

24 HOUR DIET RECALL

PREPARATION

Interviewer: Let's pick any day of the week and discuss what you generally eat that day. I will average that for 7 days. Let's start from the time you wake up, until the time you go back to sleep.

QUESTIONS

What time do you go to sleep? _____ Where do you sleep? _____
AVERAGE TIME. UNDERSTAND THE LINK TO CO-MORBIDITIES. EXAMPLE: SLEEPS IN CHAIR AND HAS EDEMA

What do you drink daily? _____ How much water? _____
FOR CAPINATED DRINKS, COUNT HALF THE VOLUME. ENCOURAGE WATER.

Where in your 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.

_____ GRAMS OF PROTEIN
What time is your next meal?
MEALTIME HELPS TO ESTABLISH EATING HABITS. _____

What do you have? _____
_____ GRAMS OF PROTEIN

Snacks between 1st and 2nd meals?
IDENTIFY OPPORTUNITY FOR INCREASING PROTIN. _____

What time is your third meal? _____

WHAT DO YOU HAVE? _____
_____ GRAMS OF PROTEIN

Snacks between 2nd and 3rd meals?
IDENTIFY OPPORTUNITY FOR INCREASING PROTIN. _____

What time is your third meal? _____

WHAT DO YOU HAVE? _____
_____ GRAMS OF PROTEIN

Do you have snacks before bed?
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 healing: (<) 65 = 1.2 - 1.5 Grams/Kg/ Day, 65 (>) = 1.5 - 2.0 Grams/Kg/Day
Daily fluid intake recommendation: 1 oz of fluid / Kg / Day

	< 18	19 - 24	25 - 29	30 - 39	40 >
Modified BMI	<u>UNDERWEIGHT</u>	<u>NORMAL</u>	<u>OVERWEIGHT</u>	<u>OBESE</u>	<u>MORBIDLY OBESE</u>
Weight Formula	Weight X 1.2	Weight X 1.0	Weight X 0.8	Weight X 0.7	Weight X 0.6

Actual BMI Weight: _____ Modified BMI Weight: _____

Requirements Daily

Deficiency Daily

Protein: _____ Fluid: _____ Protein: _____ Fluid: _____