

Ce qu'un relevé alimentaire peut dire

Un repas, une journée,
plusieurs jours observés.

**Décrire ce qui est saisi,
sans diagnostiquer une carence.**

Composition d'un repas, apports d'une journée et habitudes alimentaires : revue critique ciblée des niveaux d'observation et de leurs limites.

Rapport scientifique v1.0 · 11 octobre 2026

Présentation publique · 14 octobre 2026

Synthèse en français · dossier scientifique en anglais

Propulsé par MedLab

L'essentiel

Ce que cette recherche permet de retenir

01 Chaque observation a sa portée

Un repas décrit les aliments et quantités saisis. Une journée complète permet d'estimer les apports de cette période. Plusieurs jours documentent les jours échantillonnés, avec leurs variations. [1-8, 9-14]

02 Pas de nombre de jours universel

La représentativité, la variabilité et la précision dépendent du nutriment et de la question étudiée. Un compteur de journées ne suffit pas à établir l'alimentation habituelle. [1-4, 9-14]

03 Trois limites à distinguer

La complétude du relevé, la couverture des données nutritionnelles et la représentativité des jours observés sont des questions distinctes. Confirmer une journée ne rend pas toutes ses données complètes. [Dossier 3, 9]

04 Un contrat de conception

Les formulations et cas proposés cadrent une future interface. Une comparaison à une référence reste descriptive ; le relevé seul ne diagnostique ni carence ni adéquation personnelle. [Dossier 4, 8-11]

Portée et méthode

Revue critique ciblée, non exhaustive. Certaines sources ne sont accessibles que partiellement. La recherche documentaire et les conclusions n'ont pas été actualisées pour cette édition. Les propositions du dossier ne constituent ni une validation clinique de Nutrikom ni une recommandation personnelle.

Parcourir le rapport

Le dossier scientifique conserve sa pagination de référence : 01 à 11.
Les renvois internes désignent cette pagination, affichée en pied de page.

01-04 Observations, variabilité et interprétation

05-07 Études et méthodes de référence

08-09 Formulations et données nécessaires

10-11 Cas de vérification proposés

Édition publique

Cette édition ajoute une synthèse française et une navigation au dossier v1.0. La présentation est harmonisée ; les mentions d'outils et d'opérations internes sont retirées. Les données, références, niveaux d'accès aux sources et réserves scientifiques sont conservés. Les propositions décrivent l'état de la recherche à la date du dossier.

What a dietary record can establish

Meal composition, one day, repeated days

Evidence review and proposed Nutrikom application contract

Generally healthy adults | 11 October 2026 | Version 1.0

Main conclusion: a meal supports a description of the foods entered; a complete day supports estimated intake for that day; repeated records support descriptions of the sampled period and progressively stronger evidence about patterns. None alone establishes a clinical deficiency. [1-8, 9-14]

Observation	Supported conclusion	Boundary
One meal	Estimated quantities, composition, nutrient contributions and proportions, where the required inputs are available.	No daily total, habitual diet, personal adequacy or deficiency.
One complete day	Estimated intake over the explicitly defined 24-hour period; foods contributing to that day; comparison with a named reference.	A daily reference comparison is descriptive, not proof that personal needs are met or unmet.
Repeated complete days	Mean, range and recorded frequency across dated sampled days; tentative recurring patterns.	Usual intake requires a representative sampling plan and nutrient-specific uncertainty; no automatic day-count threshold.
Clinical evaluation	Nutrient-specific assessment of nutritional status using relevant personal, clinical and sometimes biochemical information.	Dietary history is one component, not a stand-alone diagnosis.

Review method and limits

Targeted evidence review using bibliographic discovery, PubMed/publisher records and primary institutional methods guidance. Primary study metadata were cross-checked against publisher/PubMed records. Some full texts were inaccessible; those papers are identified as abstract-based below. This is not a systematic review, formal GRADE assessment or exhaustive search.

