

Questionnaire for PKU patients

Name and surname:

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Date of birth:

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Place of residence:

urban	rural
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Please state to what degree the following statements **relate to you** at this time

Answer by placing X in the relevant box

1. I can choose food products which I am allowed to eat unassisted.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
2. Parents teach me self-reliance in meal preparation.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
3. I would prefer to decide more often what I can eat but my parents do not allow me to.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
4. I feel helpless because of the constant need to follow the diet.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
5. I am often ashamed of not being able to eat all foods.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

6. State your daily requirement for:

Phenylalanine (mg)		Protein (g)	
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7. How many milligrams of phenylalanine are in 100 grams of:

apple		potato	
tomato		a slice of low protein bread	

8. How many times per day do you take formula:

1-2 times per day		3 and more times per day	
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9. State your blood phenylalanine levels within the last twelve months:

lowest		highest	
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Thank you for completing the questionnaire.