Division of Medicaid Services F-01066B (07/2008)

Name of Adolescent

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

Date

	Example						
		10:30 AM Noon	Home Home	Sandwi	4 ounces apple juice ch – 2 slices whole whea butter 3 ounces) tomato soup m		dar cheese, 1 tablespoon
TIME	PLACE			AMOUNT	AND FOOD OR BEVERA	AGE CONSUMED	
OFFICE	USE ONLY	Bread		Vegetables	Fruit	Milk	Meat
OFFICE	USE ONLY	Bread		Vegetables	Fruit	Milk	Meat
			of the time?				
1. Is th	is the way	you eat most o		Yes No	If no, why not?		
1. Is th 2. Wha	is the way	you eat most o	eat?	Yes No	If no, why not?		
1. Is th 2. Wha	is the way It foods do	you eat most o	eat? y from home	Yes No	If no, why not?	a week	2 to 4 times a wee