

# Diet Recall Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you take vitamin supplements?** \_\_\_yes \_\_\_no  
 If "yes;" List types and how often: \_\_\_\_\_

**Amount spent on food last month:** \_\_\_\_\_ **What is your:** Height \_\_\_\_\_ Weight \_\_\_\_\_

<p><b>Activity Level:</b>                  ___ Less than 30 minutes                  ___ 30 to 60 minutes                  ___ More than 60 minutes</p>	<p><b>Would you like to see a Food Plan to show you how to:</b>                  ___ stay at the weight you are at now                  ___ lose weight slowly                  If you want to see both, check both.</p>
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**What did you eat and drink in the last 24 hours?**

<b>Food Item and Description</b> List all foods and beverages. List separately each food in main dishes.	<b>Amount</b> Tbl - tablespoon      c - cup tsp - teaspoon        lb - pound oz - ounce              sl - slice
<b>1 – Breakfast</b>	
<b>2 – Mid-morning</b>	
<b>3 – Lunch</b>	

<b>Food Item and Description</b> List all foods and beverages. List separately each food in main dishes.	<b>Amount</b> Tbl - tablespoon      C - cup tsp – teaspoon        lb - pound oz - ounce                sl - slice	
<b>4 – Mid-afternoon</b>		
<b>5 – Dinner</b>		
<b>6 - After Dinner</b>		

**Sometimes we have food in class. Do you have any food allergies? If so, what are they?**

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