

# Initial Diet Checklist and Questionnaire

Date:

## 1. Resources for diet management

Does the woman with PKU have?	YES	NO
formula/medical food (at least 2 weeks supply)	___	___
blender or means of making formula/medical food	___	___
container for storing formula/medical food	___	___
written diet guidelines	___	___
low protein cookbook	___	___
low protein foods	___	___
measuring cups	___	___
measuring spoons	___	___
notebook for food record or other food record	___	___
calendar	___	___
supplies for blood sampling	___	___

## 2. Cooking facilities

Does the woman have?	YES	NO
stovetop	___	___
refrigerator	___	___
freezer (in refrigerator or other)	___	___
oven	___	___
microwave	___	___
toaster oven	___	___
wok or griddle	___	___
bread maker	___	___
ice cream maker	___	___
donut maker	___	___
sandwich maker	___	___

## 3. Shopping habits

Does woman receive any public assistance for obtaining groceries?		
WIC	___	___
Food stamps	___	___
Social Security Income	___	___
Does the family have a food budget?	___	___
Does the family use a grocery list?	___	___
Who does the grocery shopping?	___	___

Where?

## 4. Going out to eat

How often does the woman eat away from home?

Which restaurants does she go to?

**5. Cooking habits**

Does the family eat together? \_\_\_\_\_  
Which meals? \_\_\_\_\_

YES NO

Does the woman with PKU cook meals? \_\_\_\_\_  
How often? \_\_\_\_\_

What are her favorite meals to cook?

**6. Diet at work (if applicable)**

Does she bring her own lunch? \_\_\_\_\_  
Does she bring her formula to work? \_\_\_\_\_  
Is there a cafeteria at work? \_\_\_\_\_  
Where do others at work usually eat? \_\_\_\_\_

Is there a refrigerator? \_\_\_\_\_  
Does anyone at work know she is on a diet? \_\_\_\_\_