3-Day Diet Recall & Food Beliefs

Name _____ Date _____

Relationship to Student Researcher _____Informed Conscent? Y/N (Must be Y if not you)

Sex _____ Age _____ Height_____ Weight_____

Work Hours Per Week _____ Student Course Load (# Units) _____

Grandparents' Cuisines: Grandmother _____ Grandfather _____

Day 1 Date _____ [3-Day Diet Recall]

Time	What	How Prepared or Brand	Portion Size (cup, oz, or qty)	Where & With Whom was it Consumed?

Day 2 Date __________ [3-Day Diet Recall]

Time	What	How Prepared or Brand	Portion Size (cup, oz, or qty)	Where & With Whom was it Consumed?

Day 3 Date __________ [3-Day Diet Recall]

Time	What	How Prepared or Brand	Portion Size (cup, oz, or qty)	Where & With Whom Was It Consumed?

Food Beliefs

1. What are good things/foods to eat?

   _____

2. What are good things/beverages to drink?

   _____

3. What are bad things/foods to eat?

   _____

4. What are bad things/beverages to drink?

   _____

5. What foods or beverages are <u>not</u> normally consumed the morning?

   _____

6. What foods or beverages are <u>not</u> normally consumed at night?

   _____

7. What are your favorite restaurents or food brands? Why?

   _____

8. [Student question goes here.]

   _____