

# Food Recall

Please note all of the foods you ate during each part of the day for three consecutive days.

## MORNING

**Place a slash mark for each type of food you listed above:**

Grains \_\_\_\_\_ Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_  
Dry beans & other proteins \_\_\_\_\_ Meat/poultry/fish \_\_\_\_\_ Nuts & seeds \_\_\_\_\_  
Fats \_\_\_\_\_ Dairy/or fortified soy products \_\_\_\_\_ Sweets \_\_\_\_\_

## AFTERNOON

**Place a slash mark for each type of food you listed above:**

Grains \_\_\_\_\_ Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_  
Dry beans & other proteins \_\_\_\_\_ Meat/poultry/fish \_\_\_\_\_ Nuts & seeds \_\_\_\_\_  
Fats \_\_\_\_\_ Dairy/or fortified soy products \_\_\_\_\_ Sweets \_\_\_\_\_

## EVENING

**Place a slash mark for each type of food you listed above**

Grains \_\_\_\_\_ Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_  
Dry beans & other proteins \_\_\_\_\_ Meat/poultry/fish \_\_\_\_\_ Nuts & seeds \_\_\_\_\_  
Fats \_\_\_\_\_ Dairy/or fortified soy products \_\_\_\_\_ Sweets \_\_\_\_\_

### Optimal Daily Allowance

Grains: (7-9) Vegetables: (3-4) Fruits (2-3)  
Dry beans & other proteins: (2-3) Meat/poultry/fish: (2-3) Nuts & seeds: (1-3) Fats: (1-3)  
Dairy/or fortified soy products: (4) Sweets: (1-2)