

1. ID#:		2. Date Taken:	
3. Participant Name:		4. NEA Name:	
5. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Takes Nutritional Supplements <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" List Type:	

8. Money Spent On Food Last Month (Include personal income and food assistance) (Be sure to include drinks, snacks, and meals eaten away from home):
 \$ _____

MEAL TYPE	MEAL TYPE	SERVING ABBREVIATIONS	9. Check Which Food Record:
Morning = 1	Afternoon = 4	TBSP = tablespoon c = cup	<input type="checkbox"/> ENTRY RECALL
Midmorning = 2	Evening = 5	tsp = teaspoon lb = pound	<input type="checkbox"/> 2ND RECALL
Noon = 3	Late Evening = 6	oz = ounce sl = slice	<input type="checkbox"/> 3RD RECALL
		fl oz = fluid ounce	<input type="checkbox"/> EXIT RECALL

CONVERSION TABLE				
1/16 = 0.06	1/3 = 0.33	3 tsp = 1 TBSP	16 TBSP = 1 c	1 c (liquid) = 8 fl oz
1/8 = 0.12	1/2 = 0.50	2 TBSP = 1 fl oz	1/2 pint = 1 c	1 dash = 1/8 tsp
1/6 = 0.16	2/3 = 0.66	4 TBSP = 1/4 c	1 liter = 4 c	30 drops = 1/2 tsp
1/4 = 0.25	3/4 = 0.75		1 quart = 4 c	16 oz. = 1 lb

10. What did participant eat and drink in the last 24 hours? (To be filled out by NEA)	11. To Be Coded by NEA:
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FOOD ITEMS AND DESCRIPTION (List all foods and beverages. List separately main ingredients in mixed dishes that are not in food dictionary.)	AMOUNT EATEN	MEAL TYPE	FOOD ID NUMBER	AMOUNT EATEN (IN FOOD DICTIONARY UNITS)
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12. Number of Lessons Taught Since Last Record: Individual _____ Group _____ Other _____	Continue —
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