The KidneyCenter

*Your Kidneys. Our Priority.*

## 24-Hour Diet Recall

Name _____ Date _____

| Time | Food/Beverage Item | Amount (oz., cups, pieces) | Meal - Bkf, Lunch, Dinner, Snack | Where were you eating? | Any other activity while eating? | Time it took you to eat meal/snack | Reason why you were eating |
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## 24-Hour Diet Recall: Carbohydrate Counting

Name _____ Date _____

| Time | Meal/Snack (Breakfast, Lunch, Dinner, Snack) | Food/Beverage Item | Serving Size | Carbohydrates (g) per Serving<br><br>*Look on Nutrition Label* |
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