



24- Hour Food Recall

Use this table below to record all foods eaten in a 24 hour period prior to your EPTI consultation. Please note the time, amount of food eaten and a description of the food item, including beverages.

Also include hunger satisfaction on a scale of 1-10 after eating the food (1=not at all satisfied; 10= over full)

Day of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Does this represent your typical eating habits? Yes No

Please list any medications or supplements, along with the time they are take (ie protein shakes/ & or vitamins)

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Time	Amount	Food Item	Satisfaction

Physical Activity: _____ total minutes

Type of activities: _____