24-HOUR PERINATAL DIETARY RECALL

To be completed by a CPSP Practitioner after asking:

"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?"

| | | | | | Tally Food Groups | | | | | |
|---------------------|------|---|----------|------------|-------------------|--------|--------|------------------|----------|--|
| Time | Food | | How Much | Vegetables | Protein | Grains | Fruits | Dairy | siio | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | 1 | | | <u> </u> | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Provider's Notes | | Total Servings | | | | | | | | |
| | | Minimum pregnant, (1 st Trimester) or Postpartum, Non-Breastfeeding | | 3 0 | . 6 oz. | 6 oz. | 2 c. | 3 c. | 6 tsp. | |
| | | Minimum Pregnant (2 nd & 3 rd Trimester) or Breastfeeding | | 3 (| . 7 oz. | 8 oz. | 2 c. | 3 c. | 6 tsp. | |
| | | Difference | | | | | | | | |
| Signature and Title | | | | | Date | | | Time to Complete | | |
| | | | | | | | | | | |