24-Hour Recall/ Usual Diet Form

Date:__________ **Day of the week:** __________

- Record food and fluid intake from time of awakening until the next morning.

FOOD AND DRINK CONSUMED		NUMBER OF SERVINGS FROM EACH GROUP					
		Milk	Meat	Fruits	Veggies	Breads	Fats, Sweets
Standard for Adults		2-3	2-3	2-4	3-5	6-11	None
Time	Name and Type Amount						
TOTALS							
***EVALUATION**							

*Evaluation: L = low A = adequate E = excessive