Nutrikom context read-only: PR188 and CDC v1.4 at commit 4cc5ff4ee1de99a0c0fc9ca0d76107798ec2c4dd. The current surface is meal-scoped; the Journal remains separate and suspended in the active PR description. This report proposes a future scientific contract; it changes no code, repository state or deployment. [R]

Repeated days: precision depends on the question

No universal minimum

Two dated records permit a comparison between two observed days. They do not establish that an individual's usual intake is accurately known. Non-consecutive sampling is generally preferable for covering dietary variation; consecutive records remain usable observations and should not be discarded merely for being consecutive. [1, 3, 4, 9, 10]

Sampling must match the intended inference: relevant work/rest days, meals away from home, seasonal foods and stable dietary periods. Include weekend days when they are meaningfully different for that person; shift workers may need a different schedule. More observations from the same narrow situation do not repair poor representativeness. [9, 11]

Evidence	What was estimated	Implication
Basiotis et al., 1987 [1]	Individual means within $\pm 10\%$ of an assumed annual usual mean, with 95% confidence: average calculated requirements of 31 days for energy and 433 for vitamin A.	A demanding absolute-precision target can require many days; these small-study numbers are not a prescription for every app user.
Singh et al., 2025 [2]	Reliability in 958 Swiss app users: often 2-3 days for macronutrients and 3-4 for micronutrients/food groups at selected reliability thresholds.	Reliability within a selected cohort does not establish accurate personal adequacy or a validated universal 3-day rule.
NCI methods [3, 4, 10]	Population usual-intake distributions from repeated recalls, with repeat observations for at least a subset of participants.	A survey can estimate a distribution without accurately knowing each participant's habitual intake.

Why the findings appear to disagree

The endpoints differ: consistency/ranking, error in an individual absolute mean, a group mean and a population distribution are distinct targets. Cohort composition, nutrient variability, period sampled and measurement methods also differ. The 2025 study uses short records and weekday aggregation, excludes days below 1,000 kcal and lacks an independent biomarker criterion for every nutrient. The 1987 annual mean is itself a self-report estimate. [1, 2]

Illustrative sampling mathematics, not an application gate

Under independent, unbiased observations and approximate normality, days needed for a relative confidence half-width e scale as $n \approx (z \times CV_{\text{within}} / e)^2$. Tightening a precision target increases the required observations sharply. This planning approximation does not handle systematic omissions, rare foods or autocorrelated days; Nutrikom must not use it as an individual certainty calculator without validation. [1, 12]

Uncertainty survives a “complete day”

Source of uncertainty	What it changes	Proposed response
Day-to-day variation	A low or high observed day may differ markedly from a habitual mean.	Retain the dated result; describe the sampled period. Invite other varied days for patterns. [9]
Episodic foods or nutrients	No fish, organ meat or supplement on a sampled day does not imply never-consumption.	Separate consumption-day amount from frequency; ask about habitual use when relevant. [3, 10]
Omitted intake	Snacks, drinks, oils, sauces, alcohol or supplements can bias totals.	Use a brief final review prompt. Never interpret an unentered item as absent. [5, 6, 13]
Portion uncertainty	Household units, photographs and generic servings may produce substantial amount errors.	Record estimation method and permit quantity edits; avoid excessive decimal precision. [6]
Food matching and recipes	Brands, fortification, cooking and mixed-dish ingredients can alter composition.	Store source, version, preparation and matching provenance; request decisive missing details. [14]
Missing composition fields	A database gap can create false low intake if substituted with zero.	Keep known, inferred, trace, zero and unavailable values distinct. [14, 15]
Selective recording / reactivity	Users may record favourable days or alter foods to make recording easier.	Do not describe selected records as unbiased habits; note intentional diet changes. [16]
Repeated reporting bias	A consistent omission can persist through many records.	More days reduce some random variation; they do not automatically remove systematic error. [5, 11]

Three different meanings of completeness

Intake coverage: has the user reported everything consumed in the observation period? **Composition coverage:** are the required nutrient values available for those foods? **Sampling coverage:** do the recorded days represent the period and lifestyle being discussed? A high value for one does not establish the others. This separation is a product proposal derived from the evidence, not a validated new metric.

