Client's 24-Hour Diet Recall

Name:_____

Date Taken:_____

Pregnant: ☐ Yes ☐ No

Nursing: ☐ Yes ☐ No

Taking Nutritional Supplements: ☐ Yes ☐ No

Amount Spent on Food last month:_____

Check which food record:

☐ Entry

☐ Exit

Activity Level:

☐ Less than 30 min.

☐ 30-60 minutes

☐ More than 60 min.

MEAL TYPE:

1 = Morning
2 = Mid-Morning
3 = Noon
4 = Afternoon
5 = Evening
6 = Late evening

SERVING ABBREVIATIONS:

Tablespoon	= TBSP
Cup	= c
Teaspoon	= tsp
Pound	= lb
Ounce	= oz
Slice	= sl

What did the client eat and drink in last 24 hours? (Be thorough.)

Foods and Beverages consumed. Describe in detail. List one food per line.	**AMOUNT EATEN**	**MEAL TYPE**

Foods and Beverages consumed. Describe in detail. List one food per line.	AMOUNT EATEN	MEAL TYPE

. Number of Lessons Taught Since Last Record:

Individual _____ | Group _____ | Other _____