## 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 Noon	Home Home	butter	s apple juice ices whole wheat bre s) tomato soup made		dar cheese, 1 tablespoon	١	
TIME	PLACE		AMOUNT AND FOOD OR BEVERAGE CONSUMED						
	USE ONLY	Bread		/egetables	Fruit	Milk	Meat		
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 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?