A nutrient subtotal from known entries may be useful, but label it “documented contributions” or “partial estimate.” It is not necessarily a strict lower bound on true intake because reported portions and database values can also overestimate. A global percentage of populated fields must not be presented as a probability of correctness.

Adequacy, deficiency and population inference

Use the correct reference construct

Reference	Interpretation using sufficiently estimated usual intake	Misuse to prohibit
EAR / average requirement	Supports a probability-based assessment of inadequacy for an appropriate reference group, with requirement and intake uncertainty.	Below EAR today = deficiency.
RDA / PRI or equivalent	Usual intake at or above an applicable recommendation generally suggests low probability of inadequate intake under its assumptions.	Below RDA = proven inadequacy; meeting RDA once = guaranteed adequacy.
Adequate Intake (AI)	Usual intake at/above AI supports low likelihood of inadequacy; below AI cannot establish inadequacy.	A red “deficient” badge for every result below AI.
Tolerable Upper Intake Level (UL)	Usual intake above the applicable UL may indicate potential adverse-effect risk; the nutrient’s source/form restrictions matter.	One-day crossing = toxicity; below UL = universal safety.
Label Daily Value / generic target	A transparent educational comparator for the amount recorded.	% Daily Value = percentage of this person’s biological needs.

These principles concern reference interpretation, not an endorsement of a particular country’s numerical values. Select and version the appropriate framework and life-stage group. A descriptive one-day comparison can say “recorded intake below the reference”; it cannot classify habitual adequacy. [12, 17]

Nutritional status needs more information

Inadequate intake means intake may not meet a requirement; deficiency concerns the person’s nutrient status and clinical consequences. Duration, stores, absorption, losses, disease, medications and supplements matter. Vitamin D status also depends on endogenous production; B12 assessment may require serum measures and functional markers interpreted with clinical context. Adequate reported intake does not exclude malabsorption. This does not imply routine laboratory testing for every app user. [12, 18, 19]

Individual versus population

A representative survey’s single-day data may estimate a group mean when days and respondents are sampled appropriately and reporting bias is addressed. Estimating prevalence below a requirement needs the usual-intake distribution, not the tails of raw daily totals. The EAR cut-point method has assumptions and exceptions, including skewed iron requirements in menstruating women and correlated energy intake/requirements. [9, 12]

NCI-style shrinkage/regression predictions used in epidemiology are not validated personal diagnoses. The NCI explicitly cautions that its method does not accurately estimate individuals’ usual intake. Nutrikom must not treat “two recalls sufficient for a population model” as “two days sufficient to assess this user.” [10, 11]

Primary evidence: variability and estimation methods

[1] Basiotis PP, Welsh SO, Cronin FJ, Kelsay JL, Mertz W (1987)

Number of days of food intake records required to estimate individual and group nutrient intakes with defined confidence
Journal of Nutrition 117(9):1638-1641

DOI: [10.1093/jn/117.9.1638](https://doi.org/10.1093/jn/117.9.1638) | PMID: 3655942

Population/method: 29 US adults (13 men, 16 women), one year of dietary records; individual annual means/variability used to calculate precision-defined sampling requirements. **Relevance:** requirements vary by person, nutrient and precision target; group means need fewer observations. **Limitations:** small sample, self-report reference and extrapolated requirements; not a modern app validation. **Access:** abstract and bibliographic record.

[2] Singh R, Verest MTE, Salathé M (2025)

Minimum days estimation for reliable dietary intake information: findings from a digital cohort
European Journal of Clinical Nutrition 79:1007-1017

DOI: [10.1038/s41430-025-01644-8](https://doi.org/10.1038/s41430-025-01644-8) | PMID: 40702309

Population/method: 958 Swiss adults aged 18-65; 2-4 weeks of AI-assisted app recording with annotator review; variance-ratio and ICC analyses. **Relevance:** timing and nutrient determine reliability. **Limitations:** selected cohort, short window, weekday aggregation, exclusion of low-energy days, no universal individual-adequacy validation. **Access:** publisher methods and abstract; final publication year verified as 2025, despite 2024 in the indexed record.

