1. **Was the amount of food that you had yesterday about what you usually have, less than usual, or more than usual?**
Usual amount……1
Less than usual……2
More than usual……3
*Don't know……7*
*Refused to answer…… .9*
*Not asked……0*

2. **Was the amount of drink that you had yesterday about what you usually have, less than usual, or more than usual?**
Usual amount……1
Less than usual……2
More than usual……3
*Don't know……7*
*Refused to answer……9*
*Not asked……0*

3. **Did you or the respondent have difficulty with this interview?**
Yes……1 ***(GO TO QUESTION 4)***
No……2 ***(GO TO QUESTION 5)***
*Not asked……0*

4. **What was the reason for this difficulty?**
Did not understand questions……01
Poor memory of food……02
Did not prepare food ……03
Sick……04
Visual impairment……05
Hearing impairment……06
Language barrier……07
Uncooperative / Impatient……08
Frequent interruptions……09
Other (Specify) ……10
*Not applicable……98*
*Item not completed……90*

5. **Overall, how well do you think the record reflects what the respondent ate and drank over this 24-hour period?**
Good……1
Moderate……2
Poor……3
*Item not completed……0*

6. **Please add any additional comments you have in the box below**

| |
|---|
| |

7. **NUTRITION SECTION ANSWERED BY**

PARTICIPANT ALONE……1
PROXY ALONE……2
PARTICIPANT AND PROXY……3
*ITEM NOT COMPLETED ……0*

IF 3 WAS THIS
MAINLY PARTICIPANT ……1
MAINLY PROXY ……2
EQUAL CONTRIBUTION ……3

*NOT APPLICABLE .....8*
*ITEM NOT COMPLETED ……0*

**FINISH TIME** | | | | |

Acknowledgments should be given to The UK Low Income Diet and Nutrition Survey (LIDNS) team, Dietetic Department, King's College London.
Adapted for use in the 85+ Study by Human Nutrition Research Centre, Newcastle University

| Subject Study Number | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

PLACE BAR CODE LABEL HERE

# THE NEWCASTLE 85+ STUDY

# DIETARY ASSESSMENT: 24 HOUR RECALL

**DATE OF BIRTH** | | | | | |

**GENDER** | |

**RECALL NUMBER** | |

**DATE RECALLED** | | | | | | |

**DAY RECALLED** | |

**RESEARCH NURSE ID** | |

**START TIME** | | | | |

## RECIPE 1

**Name of home-made dish:** _____

**Were ingredients added to a dish cooked before? Yes [ ] No [ ]**

**If yes, name of dish**_____

| **Ingredients** | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Cooking method**

……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

## RECIPE 4

**Name of home-made dish:** _____

**Were ingredients added to a dish cooked before? Yes [ ] No [ ]**

**If yes, name of dish**_____

| **Ingredients** | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Cooking method**

……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

## RECIPE 3

**Name of home-made dish:** _____

**Were ingredients added to a dish cooked before? Yes [ ] No [ ]**

**If yes, name of dish**_____

| **Ingredients** | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Cooking method**

……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

## RECIPE 2

**Name of home-made dish:** _____

**Were ingredients added to a dish cooked before? Yes [ ] No [ ]**

**If yes, name of dish**_____

| **Ingredients** | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Cooking method**

……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

| Quick List |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Time (24 hour) | Description of food or drink (as much detail as possible) | Homemade / retail (H, R, NA) If H: Prompt for recipes | Cooking method<br>Oven = O<br>Fried = F<br>Grilled = G<br>Boiled = B<br>Steamed = S<br>Not applic. =NA | Brand | Amount served<br>Preface with<br>W: Weight<br>P: Photo<br>H: Household | Leftover<br>Preface with<br>W: Weight<br>P: Photo<br>H: Household | To be completed by nutritionist | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Food code | Weight |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |