



# 24-Hour Diet Recall

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

Number of people in your household: \_\_\_\_\_

\$ spent at grocery store in past month: \_\_\_\_\_ \$ spent on restaurant food in past month: \_\_\_\_\_

Please log your food and beverage intake for at least one 24 hour period before coming in for your initial appointment. Try to stick with your regular eating habits and be as detailed as possible with portions and timing of meals to give us an idea of a typical day for you. This will allow us to help you set and reach desired health goals. If time allows, it may be helpful to log a weekday and a weekend day!

<u>Breakfast</u>	<u>Time (approximate)</u>
<u>Mid-Morning Snack</u>	
<u>Lunch</u>	
<u>Mid-Afternoon Snack</u>	
<u>Dinner</u>	
<u>Evening Snack</u>	

