

24 HOUR DIET RECALL

PREPARATION

INTERVIEWER: LET'S PICK A DAY AND DISCUSS WHAT YOU GENERALLY EAT IN ONE DAY.

INTERVIEWER: LET'S START FROM THE TIME YOU WAKE UP UNTIL YOU GO TO SLEEP AGAIN.

QUESTIONS

WHAT TIME DO YOU GO TO SLEEP? _____ WHERE? _____

AVERAGE TIME. UNDERSTANT THE LINK TO CO-MORBIDITIES. EXAMPLE: SLEEPS IN CHAIR AND HAS EDEMA

WHAT TIME DO YOU WAKE AFTER SLEEPING? _____ SLEEP HRS? _____

AVERAGE TIME.

WHAT DO YOU DRINK DAILY? _____ HOW MUCH WATER? _____

FOR CAFINATED DRINKS, COUNT HALF THE VOLUME. ENCOURAGE WATER.

WHERE IN THE HOME DO YOU EAT? _____

HELPS TO ASSESS ACTIVITY LEVEL. EXAMPLE: BED, CHAIR, LIVING ROOM, KITCHEN

WHAT TIME IS YOUR FIRST MEAL? _____

ANYTHING BUT WATER IS CALORIC INTAKE.

WHAT DO YOU HAVE? _____

IF MULTIPLE ANSWERS, PICK 2 AND NOTE AVERAGE DAYS IN 1 WEEK FOR EACH.

WHAT TIME IS YOUR SECOND MEAL? _____ GRAMS OF PROTEIN _____

MEALTIME HELPS TO ESTABLISH EATING HABITS.

WHAT DO YOU HAVE? _____

SNACKS BETWEEN FIRST AND SECOND MEALS? _____ GRAMS OF PROTEIN _____

IDENTIFY OPPORTUNITY FOR INCREASING PROTIN

WHAT TIME IS YOUR THIRD MEAL? _____

WHAT DO YOU HAVE? _____

SNACKS BETWEEN SECOND AND THIRD MEALS? _____ GRAMS OF PROTEIN _____

IDENTIFY OPPORTUNITY FOR INCREASING PROTEIN

WHAT TIME IS YOUR FOURTH MEAL? _____

MEALTIME HELPS TO ESTABLISH EATING HABITS.

WHAT DO YOU HAVE? _____

DO YOU HAVE A SNACK BEFORE BED? _____ GRAMS OF PROTEIN _____

SHOULD THEY HAVE A SNACK BEFORE BEDTIME?

DO YOU HAVE A TIME AT NIGHT YOU STOP EATING? _____

IT IS IMPORTANT TO STOP EATING AT THE SAME TIME EACH NIGHT FOR DIABETICS

PROTEIN: _____ FLUID: _____ AGE: _____ WEIGHT: _____ / _____ HEIGHT: _____
GRAMS OUNCES POUNDS KILOGRAMS INCHES
POUNDS / 2.2 = Kg

DAILY PROTEIN INTAKE RECOMMENDATION FOR WOUND CARE: <65 = 1.2 - 1.5 Gr/Kg) OR (>65 = 1.5 - 2.0 Gr/Kg)

DAILY FLUID INTAKE RECOMMENDATION: 1 OZ OF FLUID PER Kg OF BODY WEIGHT

BMI FORMULA: *WEIGHT* [(_____) X 703 = (_____)] / ***HEIGHT*** [(_____ X _____) = (_____)]
POUNDS BMI WEIGHT INCHES INCHES BMI HEIGHT

BMI	< 18	19 - 24	25 - 29	30 - 39	40 >	ACTUAL BMI: _____
SCALE	UNDERWEIGHT	NORMAL	OVERWEIGHT	OBESE	MORBIDLY OBESE	MODIFIED BMI: _____
	BMI X 120%	BMI X 100%	BMI X 80%	BMI X 70%	BMI X 60%	

MODIFIED FORMULA **BMI** (_____) X (_____) = (_____) / 703 = (_____ / 2.2) = _____ Kg
MODIFIED BMI BMI HEIGHT BMI WEIGHT POUNDS MODIFIED WEIGHT

PROTEIN: _____ FLUID OZ: _____ PROTEIN: _____ FLUID OZ: _____
PROTEIN INTAKE RANGE & FLUID RECOMMENDATION DAILY PROTEIN AND FLUID DEFICIENCIES