

Food Recall

Please print two copies of this form. Choose two days to monitor your eating - Pick one typical day during the week as well as one day on the weekend and record everything you eat and drink for those days. Be as specific as possible, including brand names if you know them, and approximate portion sizes (cups, ounces, etc.)

| | | | |
|------------------|---|-------|--|
| Name: | | Date: | |
| Day of the Week: | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | | |

| Meal | What You Ate | Portion Sizes |
|----------------------------------|--------------------------------------|---------------|
| Meal 1 Breakfast Time: | | |
| | | |
| | | |
| | Fasting Blood Sugar (if applicable): | |

| | | |
|------------------------------|--|--|
| Meal 2 Snack Time: | | |
| | | |
| | | |
| | | |

| | | |
|------------------------------|--|--|
| Meal 3 Lunch Time: | | |
| | | |
| | | |
| | | |

| | | |
|------------------------------|--|--|
| Meal 4 Snack Time: | | |
| | | |
| | | |
| | | |

| | | |
|-------------------------------|--|--|
| Meal 5 Dinner Time: | | |
| | | |
| | | |
| | | |

| | | |
|------------------------------|--|--|
| Meal 6 Snack Time: | | |
| | | |
| | | |
| | | |

Is this what you consume on a typical day? Yes No **If No, what was different about this day?**