fat is in your stool. To be sure the test is valid, you must eat plenty of fat (100 grams of fat each day) during the test period.

Please follow all instructions given by your healthcare team closely.

Follow this diet and collect your stool for (circle one) one/two/three days.

1. Start the 100 gram fat diet. Try to eat about 100 grams of fat each day. The following page will provide the general guide of fat in different foods. You can also use food labels to determine the amount of fat in a specific product.
2. Also eat normal portions of other foods you would normally eat.
3. Please **write down everything** you eat and drink during the collection period on the record sheet below, starting from the time you wake up in the morning until the time you go to sleep.
4. Be sure to include any sauces, mayonnaise, butter, or margarine added to your foods.
5. Do your best to guess the amount you have eaten using cups, tablespoons, teaspoons, etc.
6. You will be provided with a "stool hat" and specimen containers to collect stool or ostomy output.
7. Begin to collect stool in the canisters provided on the same day you start this diet. Be sure to collect **all** of your stool.
8. Follow all instructions provided by your nurse or physician about how to collect, store, and return the stool sample.
9. Keep your diet record in an envelope and return it to your physician, dietitian, or the GI clinic as instructed. Be sure to include your name and your doctor's name. **Do not take your diet records to the lab.**

FOOD ITEM	SERVING SIZE	FAT (GRAMS)
Walnuts	¼ cup	20
Potato Chips	15	15
Peanut Butter or almond butter	2 Tablespoons	15
Hershey's Kisses or chocolate bar	9 / 1 small	13
2% Milk or Whole Milk, white or chocolate	8 ounces or 1 cup	10
Cheese	1 ounce	10
Corn Chips	15	10
Hot Dog	1	10
Ice cream	½ cup	10
M & M's Chocolate	1 small bag	10
Sausage	2 links or 1 ounce	10
Almonds	12 whole	10
Avocado	1/4	10
Bacon	1 slice	5
Cashews	4 whole	5
Coffee Creamer, liquid	2 Tablespoons	5
Coffee Creamer, dry	1 Tablespoon	5
Corn Bread, 2" x 2" x 1"	1 square	5
Cream, Half & Half (12%)	3 Tablespoons	5
Cream Cheese	1 Tablespoon	5
Egg, whole	1	5
Heavy Whipping Cream	1 Tablespoon	5
Meat (beef, lamb, pork, poultry, veal)	1 ounce cooked	5
Margarine, Butter, Lard, oil	1 teaspoon	5
Margarine, Diet	1 Tablespoon	5
Mayonnaise	1 teaspoon	5
Mayonnaise (Lite)	1 Tablespoon	5
Muffin, plain or cornmeal, 2" diameter	1	5
Olives	10 small	5
Pecans	3 whole	5
Salad Dressing, mayonnaise type	2 teaspoons	5
Salad Dressing, oil varieties	1 Tablespoon	5
Sour Cream	2 Tablespoons	5
Vegetable Oil (corn, soy, sunflower, corn, olive, etc.)	1 teaspoon	5
Yogurt, plain or flavored (low fat)	8 ounces or 1 cup	5

Patient to Fill Out			For RD Use Only
DATE	FOOD	PORTION	FAT (g)