

FOOD RECALL

All information is kept confidential and is not shared with others.

Today's Date: _____

Name: _____

Your Age: _____

Circle Gender:

Female

Male

Height: _____

Weight: _____

Do you take a vitamin/mineral supplement? Yes No

Do you consume energy drinks such as Red Bull or Monster? Yes No

Directions:

1. Record all food and beverages including water, coffee, tea, and energy drinks you consume at each meal and between meals. Be as specific as you can. (For example, if you had chicken, indicate if it was fried, grilled or baked. If you had milk, was it skim, 1%, 2% or whole.)

2. Indicate the amount of each item (for example, 1 cup, 6 oz., 1 piece – 1 1/2" x 2" x 3/4", 1 chicken leg, etc.)

Please fill in other side →

Write down all the foods you eat today. List each item and amount.

	FOOD ITEM	AMOUNT
<i>Morning Meal</i>		
<i>Morning Snack</i>		
<i>Midday Meal</i>		
<i>Afternoon Snack</i>		
<i>Evening Meal</i>		
<i>Evening Snack</i>		

During the day, did you flip/purge? ___ Yes ___ NO

One Day Food Recall Summary

County: NY081 Training

Recall Date: 06/21/10

Entry Recall

Number of previous recalls:

Family Size: 1

Male Age 41

Amount spent on food last month: n/a

Taking nutritional supplements: No

Food Summary

	Your Intake	Recommended Amounts
Fruits (cup)	1	2 ½
Vegetables (cup)	1	3 ½
Grains (oz eq)	3 ½	10
Meat & Beans (oz eq)	6	7
Milk (cup)	0 ½	3



Calories (kcal) 1327 2800

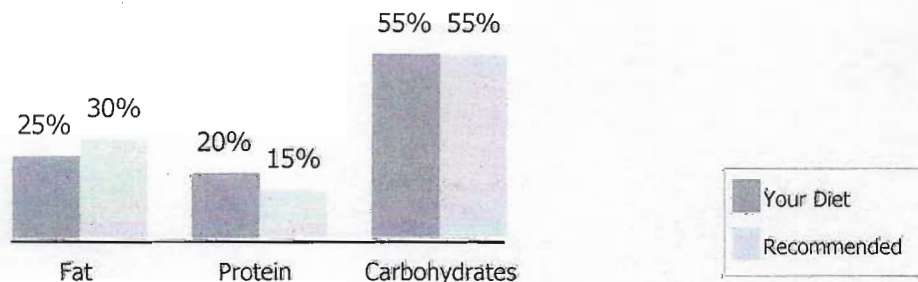
Your Activity Level: More than 60 min.

Sodium (mg) 2712 < 2300

✓ Nutrient Summary

Nutrient	Your Intake	% RDA	Percent of RDA
Protein	65 g	103%	103%
Iron	9 mg	93%	93%
Calcium	474 mg	47%	47%
Vitamin A	621 RE	62%	62%
Vitamin C	11 mg	19%	19%
Vitamin B6	1.2 mg	59%	59%
Fiber	12 g	58%	58%

Sources of Calories



One Day Food Recall Summary

County: NY081 Training

Recall Date: 06/21/10

Entry Recall

Number of previous recalls:

Family Size: 1

Male Age 42

Amount spent on food last month: n/a

Taking nutritional supplements: No

Food Summary

	Your Intake	Recommended Amounts
Fruits (cup)	0	2 ½
Vegetables (cup)	1	3 ½
Grains (oz eq)	4 ½	10
Meat & Beans (oz eq)	6	7
Milk (cup)	0 ½	3
Calories (kcal)	1055	2800
Sodium (mg)	3316	< 2300

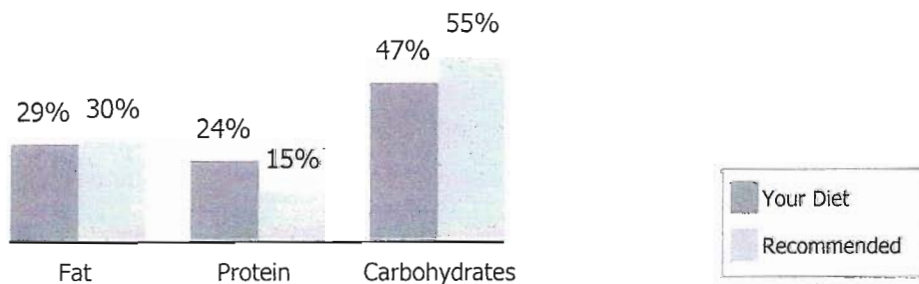


Your Activity Level: More than 60 min.

Nutrient Summary

Nutrient	Your Intake	% RDA	Percent of RDA
Protein	63 g	99%	99%
Iron	8 mg	83%	83%
Calcium	373 mg	37%	37%
Vitamin A	269 RE	27%	27%
Vitamin C	100 mg	166%	166% +
Vitamin B6	1.3 mg	63%	63%
Fiber	10 g	49%	49%

Sources of Calories



One Day Food Recall Summary

County: NY081 Training

Recall Date: 06/21/10

Entry Recall

Number of previous recalls:

Family Size: 1

Male Age 26

Amount spent on food last month: n/a

Taking nutritional supplements: No

Food Summary

	Your Intake	Recommended Amounts
Fruits (cup)	0	2 ½
Vegetables (cup)	1	4
Grains (oz eq)	2	10
Meat & Beans (oz eq)	0 ½	7
Milk (cup)	0	3



Calories (kcal) 815 3000

Your Activity Level: More than 60 min.

Sodium (mg) 991 < 2300

Nutrient Summary

Some times in menu

Nutrient	Your Intake	% RDA	Percent of RDA
Protein	23 g	36%	36%
Iron	11 mg	113%	113%
Calcium	631 mg	63%	63%
Vitamin A	801 RE	80%	80%
Vitamin C	73 mg	122%	122%
Vitamin B6	1.2 mg	62%	62%
Fiber	2 g	11%	11%

Sources of Calories

