APPENDIX - II

Proforma for 3 Day 24 – hour Dietary Recall

Name : **Class:** **School:** **Sibling in school: Yes / No**

If yes which class: **Address:**

Meal	Date & Time	Food Item	Ingredients	Raw amounts (g/ml)	Total cooked quantity (g/ml)	Consumption of food by subject (g/ml)	Intake of raw ingredients (g/ml)