24-HOUR PERINATAL DIETARY RECALL

Name:

What did you eat and drink yesterday, starting with when you got up? If yesterday was not a normal day (for example, if it was your birthday), what would you eat on a normal day?

				TO BE COMPLETED BY PROVIDER					
				Tally Food Groups					
Time	**Food**	**How Much**		**Vegetables**	**Protein**	**Grains**	**Fruits**	**Dairy**	**Oils**
Provider's Notes	**Total Servings**								
	Minimum Pregnant (1st Trimester) or Postpartum, Non-Breastfeeding			3 c.	6 oz.	6 oz.	2 c.	3 c.	6 tsp.
	Minimum Pregnant (2nd & 3rd Trimester) or Breastfeeding			3 c.	7 oz.	8 oz.	2 c.	3 c.	6 tsp.
	Difference								
Signature and Title				**Date**			**Time to Complete**		