Nutrition and Eating Habits Questionnaire

Please complete this form before you meet with the dietitian.

Name _______________________________ Date _____________________

Have you received nutrition counseling from a dietitian in the past?  YES       NO
  • If yes, where? ________________________________
    When? (please circle)  less than 1 year ago  1-2 years ago  3 or more years ago

Why do you want nutrition counseling at this time?

__________________________________________________________

__________________________________________________________

Do you have any particular questions or areas you would like the dietitian to focus on today?

__________________________________________________________

__________________________________________________________

Who prepares meals in your home? ________________________________

Please indicate the number of meals you eat away from home on weekdays:
How many breakfasts? ______ Lunches? ______ Evening Meals? ______

Please indicate the number of meals you eat away from home on weekends:
How many breakfasts? ______ Lunches? ______ Evening Meals? ______

List restaurants where you often eat: ________________________________

Do you exercise?  YES       NO
  • If yes, what do you do? ________________________________
  • How often do you it? ________________________________

Is there any reason why you cannot or should not exercise?  YES       NO
  If yes, please explain: ________________________________
Has your weight changed in the last year?  YES  NO

- If yes, (please circle):  Gained  /  Lost  :_____ pounds

Do you want to try to lose weight?  YES  NO

- If yes, please answer the following:

  What do you think is a realistic weight for you?  ___________

  How long has it been since you were at that “realistic” weight?  ___________

  What weight loss methods have you tried?

  __________________________________________

  ______________________________________________________________________________

  What do you think has kept you from being able to lose weight and keep it off?

  ______________________________________________________________________________

Do you take any vitamins, minerals, or supplements?  YES  NO

- If yes, please list:

  __________________________________________

  ______________________________________________________________________________

Do you use any meal replacement products (drinks, bars, formulas, etc.)?  YES  NO

- If yes, list type and how often you consume them:

  __________________________________________

  ______________________________________________________________________________

Please write down the amounts of each beverage that you typically drink in one day.

Coffee: _____   Water: ______

Tea: _____   Milk (Please circle: Whole, 2%, or skim?): ____________

Juice: _____   Alcohol (list type and number of drinks): ____________

Regular soda: _____   Other (list type and number of drinks): ____________

Diet soda: _____

Is there anything else that you want the dietitian to know?  ____________________________________________________________________
Please write what you eat on an average weekday & weekend day. Also write the time you eat & the amount you eat.

Even though what you eat and the times you eat may change a lot from day to day, please complete this form to the best of your ability. It does not have to be “perfect”. This information is very important and will give the dietitian a better understanding of your typical eating habits.

<table>
<thead>
<tr>
<th>Week Day</th>
<th></th>
<th>Weekend Day</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Time: _________</td>
<td>Breakfast</td>
<td>Time: _________</td>
</tr>
<tr>
<td>Snack</td>
<td>Time: _________</td>
<td>Snack</td>
<td>Time: _________</td>
</tr>
<tr>
<td>Lunch</td>
<td>Time: _________</td>
<td>Lunch</td>
<td>Time: _________</td>
</tr>
<tr>
<td>Snack</td>
<td>Time: _________</td>
<td>Snack</td>
<td>Time: _________</td>
</tr>
<tr>
<td>Dinner</td>
<td>Time: _________</td>
<td>Dinner</td>
<td>Time: _________</td>
</tr>
<tr>
<td>Snack</td>
<td>Time: _________</td>
<td>Snack</td>
<td>Time: _________</td>
</tr>
</tbody>
</table>