[3] Tooze JA, Midthune D, Dodd KW, et al. (2006)

A new statistical method for estimating the usual intake of episodically consumed foods with application to their distribution
Journal of the American Dietetic Association 106(10):1575-1587

DOI: [10.1016/j.jada.2006.07.003](https://doi.org/10.1016/j.jada.2006.07.003) | PMID: 17000190

Population/method: EATS data, 965 men and women aged 20-70, four recalls spaced three months apart plus a diet-history questionnaire; correlated two-part consumption probability/amount model. **Relevance:** zeros on observed days need separate treatment. **Limitations:** model assumptions, reporting bias and limited ability to distinguish true never-consumers. **Access:** indexed paper excerpts/abstract and NCI methods documentation.

[4] Tooze JA, Kipnis V, Buckman DW, et al. (2010)

A mixed-effects model approach for estimating the distribution of usual intake of nutrients: the NCI method
Statistics in Medicine 29(27):2857-2868

DOI: [10.1002/sim.4063](https://doi.org/10.1002/sim.4063) | PMID: 20862656

Population/method: methodological population-estimation work, including simulations informed by EATS vitamin A data; comparison of usual-distribution estimators. **Relevance:** separate within-person noise from between-person variation. **Limitations:** distribution-estimation validity does not establish personal clinical accuracy; transformations and measurement-error assumptions matter. **Access:** publisher/indexed record and NCI documentation.

Primary evidence: errors and digital measurement

[5] Freedman LS, Commins JM, Moler JE, et al. (2014)

Pooled results from 5 validation studies of dietary self-report instruments using recovery biomarkers for energy and protein intake

American Journal of Epidemiology 180(2):172-188

DOI: [10.1093/aje/kwu116](https://doi.org/10.1093/aje/kwu116) | PMID: 24918187

Population/method: five adult validation cohorts, including middle-aged adults and older women; recalls/FFQs compared with doubly labelled water and urinary nitrogen, using measurement-error models. **Finding:** repeated recalls improve correlations, but reporting bias persists and relates to personal characteristics. **Limitations:** cohort heterogeneity, biomarker/model assumptions and restricted nutrient coverage; no universal correction factor for an individual. **Access:** full text.

[6] Kirkpatrick SI, Subar AF, Douglass D, et al. (2014)

Performance of the Automated Self-Administered 24-hour Recall relative to a measure of true intakes and to an interviewer-administered 24-h recall

American Journal of Clinical Nutrition 100(1):233-240

DOI: [10.3945/ajcn.114.083238](https://doi.org/10.3945/ajcn.114.083238) | PMID: 24787491

Population/method: 81 adults; three buffet meals measured with unobtrusive food/plate-waste weighing, followed by ASA24 or interviewer recall. **Relevance:** a structured digital recall can be evaluated against observed meals, including omissions and amount errors. **Limitations:** research feeding setting and short period; neither habitual-intake nor deficiency validation. **Access:** abstract and bibliographic record.

[7] Yuan C, Spiegelman D, Rimm EB, et al. (2018)

Relative validity of nutrient intakes assessed by questionnaire, 24-hour recalls, and diet records as compared with urinary recovery and plasma concentration biomarkers: findings for women

American Journal of Epidemiology 187(5):1051-1063

DOI: [10.1093/aje/kwx328](https://doi.org/10.1093/aje/kwx328) | PMID: 29036411

Population/method: 627 US women, 15 months; FFQs, four ASA24s, two 7-day records, urine, blood and doubly labelled water. **Finding:** averaged records performed best overall; three recall days were insufficient for some nutrients.

Limitations: selected women, nutrient-specific comparisons, concentration biomarkers are not interchangeable with recovery biomarkers; no universal best instrument. **Access:** abstract.

