DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Health Care Access and Accountability
F-1066B (07/08)

HEALTHCHECK ADOLESCENT'S FOOD RECORD
(13 TO 20 Years of Age)

Name of Adolescent	Date

Directions: Write down everything you had to eat or drink and how much in the last 24 hours (meals and snacks). Start with the first time you ate yesterday to the first time you ate today.

Example

10:30 AM	Home	Donut, 4 ounces apple juice
Noon	Home	Sandwich – 2 slices whole wheat bread, 2 slices cheddar cheese, 1 tablespoon butter 1 cup (8 ounces) tomato soup made with 2% milk

TIME	PLACE	AMOUNT AND FOOD OR BEVERAGE CONSUMED

OFFICE USE ONLY	Bread	Vegetables	Fruit	Milk	Meat

1. Is this the way you eat most of the time? Yes No If no, why not? _____

2. What foods do you refuse to eat? _____

3. How often do you eat away from home? 1 to 2 times a week 2 to 4 times a week
Almost every day Where are these meals eaten? _____

4. Are you on a diet, following diet restrictions or trying to control your weight? Yes No

5. How many times in the last month did you have problems getting enough food? _____