CNEP PARTICIPANT'S 24-HOUR FOOD RECALL (FS-A102)

1) **NEA:_____ Date :_____**

2) **Participant's Name:_____**

3) **Pregnant: ☐ Yes ☐ No Breastfeeding: ☐ Yes ☐ No**

4) **Taking Nutritional Supplements: ☐ Yes ☐ No**

5) **Amount Spent on Food Last Month:** (Include value of food stamps & WIC vouchers. Include drinks, snacks, and meals eaten away from home.) $_____

6) **Check which Food Recall:**
☐ **Entry** ☐ **2nd Recall** ☐ **3rd Recall** ☐ **Exit**

7) **Activity Level:** *(such as walking, running, biking, dancing, or yard work) you do in addition to your normal daily routine, most days* (check one).
- ☐ Less than 30 minutes
- ☐ 30-60 minutes
- ☐ More than 60 minutes

8) **MEAL OR SNACK TYPE**

1 = Morning
2 = Mid-Morning
3 = Noon
4 = Afternoon
5 = Evening
6 = Late Evening

SERVING ABBREVIATIONS

Tablespoon	= TBSP	Pound	= lb
Cup	= c	Ounce	= oz
Teaspoon	= tsp	Slice	= sl

Provide as many details as possible about the food or beverage and how it was prepared. For example, what was the fat content of the food or beverage (whole, 2% or skim milk; white or flavored milk: regular or low-fat salad dressing; was fat added during preparation?). Were soft drinks sugar-sweetened or diet? What type of bread was eaten; white, rye, whole wheat, etc? Was the food made from scratch, prepared from mix, toasted, fried, baked, broiled, grilled, boiled, steamed, and/or breaded? Was the food eaten with or without skin or bones, with or without peels? Were the fruits or vegetables raw, canned or frozen? If canned, was fruit packed in syrup or juice, were vegetables low-sodium, etc? Brand names, restaurant or fast food descriptions may be included.

What did you eat and drink yesterday from midnight to midnight?

List all foods and beverages. Describe in detail. List one food per line.	Amount	Meal Type

For Office Use:
Total # Lessons:_____ Total # Contacts:_____

List all foods and beverages. Describe in detail. List one food per line.	Amount	Meal Type