

# How Am I Doing Now?

Name:

Date:

	Yes	No
I follow a PKU diet.		
I know what my blood phenylalanine level usually is.		
I am pleased with my usual blood phenylalanine level.		
I avoid high protein foods.		
I always drink all of my formula.		
I am happy with the taste of the formula recipe I use at home.		
I prepare my own formula at home.		
I know the amount of phenylalanine I am allowed to have on my diet.		
I measure or weigh my serving sizes.		
I count the phenylalanine in my diet.		
I stay within the amount of phenylalanine allowed on my diet.		
I cook my own low protein meals.		
I plan my own menus.		
I can calculate the amount of phenylalanine in a recipe.		

From the results of this questionnaire, diet goals can be identified. Some examples of goals include:

- I WILL avoid high protein foods.
- I WILL measure or weigh my serving sizes.
- I WILL count the amount of phenylalanine I eat.
- I WILL learn to cook low protein recipes.
- I WILL drink my formula daily.