[8] Nakadate M, Kobayashi S, Ishihara J, et al. (2024)

Validity of a web-based 24-hour dietary recall of energy and nutrient intakes in Japanese adults

Nutrients 16(23):4140

DOI: [10.3390/nu16234140](https://doi.org/10.3390/nu16234140) | PMID: 39683534

Population/method: 228 Japanese adults; three web recalls compared with 3-day weighed records in four seasons; correlation and Bland-Altman analyses. **Finding:** moderate correlations for many nutrients; performance differed for iodine, retinol and other components. **Limitations:** shared self-report/composition errors and cultural food matching; small group-average bias does not prove accurate individual estimates. **Access:** abstract.

Methods authorities and an additional meal study

The sources below are original institutional guidance or methods documentation, rather than new experimental evidence. They supply the interpretation framework; their existence does not validate Nutrikom. Accessed 11 October 2026.

[9] [NCI: Usual Dietary Intake](#)

Defines habitual intake and explains inflated daily-intake distributions.

[10] [NCI: The NCI Method](#)

Population applications, repeated-record requirements, assumptions and explicit individual-estimation caveat.

[11] [NCI: Group-level Estimates; Statistical Modeling](#)

Distinguishes population parameters from an individual's status. Companion:

<https://epi.grants.cancer.gov/dietary-assessment-primer/learn/modeling.html>

[12] [Institute of Medicine \(2000\): Dietary Reference Intakes - Applications in Dietary Assessment](#)

DOI 10.17226/9956; PMID 25057725. Chapters 3, 4, 8 and Appendix B address probability, assumptions, clinical context and measurement uncertainty. This review uses methodological principles, not obsolete nutrient-specific numerical tables.

[13] [NCI: Dietary Supplements and Total Nutrient Intakes](#)

Food-only and total nutrient exposure must be distinguished; formulations, dose and frequency matter.

[14] [NCI: Food Composition Databases for Recalls and Records](#)

Food matching, database documentation and missing/imputed data.

[15] [Greenfield H, Southgate DAT \(2003\): Food Composition Data, FAO, 2nd edition](#)

Original technical manual: missing values must not be silently represented by zero.

[16] [NCI: Reactivity](#)

Recording can alter actual behaviour even when the resulting record is accurate.

[17] [Health Canada: Dietary Assessment Summary](#)

EAR/RDA/AI/UL interpretation for individuals and groups using usual intake.

[18] [NIH ODS: Vitamin D, Health Professional Fact Sheet](#)

Nutritional status cannot be inferred solely from food vitamin D totals.

[19] [NIH ODS: Vitamin B12, Health Professional Fact Sheet](#)

Status assessment, functional biomarkers and confounding clinical conditions.

[20] O'Hara C, Gibney ER (2024)

[Dietary Intake Assessment Using a Novel, Generic Meal-Based Recall and a 24-Hour Recall: Comparison Study](#)

[Journal of Medical Internet Research](#) 26:e48817 | DOI 10.2196/48817 | PMID 38354039.

161 participants completed a randomized-order crossover comparison of meal-image recall and web recall. Category agreement varied by nutrient (52.8%-84.5%). Both instruments were self-report: agreement is relative validity, not a biological gold standard. The method reports a day using meal templates; it does not validate adequacy inference from a single meal. Abstract-based.

Proposed application contract and wording

The following are product proposals inferred from the evidence, not literature-validated wording or implemented behaviour. English matches Nutrikom's native interface.

