

## 24 Hour Diet Recall Form



**Name:** \_\_\_\_\_

**Height :** \_\_\_\_\_ mts      **Weight :** \_\_\_\_\_ kgs      **Age :** \_\_\_\_\_ years

Mention all eatables consumed in the entire day.

**Day of the week:**    Regular day   /   Holiday   /   Festival day

**Morning waking up time:** \_\_\_\_\_ am

Time and type of meal	Food item	Quantity	
Eg Breakfast 9:00am	Milk / Chapatti Pickle – mango	1 glass / 2 nos 2 tsp	<div style="text-align: center;"> <p><b>Portion Control</b></p> <p>1 fist = 1 cup = 2 servings of chapatti flour/ raw rice</p> </div>
			<div style="text-align: center;"> <p>1 palm = 85 grams = 1 serving of raw meat</p> </div>
			<div style="text-align: center;"> <p>1 cupped hand = ½ cup = 1 serving of cooked vegetables and raw rice or wheat flour</p> </div>
			<div style="text-align: center;"> <p>1 Thumb = 15 grams = 1 tablespoon</p> </div>
			<div style="text-align: center;"> <p>1 Thumb tip = 5 grams = 1 teaspoon</p> </div>
			<div style="text-align: center;"> <p>1 tennis ball = 1 Katori</p> </div>

**Do you drink water during meals? How much?**

**How much of sugar do you consume in a day? Do you use jaggery?**

**Do you eat non-veg? What and how much?**

**Do you eat fruits? How many times in a week?**

**How frequently do you eat out?**

**How much oil is consumed in a month for how many people?**

**How frequently do you eat fried food in a month?**

**Do you consume alcohol? How much?**

**What time do you sleep? Do you sleep in the afternoon?**

**Are you physically active? (Walking / Dancing / Jogging / Badminton etc)**  
**(If yes, how many days in a week? How many hours? E.g. 1 hour walking (5km daily) 5 days a week)**

**Any additional inputs:**

**Medical history / Chief complaints**  
**Attach your past medical reports and prescription if any**