



Determinants of young Adult
Social well-being and Health

ATTACH
IDNO LABEL



Dietary Assessment in the DASH cohort

Determinants of young Adult Social well-being and Health (DASH) Study 2011/12

We would like to collect a record of what you ate **yesterday**, in the last 24 hours, from waking to sleeping.

Please write down all the food and drink consumed during the day, including snacks, 'nibbles', plus sweets and drinks. Include any sauces, dressings or extras, e.g. tomato sauce, gravy, salad dressings, etc. eaten at meals. You may find it easier to remember under headings, such as 'Early morning', 'Breakfast', 'During morning', 'Midday', 'During afternoon', 'Evening meal', and 'During late evening'.

Please include as much detail as possible, for example:

Approximate time

Quantity or amount eaten, e.g., '6 tablespoons', '1 cup', '1 slice', etc.

Type of food e.g., 'milk – semi-skimmed'

Method of cooking, e.g., 'chips fried in sunflower oil'

Please indicate if fresh, frozen or tinned where appropriate

Please give brand name where possible

We have provided some photos of foods which may help you to indicate how much you ate, please write the picture number and size A, B or C nearest to your own helping in the food record where it asks for 'amount/quantity served'. Please use the food photos as much as you can.

Please use extra sheets if you do not have room to complete your day's meals

An example of a diary for part of a day is given below:

Time	Description of food or drink (as much detail as possible)	Amount/ Quantity served	Brand	To be completed by nutritionist	
				Food code	Weight
7.30am	Toast (thick white sliced bread)	2 slices			
	Butter	Thinly spread	Tesco own brand		
	Tea	Small mug			
	Semi-skimmed milk	1 tablespoon			
	White sugar	1 teaspoon			
10am	Salt and vinegar crisps	1 pack	Walkers		
12.30pm	Omelette fried in sunflower oil	3 eggs			
	Cheese	4 slices	Asda cheddar		
	Salad leaves	1/2 dinner plate	Asda mixed baby leaf		
	Tomatoes (raw, sliced)	2 tomatoes			
	Cola	Large glass	Pepsi		

This is the end of the example. Please start your recall on Page 4

Recipes for home made dishes can be entered in the space provided on pages 5 and 6

DASH STUDY, Room 4.21 Franklin-Wilkins Building, KCL, 150 Stamford Street, LONDON SE1 9EH

24 hour Dietary Recall

Please use these photos to help indicate your portion sizes.
Please write on the food record the picture number and size A, B or C nearest to your own helping.

1. Rice



2. Spaghetti



3. Cheese



4. Boiled Potatoes



5. Chips



6. Baked Beans



7. Broccoli



8. Quiche / Pie



A

B

C

9. Sliced Meat



A

B

C

10. Stew



A

B

C

11. Battered Fish



A

B

C

12. Cornflakes



A

B

C

13. Fruit Cake



A

B

C

14. Sponge Cake



A

B

C

15. Ice Cream



A

B

C

Time	Description of food or drink (as much detail as possible)	Amount/ Quantity served	Brand	To be completed by nutritionist	
				Food code	Weight

Recipe 1

Name of home made dish: _____

Ingredients	Amount

Recipe 2

Name of home made dish: _____

Ingredients	Amount

Recipe 3

Name of home
made dish: _____

Ingredients	Amount

Recipe 4

Name of home
made dish: _____

Ingredients	Amount

Recipe 5

Name of home
made dish: _____

Ingredients	Amount

**Did you take any dietary supplements
yesterday, whether in tablet, capsule
or liquid form?**

- ₁ Yes Please supply details below
₂ No

Name of Supplement and Brand	Strength (if applicable)	Number of units [§]

[§] Unit may be a tablet, capsule or spoonful

Thank you for completing this questionnaire

