24-Hour Dietary Recall and Assessment for Ages 10 Through 20 Years (Nonpregnant)

Name _____
DOB _____ Age _____
SSN/Record No. _____
Required for Child / Teen Health

Medical Risks

*Is child or teen underweight or overweight, or does child or teen have poor growth? ☐ Yes ☐ No
If yes, list: _____
*Does child or teen have anemia? ☐ Yes ☐ No
*Does child or teen have lead poisoning? ☐ Yes ☐ No
*Does child or teen have chronic vomiting, diarrhea, or constipation? ☐ Yes ☐ No
If yes, list: _____

Resources

Working stove and refrigerator? ☐ Yes ☐ No

☐ School breakfast ☐ Food Stamps
☐ School lunch ☐ Food pantry or soup kitchen
☐ Summer food program

Do you need help in obtaining food? ☐ Yes ☐ No

Weight-Loss Practices

How do you feel about your weight? ☐ Good ☐ Bad
*Any restrictive dieting practices? ☐ Yes ☐ No
Check all that apply:
☐ Skipped meals ☐ Vomiting ☐ Excessive exercise
☐ Diet pills ☐ Laxatives
Diet supplements or fad diets? ☐ Yes ☐ No
If yes, describe: _____
Do you feel your eating is out of control? ☐ Yes ☐ No

Dietary Practices

*Any therapeutic/special diet? ☐ Yes ☐ No
If yes, describe: _____ Prescribed by: _____
GI problems with milk products? ☐ Yes ☐ No
*Any major food allergies? ☐ Yes ☐ No
If yes, list: _____ Symptoms: _____
*Any food groups refused? ☐ Yes ☐ No
If yes, list: _____
Do you eat or avoid any special foods for religious or health reasons? ☐ Yes ☐ No
If yes, describe: _____

Health Habits

Hours of TV per day: _____
How many minutes per day are you physically active? _____
How many meals given daily? _____
Snacks eaten daily, including beverages such as sports drinks or sodas? ☐ Yes ☐ No
If yes, list: _____
How many snacks per day? _____
"Fast food" eaten: _____
Alcohol/tobacco/street drugs? ☐ Yes ☐ No
If yes, what kind? _____ How often? _____ How much? _____
Vitamin/mineral pills? ☐ Yes ☐ No
If yes, list brand or type: ☐ Yes ☐ No

*If yes to any of these questions, complete a 24-hour dietary recall.

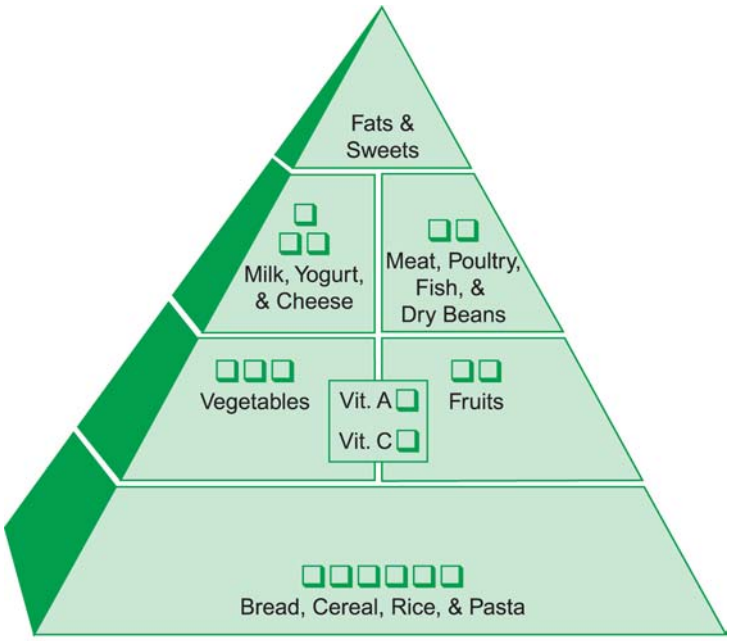
Recall taken by: _____

Recall assessed by: _____ **Date:** _____

Counseled on

- ☐ healthy diet
- ☐ weight mangement / fad diets
- ☐ nutrition for sports
- ☐ eating regular meals 3×/day
- ☐ healthy snacks
- ☐ other: _____
- ☐ healthy "fast food" choices
- ☐ iron-rich foods
- ☐ calcium-rich foods
- ☐ physical activity
- ☐ inadequate/excessive intake of: _____
- ☐ smoking/alcohol/drugs
- ☐ GI disturbances or problems with milk
- ☐ low-fat eating for heart health
- ☐ physical activity

Date: _____ Counseled by: _____



Minimum Servings

List all foods and beverages consumed in the past 24 hours or previous day.	Amount Consumed

ProtectTexas™ Texas Department of Health