WOMEN'S DIET INTAKE (CONSUMO DE DIETA DE MUJER)

Name / Nombre | Date of Birth / Fecha de Nacimiento

DO NOT WRITE IN THIS SPACE / NO ESCRIBA EN ESTE ESPACIO

CIRCLE : Pregnant Non pregnant Breastfeeding

INSTRUCTIONS: Write down everythin you ate and drank in one day (24 hours). Include between meal snacks, the amounts of each item and the time of day.
INSTRUCCIONES: Escriba todo lo que Ud. Comio y bebio el dia anterior incluyendo los bocadillos. Escriba el alimento, la cantidad y la hora que lo comio.

TIME / HORA	Write what you ate and drank and the amounts / Escriba la cantidad de lo que comio y bebio	SUMMARY: Fruits & Vegetables			Breads & Cereals		Milk		Protein		
		vit. A Rich	Vit. C Rich	Other	Whole Grains	Enriched	Milk Products	Alternate	Vegetable	Animal	Unsaturated Fat

COMMENTS AND FOLLOW-UP			vit. A Rich	Vit. C Rich	Other	Whole Grains	Enriched	Milk Products	Alternate	Vegetable	Animal	Unsaturated Fat
		Servings Eaten										
	Minimum Servings Needed	Pregnant & Breastfeeding	1	1	3	7		3		3		3
		25+ years Nonpregnant	1	1	3	6		2		2		
		11 - 14 years Nonpregnant	1	1	3	7		3		2		
		Difference										

Nutritional Goal Chosen **Date** **Interviewer** **Title**