

MDRD Recipe Form

Patient ID: ___ / ___ / ___ / ___ / ___ / ___

Page _____ of _____

Name Code: ___ / ___ / ___ / ___

Recipe from day _____

Visit Type _____

Visit Number _____ . _____

1. **Recipe name:** _____

2. **Recipe yield (total amount made):**
 Total servings per recipe: _____
(example: 4 servings or 36 cookies)

or Amount made: _____
(example: 2 cups or 250 grams)

or Total dimensions: _____
(example: 9 x 13 x 2 — inch pan)

3. **Amount eaten (fraction of total recipe):** _____
(example: 1/4 of recipe)

or in the same unit as recipe yield: _____
(example: 1 cup)

4. **Ingredients in recipe:**

Line No	Amount	Ingredient	Description of Ingredient and Preparation
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

5. **How the recipe was prepared: (baked, fried, etc.)**

For Clinical Center Use Only:

Recipe reviewed using documentation checklist by:

Dietitian's certification number: ___ / ___ / ___ / ___ / ___

Date reviewed: ___ / ___ / ___
Month Day Year



Modification of Diet in Renal Disease Study

Instructions for Completing Form 63

MDRD RECIPE FORM

PURPOSE: To record recipes used by the patient in conjunction with either a Food Record Form (24-Hour Recall) (Form 62) or a Three-Day Food Record (Form 64). Sets of the Recipe Form are incorporated into the Three-Day Food Record.

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.

Visit Type

Either B for Baseline or F for Follow-Up.

Visit Number

Example: 00.5 for B0.A Visit
15.0 for F15 Visit

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

Page of

How many pages did it take to record the recipe?
Example: Page 1 of 2.

Recipe From Day

Refers to the food record days (1, 2, or 3) in which the recipe was recorded. Note: Use Day 24 for recipes used during a 24-hour recall period.

Remainder of form:

Follow the instructions on page 4 of the Three-Day Food Record (Form 64).

For Clinical Center Use Only

Dietitian's Certification Number

The dietitian who documents the recipe should fill in his/her certification number here.

Date Reviewed

The date you complete documentation on the recipe.