

For people with PKU

# 3-Day Diet Record

Tip the Challenges of  
**Phe Control** in Your Favor



## Directions for Completing the 3-Day Diet Record

Please use this form to record all foods and beverages consumed over **THREE** consecutive days, preferably including **TWO** days during the week and **ONE** weekend day.

1. On page 4, please provide the following information:
  - Name, medical record number, and date of birth.
  - Weight and height (most recent values).
  - Date and time of blood and/or urine test(s), if any, obtained following completion of the 3-day diet record.
  - All vitamins and minerals taken. Specify kinds (including brand names) and amount of each.
2. If formula is included in the diet, list which formula is being taken and the amount consumed every day. Please describe how the formula is mixed; include amount of each ingredient used and total volume when prepared.
3. Use standard measuring cups and spoons for all servings.  
Make all measurements level.

Please see KUVAN Important Safety Information on pages 14–15.

4. Utensils needed:

- 1 set of standard measuring spoons
- 1 set of standard measuring cups
- 1 standard glass measuring cup
- 1-quart measuring cup
- 1 ruler

5. Equivalent measures:

- 3 teaspoons (tsp) = 1 tablespoon (tbl)
- 2 tablespoons = 1 fluid ounce (oz)
- 16 tablespoons = 1 cup (c)

6. Record the date and the exact amount of all foods and liquids you ate during this 3-day period, as well as the amount of Phe (mg or exchanges) or protein (g). When possible, list brand names of foods and liquids consumed.

7. All **free foods** should be listed in exact amounts.

8. List amounts of ingredients used in mixed dishes or recipes, including any added condiments, salad dressings, margarine, or butter.

9. Describe the method of meal preparation (eg, fried, baked, barbequed, stir-fried, roasted, microwaved, boiled).

10. Please be as accurate as possible, and record everything consumed during this time period.

11. Please send the completed record to the clinic. Postage is already provided.

## Patient Notes

Name:	Date of birth:
Medical record #:	
Height:	Weight:
Date/time of blood and urine test:	
Vitamins and minerals taken (kinds + brand names):	
Amount:	



Please see KUVAN Important Safety Information on pages 14–15.

Please write **NAME** and **AMOUNT** of each ingredient used to make your formula

Ingredient:	Amount:
Ingredient:	Amount:
Ingredient:	Amount:
Ingredient:	Amount:
Name of formula (eg, Enfamil®, Maxamaid™, Phenex™-2, Phenyl-Free®)*:	
Amount per day:	

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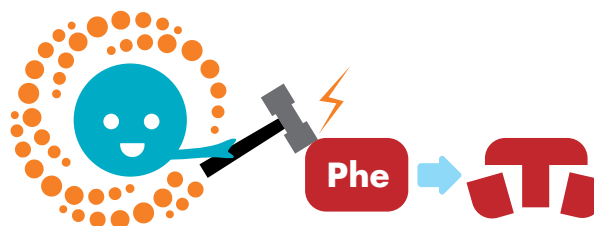








KUVAN® (sapropterin dihydrochloride) Tablets is approved to reduce blood Phe levels in patients with hyperphenylalaninemia (HPA) due to tetrahydrobiopterin- (BH4-) responsive Phenylketonuria (PKU). KUVAN is to be used with a Phe-restricted diet.



## Important Safety Information

High blood Phe levels are toxic to the brain and can lead to lower intelligence and decrease in the ability to focus, remember and organize information. Any change you make to your diet may impact your blood Phe level. Follow your doctor's instructions carefully. Your doctor and dietitian will continue to monitor and may adjust your diet throughout your treatment with KUVAN.

If you have a fever, or if you are sick, your Phe level may go up. Tell your doctor and dietitian as soon as possible so they can see if they have to adjust your treatment to help keep your blood Phe levels in the desired range.

KUVAN is a prescription medicine and should not be taken by people who are allergic to any of its ingredients. Tell your doctor if you have ever had liver or kidney problems, are nursing or pregnant or may become pregnant, have poor nutrition or are anorexic. Your doctor will decide if KUVAN is right for you. Tell your doctor about all the medicines you take.

The most common side effects reported when using KUVAN are headache, diarrhea, abdominal pain, upper respiratory tract infection (like a cold), throat pain, vomiting, and nausea.

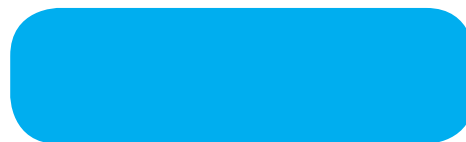
To report SUSPECTED ADVERSE REACTIONS,  
contact BioMarin Pharmaceutical Inc. at 1-866-906-6100,  
or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

For more information, please read the attached Patient Package Insert.



Aedan, age 16,  
takes **KUVAN**

Full prescribing information



**KUVAN**<sup>®</sup>  
(sapropterin dihydrochloride) Tablets

Visit [www.KUVAN.com](http://www.KUVAN.com) for more information about **KUVAN**.

**KUVAN**<sup>®</sup>  
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Sending the **3-Day Diet Record** is as easy as **1 - 2 - 3!**

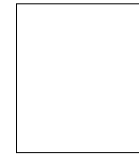
STEP

**1** Put in your address

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Mail it! Postage has been provided

**3**

STEP

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**2**

Fill out your doctor or clinic's address

STEP

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