



DCH Diabetes and Nutrition Education Center

24 Hour Diet Recall: Follow-Up Visit

Give a sample of your meals for the last 24 hours including drinks:

Breakfast Time: _____ Drink/Food: _____

Snack Time: _____ Drink/Food: _____

Lunch Time: _____ Drink/Food: _____

Snack Time: _____ Drink/Food: _____

Dinner Time: _____ Drink/Food: _____

Snack Time: _____ Drink/Food: _____

Do you do your own food shopping? Y N If not, who does? _____

Do you cook your own meals? Y N If not, who does? _____

How often do you eat out? _____