Situation	User-facing wording	Admission condition
Meal	"Based on the foods and amounts entered for this meal."	Required inputs for that specific fact are available.
Invitation	"Want a broader view? Record everything you eat and drink over a full day."	Optional invitation; meal results remain usable.
Day closed	"Your recorded day" / "Estimated intake for 11 October."	User has reviewed the entire defined period and confirmed intake coverage.
Day boundary	"One day shows this day's intake, not your usual diet."	Always accompanies the first daily summary.
Repeated records	"Across your 4 completed days, recorded fibre averaged X g/day."	Four dated completed records with adequate fibre inputs; number/date range visible.
Tentative pattern	"Recorded fibre was below the selected reference on several sampled days."	Reference and denominator disclosed; no claim about unrecorded days.
Composition gap	"Vitamin D information is incomplete for one food. Other available results are shown below."	That food's value is genuinely unavailable.
Imputed estimate	"Estimated using a similar food; this may change the result."	Traceable permitted matching/imputation method; never hidden AI fabrication.
Supplements omitted	"Food and drink only; supplements are not included."	Supplement contribution has not been established.
AI scope	"These records cannot determine whether you have a nutrient deficiency."	Triggered when a deficiency or personal-needs question is asked.

Conclusions to prohibit

"You are deficient in X"; "your diet is adequate" from one day; "you never eat fish" from zero observed fish days; "your usual intake is known after 3 days"; "you need exactly X more today" from a generic target; automatic supplements to correct a computed gap; toxicity diagnosed from a daily UL crossing; a validated health claim attached to an unvalidated Index; unknown vitamin D displayed as zero; added sugar derived as an exact value from total sugar alone.

Preserve valid meal facts when another component is unavailable. Any composite score must have a declared observation level and validated scope; do not reinterpret a meal Index as a daily or habitual-adequacy score. A count of available variables may be shown for transparency, but cannot certify healthfulness or overall completeness.

Minimum data are claim-specific

Claim	Minimum required data	If absent
Meal composition	Foods actually consumed; edible amounts/units; preparation and defensible food matches; nutrient source, version and missingness.	Retain the food list; restrict quantitative statements to available inputs.
Observed daily intake	All meal requirements plus a defined 24-hour interval, reviewed snacks/drinks/extras, duplicate handling and explicit completion status. Supplements must be recorded or explicitly excluded.	“Recorded so far”; no full-day or zero-intake inference.
Multi-day descriptive summary	At least two distinct dated days for between-day comparison; report n, time span, completion status and nutrient-specific contributing days.	Single-day description. Two days are not an adequacy gate.
Usual-intake estimate	Repeated records spanning relevant day types/periods; stable dietary context; nutrient-specific model, target precision, assumptions and validation in an applicable population. Frequency information for important episodic sources.	Describe sampled days; do not unlock “usual intake” solely on a counter.
Personal reference comparison	Named/versioned framework; applicable age/life-stage and reference-group variables. Body mass if the reference is weight-based; pregnancy/lactation when relevant.	Use a clearly labelled generic comparator, or withhold the personalised comparison.
Energy requirement comparison	Applicable validated equation plus required anthropometry, age, activity and relevant physiological context; expenditure/weight-change uncertainty.	No personal calorie deficit or weight-change prediction from one day.
Probability of inadequacy	Credible usual-intake estimate and its uncertainty; appropriate requirement distribution and personal context; nutrient-specific assumptions.	No percentage probability or adequate/inadequate personal classification.
Clinical deficiency	Nutrient-specific clinical history, relevant examination and biomarkers when indicated, interpreted by appropriate clinical methods.	Out of scope for an intake-only consumer application.

Implementation policy proposed for later integration

Maintain separate observation scope, intake completion, nutrient provenance/coverage and reference eligibility. Compute each fact only from its own dependencies. Do not mark a day complete merely because breakfast/lunch/dinner entries exist. Store “not consumed,” “not entered,” “unknown amount” and “composition unavailable” as distinct meanings. Recompute affected summaries after edits; never let an old daily or AI conclusion survive a changed record.

For means, include only explicitly eligible full-day records and disclose the denominator. If nutrient data are missing on some days, report that subset rather than dividing a partial sum by all days. No coverage percentage, day count or model can guarantee that the user remembered every item.

Verification cases: scope and completeness

These are proposed acceptance cases, not executed tests. All values are synthetic examples; they are not clinical thresholds.

