

FOOD RECORD FORM

Patient ID: \_\_\_\_\_ Name Code: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Day \_\_\_\_\_ of \_\_\_\_\_ Date of Intake: \_\_\_\_\_ Day of the Week \_\_\_\_\_

Did you take any supplements? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe below in the Food and Beverage Items section.

Recipes attached  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 number attached \_\_\_\_\_

**Meals:**  
 B — Breakfast  
 L — Lunch  
 D — Dinner  
 S — Snack

**Amounts:**  
 C — cup  
 TB — tablespoon  
 Tsp — teaspoon  
 oz — net weight ounces  
 lb — net weight pounds  
 floz — fluid ounces (volume)  
 gr - net weight grams

1 = yes  
 2 = no  
 9 = unknown

Line No.	Time	Meal	Place		Food and Beverage Items Vitamin and Mineral Supplements Medications and Seasonings	Amount Eaten	Food Description: What type of food, method of preparation, brand name, homemade or store bought, dimensions, % of each ingredient, restaurant name and type	Was salt added at the table? ...	Was salt added in preparation? ...	Was fat added in preparation? ...
			Home	Away						
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										

...if yes to these three columns, include as a separate item under Food Description section.

For Clinical Center Use Only:

Comments (give line no. when appropriate): \_\_\_\_\_



Modification of Diet in Renal Disease Study

Instructions for Completing Form 62

Food Record Form (24-Hour Recall)

PURPOSE: To record the patient's food intake over a specified period of time. Individual sheets of Form 62 may be used to record the patient's 24-hour food recall. Sets of Form 62 have been incorporated into the Three-Day Food Record (Form 64).

The dietitian will complete the following sections:

Patient ID

Fill in the patient's six-digit ID code.

Name Code

Fill in the patient's four-letter name code.

The dietitian and/or patient will complete the following sections:

Page \_\_\_\_\_ of \_\_\_\_\_

How many pages did it take to record a 24-hour period of time? Example: 1 of 2.

Day \_\_\_\_\_ of \_\_\_\_\_

Which day does this form reflect (example: for a three-day food record, this should be 1 of 3, 2 of 3, or 3 of 3; for a 24-hour recall, this should be 1 of 1).

Remainder of the form:

Follow the instructions on pages 2 and 3 in the Three-Day Food Record (Form 64).

For Clinical Center Use Only

Comments (give line no. when appropriate)

This is an optional area set aside for the dietitian to comment on aspects of the three-day food record or 24-hour recall.