

Diet Recall Form – EXIT - SENIOR



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 know receive:

Food Stamps Food from Food Pantries TANF/Welfare
 Social Security Meals on Wheels SSI Senior Dining Site
 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 c - cup tsp – teaspoon lb – pound oz – ounce sl- slice	
1- Breakfast		
2-Mid-morning		
3-Lunch		

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