Case	Input / trigger	Expected behaviour
DAY01-01	One dinner: 600 kcal and 20 g protein; no other records.	Display meal estimates only. Reject “600 kcal today” and daily adequacy claims.
DAY01-02	Three meal labels entered, but user reports missing snacks.	Keep day open/partial regardless of meal count. Invite review; preserve valid meal facts.
DAY01-03	Completed 24 h: meals 400 + 700 + 600 kcal, snack 200, drinks 100.	Daily estimate 2,000 kcal if composition/amounts support it. Label the date and observed-day scope.
DAY01-04	Dinner added twice or reused across midnight.	Resolve duplicates and declared period before computing day totals; do not silently count twice.
DAY01-05	A food has vitamin D missing; other vitamin D entries sum to 3 µg.	3 µg is a documented subtotal/partial estimate, not the full total and not a zero for the missing food. Preserve energy if its inputs are complete.
DAY01-06	User explicitly reports no alcohol that day; another day has no alcohol response.	First may be zero for that observed day; second remains unreported. Neither establishes habitual abstinence.
DAY01-07	Portion reported as “one bowl”, size uncertain.	Require a supported conversion or label an estimate; do not show gram-level precision or claim high certainty.
DAY01-08	Brand-only label contains total sugar, no added-sugar data or recipe.	Preserve total sugar; added sugar remains unavailable unless a traceable estimation method applies. Never equate the two.
DAY01-09	A confirmed fasting day has genuinely low or zero food energy.	Keep as an observed day with context. Do not automatically discard it as underreporting or convert it into a normal day.

Why case 09 matters

A study’s exclusion criterion is a research design choice, not a universal validity limit. An app needs to distinguish a true atypical day from an incomplete record. Either may reduce relevance to habitual patterns without invalidating every recorded fact. Low reported intake alone is not proof of omission. [2, 11]

Verification cases: habits, reference and status

Case	Input / trigger	Expected behaviour
DAY01-10	Four consecutive weekdays, identical work pattern.	Describe those four days. Do not discard them, promise usual-intake accuracy or claim weekend coverage.
DAY01-11	Three non-consecutive days contain no fish; user reports fish once weekly.	Record sampled non-consumption separately from habitual frequency. Do not say “you never eat fish” or infer zero usual omega-3 intake.
DAY01-12	Four completed days; calcium available on only two: 800 and 1,000 mg.	If shown, “900 mg/day across 2 days with complete calcium data.” Never divide 1,800 by 4 to report 450 mg/day.
DAY01-13	One day below an applicable RDA or AI.	Show descriptive reference comparison only. No deficiency or proven inadequacy label; below AI is not diagnostically interpretable.
DAY01-14	One day above RDA; person has relevant malabsorption history.	Do not reassure “no deficiency”. Explain that food records cannot establish nutrient status or resolve the clinical question.
DAY01-15	Daily supplement entry absent; user later reports weekly supplement use.	Initially state food-only exposure. Add product, dose, frequency and period before estimating total exposure; never assume daily use.
DAY01-16	User changes to a different dietary pattern mid-month.	Show periods separately or clearly label a pooled recorded average. Do not treat the mixture as one stable usual diet.
DAY01-17	Two recalls each in a large representative cohort; population model fitted.	Allow qualified population distribution analysis; do not expose model predictions as validated individual adequacy.
DAY01-18	Single daily amount exceeds a nutrient UL.	Verify amount, form and source. Describe comparison without diagnosing toxicity or declaring all lower values safe; acute overdose is a different clinical question.
DAY01-19	Meal edited after daily summary and AI output.	Recompute scope-dependent results; invalidate stale prose and denominators.
DAY01-20	Three-day mean with low variance but deliberately omitted cooking oils every day.	Do not label reliable usual energy intake merely from low observed variation; persistent bias can remain.

Review disposition: DAY01 supports an optional full-day collection for educational daily intake and a separate repeated-record pathway for tentative patterns. It does not validate a personal adequacy classifier, a universal recording duration or any clinical deficiency conclusion. Proposed tests and wording require implementation review and user testing; none were executed here.

[R] Repository context: [PR188](#); [CDC v1.4](#), [pinned source](#).