# 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 <br> Soon |
| :--- | :--- | :--- |
|  | Home |  |
|  | butter |  |
|  |  | cup ( 8 ounces) tomato soup made with $2 \%$ milk |



1. Is this the way you eat most of the time? $\square$ Yes $\square$ No If no, why not? $\qquad$
2. What foods do you refuse to eat? $\qquad$
3. How often do you eat away from home?
$\square$ Almost every day
Where are these meals eaten? $\qquad$
4. Are you on a diet, following diet restrictions or trying to control your weight? $\square$ Yes $\square$ No
5. How many times in the last month did you have problems getting enough food? $\qquad$
