

24-HOUR PERINATAL DIETARY RECALL

Name: _____

What did you eat and drink yesterday, starting with when you got up? If yesterday was not a normal day (for example, if it was your birthday), what would you eat on a normal day?

			TO BE COMPLETED BY PROVIDER						
			Tally Food Groups						
Time	Food	How Much	Grains	Vegetables	Fruits	Meat & Beans	Milk Group	Oils	
Provider's Notes			Total Servings						
			Minimum Pregnant, (1 st Trimester)	6 oz.	2.5 c.	2 c.	5.5 oz.	3 c.	2 Tbsp
			Minimum Pregnant, lactating (2 nd & 3 rd Tri.)	8 oz.	3 c.	2 c.	6.5 oz.	3 c.	2 Tbsp
Signature and Title			Minimum Postpartum, non-lactating	6 oz.	2.5 c.	2 c.	5.5 oz.	3 c.	2 Tbsp
Date	Time to complete	Difference							