

24-hour dietary recall (example)

This questionnaire is regarding what you have ingested in the past 24 h. In the clock, on the left-hand side, please indicate the time of the meal you are referring. Please include a tick (X) in all foods/drinks consumed in each particular meal.

Hour		What did you eat/drink for breakfast?				
	Milk	<input type="checkbox"/>	White bread	<input type="checkbox"/>	Cheese	<input type="checkbox"/>
	Tea	<input type="checkbox"/>	Whole grain bread	<input type="checkbox"/>	Butter	<input type="checkbox"/>
	Coffee	<input type="checkbox"/>	Cereals	<input type="checkbox"/>	Ham	<input type="checkbox"/>
	Chocolate	<input type="checkbox"/>	Croissant	<input type="checkbox"/>	Jam	<input type="checkbox"/>
	Fruit juice	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Yoghurt	<input type="checkbox"/>	Nuts or seeds	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					
Hour		What did you eat/drink for the morning snack?				
	Milk	<input type="checkbox"/>	White bread	<input type="checkbox"/>	Cheese	<input type="checkbox"/>
	Tea	<input type="checkbox"/>	Whole grain bread	<input type="checkbox"/>	Butter	<input type="checkbox"/>
	Coffee	<input type="checkbox"/>	Cereals	<input type="checkbox"/>	Ham	<input type="checkbox"/>
	Chocolate	<input type="checkbox"/>	Croissant	<input type="checkbox"/>	Jam	<input type="checkbox"/>
	Fruit juice	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Yoghurt	<input type="checkbox"/>	Nuts or seeds	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					
Hour		What did you eat/drink for lunch?				
	White bread	<input type="checkbox"/>	Rice	<input type="checkbox"/>	Wine	<input type="checkbox"/>
	Whole grain bread	<input type="checkbox"/>	Pasta	<input type="checkbox"/>	Beer	<input type="checkbox"/>
	Soup	<input type="checkbox"/>	Potatoes	<input type="checkbox"/>	Fruit juice	<input type="checkbox"/>
	Meat	<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Tea	<input type="checkbox"/>
	Fish	<input type="checkbox"/>	Pulses	<input type="checkbox"/>	Coffee	<input type="checkbox"/>
	Egg	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Soya/tofu/seitan	<input type="checkbox"/>	Sweet dessert	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					
Hour		What did you eat/drink for the afternoon snack?				
	Milk	<input type="checkbox"/>	White bread	<input type="checkbox"/>	Cheese	<input type="checkbox"/>
	Tea	<input type="checkbox"/>	Whole grain bread	<input type="checkbox"/>	Butter	<input type="checkbox"/>
	Coffee	<input type="checkbox"/>	Cereals	<input type="checkbox"/>	Ham	<input type="checkbox"/>
	Chocolate	<input type="checkbox"/>	Croissant	<input type="checkbox"/>	Jam	<input type="checkbox"/>
	Fruit juice	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Yoghurt	<input type="checkbox"/>	Nuts or seeds	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					
Hour		What did you eat/drink for dinner?				
	White bread	<input type="checkbox"/>	Rice	<input type="checkbox"/>	Wine	<input type="checkbox"/>
	Whole grain bread	<input type="checkbox"/>	Pasta	<input type="checkbox"/>	Beer	<input type="checkbox"/>
	Soup	<input type="checkbox"/>	Potatoes	<input type="checkbox"/>	Fruit juice	<input type="checkbox"/>
	Meat	<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Tea	<input type="checkbox"/>
	Fish	<input type="checkbox"/>	Pulses	<input type="checkbox"/>	Coffee	<input type="checkbox"/>
	Egg	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Soya/tofu/seitan	<input type="checkbox"/>	Sweet dessert	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					
Hour		What did you eat/drink for the evening snack?				
	Milk	<input type="checkbox"/>	White bread	<input type="checkbox"/>	Cheese	<input type="checkbox"/>
	Tea	<input type="checkbox"/>	Whole grain bread	<input type="checkbox"/>	Butter	<input type="checkbox"/>
	Coffee	<input type="checkbox"/>	Cereals	<input type="checkbox"/>	Ham	<input type="checkbox"/>
	Chocolate	<input type="checkbox"/>	Croissant	<input type="checkbox"/>	Jam	<input type="checkbox"/>
	Fruit juice	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
	Yoghurt	<input type="checkbox"/>	Nuts or seeds	<input type="checkbox"/>	Sweeteners	<input type="checkbox"/>
	Other:					