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:	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Meal	What You Ate					Portion Sizes	
Meal 1							
Breakfast							
Time:		1.0 (10	1. 1.				
	Fasting Blood Sugar (if applicable):						
Meal 2							
Snack Time:							
Time.							
Meal 3							
Lunch							
Time:							
Meal 4							
Snack							
Time:							
	1						
Meal 5							
Dinner							
Tr.							
Time:							
Meal 6							
Snack							
Time:							
Is this what you co	nsume on a ty	ypical day?	□ Yes □ No	If No, what	t was differ	ent about th	is day?