## **NJ EFNEP** 24-Hour Food Recall

☐ Entry

□ Exit

Name:	_ Date:
Do you take vitamin supplements? Yes No	
If "yes" list types and how often:	
Amount spent on food last month?	
Activity Level per Day: Less than 30 minutes 30 to 60	minutes More than 60 minutes

Provide as many details as you can about the food or beverage and how it was made. For example, what was the fat content of the food or beverage (whole, 2% or skim milk, white or flavored milk; regular or low-fat salad dressing; was fat added during preparation?). Were soft drinks sugar-sweetened or diet? What type of bread was eaten: white, rye, whole wheat, etc.? Was the food made from scratch or prepared from mix? Was it fried, baked, boiled, grilled, boiled, steamed, or breaded? Was the food eaten with or without skin or bones, with or without peels? Were the fruits or vegetables raw, canned or frozen? If canned, was it in syrup, water or juice? Were canned veggies regular or low-sodium? List brand names and fast food restaurant or any restaurant names if food is from there.

## Meal or Snack Type

1= Morning

3= Noon

**Serving Abbreviations** 4= Afternoon Pound = lb Tablespoon = Tbsp 2= Mid-Morning 5= Evening Ounce = oz Cup = C6= Late Evening Slice = sl Teaspoon = tsp

What did you eat and drink yesterday?		
List all foods and beverages. Describe in detail. List one food per line.	Amount	Meal Type

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