Extension Service
West Virginia University

24-Hour Food Recall

1. ID Number:		2. Date of Recall:
3. Name:		4. Staff:
5. Pregnant ❑ Yes ❑ No	6. Breastfeeding ❑ Yes ❑ No	7. Takes Nutritional Supplements ❑ Yes ❑ No If Yes, list type:
8. Money spent on food last month $		

Mealtime
1-Morning *(4 to 9 a.m.)*
2-Midmorning *(9 to 11:30 a.m.)*
3-Noon *(11:30 to 2 p.m.)*
4-Afternoon *(2 to 5 p.m.)*
5-Evening *(5 to 8 p.m.)*
6-Late Evening *(8 p.m. to 4 a.m.)*

Serving Abbreviations
tbsp = tablespoon
tsp = teaspoon
oz = ounce
c = cup
lb = pound
sl = slice

9. Check which Food Recall:
❑ ENTRY ❑ EXIT
Other: Number _____

Meal-time	TO BE CODED BY STAFF: Food ID Number	TO BE CODED BY STAFF: Amount Code	10. What did you eat and drink in the last 24 hours? (*fill in below*) FOOD ITEMS AND DESCRIPTION List foods and beverages. List separately main ingredients in mixed dishes.	Amount Eaten
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Comments:

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Pink copy – file

WVU Extension Service
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