

**Diet Recall Form – EXIT**



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

Do you take vitamin supplements? \_\_\_ Yes \_\_\_ No

If “yes,” list types and how often? \_\_\_\_\_

Amount spent on food last month: \_\_\_\_\_

As a result of being in this class, what do you now receive:

- Free or Reduced School Lunches     Food from Food Pantries  
 Food Stamps     Head Start     TANF/Welfare  
 WIC     Other \_\_\_\_\_

Activity Level:

\_\_\_ Less than 30 minutes    \_\_\_ 30 to 60 minutes    \_\_\_ More than 60 minutes

What did you eat and drink in the last 24 hours?

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

<b>Food Item &amp; Description</b> 1) List all foods and beverages. 2) List separately each food in main dishes.	<b>Amount</b> Tbl – tablespoon tsp – teaspoon oz. – ounce  c – cup lb. pound sl. - slice
<b>4 – Mid- afternoon</b>	
<b>5 – Dinner</b>	
<b>6 – After Dinner</b>	

