

**HEMO Study Form 30. Diet Diary Assisted Recall**

Patient Identification Number \_\_\_\_\_ Patient Name Code \_\_\_\_\_ Recall Date \_\_\_/\_\_\_/\_\_\_\_\_ Day of the Week: \_\_\_\_\_

Visit Date: \_\_\_/\_\_\_/\_\_\_ Visit Type: \_\_\_\_\_ Week Number \_\_\_\_\_ Dialysis Schedule: M T W R F S

Page: \_\_\_ of \_\_\_ Day: \_\_\_ of \_\_\_

**Meal Codes:**

B-Breakfast D-Dinner  
L-Lunch S-Snack

**Amounts Codes:**

C-cup oz-net weight ounces  
TB-tablespoon lb-net weight pounds  
Tsp-teaspoon fl oz-fluid ounces (volume)  
gr-net weight grams

#	Meal	Food and Beverages Items	Amount	Food Description: (Please give as much information as possible) What type of food, method of preparation, brand name, homemade or store bought, size, recipe, restaurant name and type, etc.	For Dietitian's use only: Additional Comments
0 1					
0 2					
0 3					
0 4					
0 5					
0 6					
0 7					
0 8					

#	Meal	Food and Beverages Items	Amount	Food Description: (Please give as much information as possible) What type of food, method of preparation, brand name, homemade or store bought, size, recipe, restaurant name and type, etc.	For Dietitian's use only: Additional Comments
0 9					
1 0					
1 1					
1 2					
1 3					
1 4					
1 5					
1 6					
1 7					
1 8					
1 9					
2 0					
2 1					
2 2					

#	Meal	Food and Beverages Items	Amount	Food Description: (Please give as much information as possible) What type of food, method of preparation, brand name, homemade or store bought, size, recipe, restaurant name and type, etc.	For Dietitian's use only: Additional Comments
2 3					
2 4					
2 5					
2 6					
2 7					
2 8					
2 9					
3 0					
3 1					
3 2					
3 3					
3 4					
3 5					
3 6					