

Nutrition Questionnaire

Please answer all questions as they apply to you. This information is collected to plan your nutrition treatment prescription only. All information is confidential.

Name _____ Date _____

Occupation _____

Reason for visit today: _____

Have you ever seen a Dietitian before? Yes No

Highest adult weight and when: _____ lbs

Lowest adult weight and when: _____ lbs

Usual body weight: _____ lbs.

Desired Weight: _____ lbs.

Height: _____ inches

Current weight: _____ lbs.

Past/Present Medical conditions (e.g. high blood pressure, diabetes, etc. OR any physical limitations):

Has your appetite changed recently? Yes No If yes, increased or decreased (circle one)?

How many times do you eat per day? _____ meals _____ snacks

Beverages (types and amounts): _____

Do you have any problems chewing or swallowing? Yes No

Do you take any vitamin/mineral/herbal/sports/weight loss supplements? Yes No
If so, please describe dose and when you began taking them.

Do you have food allergies? Yes No
If so, please describe allergy, your reaction, and when it started:

Are you now or have you ever followed any special diet? Yes No
If so, what type of diet? _____

Who does the cooking and food shopping in your home? Self Other N/A

How often do you eat out or order in from restaurants? _____ times per week.

What types of restaurants?

On average, how many minutes per week do you engage in cardiovascular exercise?

- None < 180 min (3 hrs) 180-300 min (3-5 hrs)
 300-480 min (5-8 hrs) > 480 min (8 hrs +)

On average, how many minutes per week do you engage in resistance / weight lifting exercise?

- None < 180 min (3 hrs) 180-300 min (3-5 hrs)
 300-480 min (5-8 hrs) > 480 min (8 hrs +)

Do you consume alcohol? Yes No If yes, how many drinks per week? _____

Do you use tobacco? Yes No If yes, what kind and how much? _____

How many hours of sleep do you get per night? ≤ 4 hrs 5-6 hrs 7-8 hrs ≥ 8 hrs

Do you feel rested when you wake up? Yes No

How would you rate your stress level on a scale of 1 (low) -10 (high)?

- 1 2 3 4 5 6 7 8 9 10

List the greatest source(s) of your stress: _____

Which of the following would you identify as a potential barrier(s)/ concern(s) to making lifestyle changes to improve your nutrition habits/ weight loss? (select all that apply)

- I don't know what is healthy I eat large portions/ clean my plate even if I'm full
 I'm lazy I don't have energy I eat more when I'm stressed, depressed, bored
 I don't have time to eat during the day I eat out too much
 Eating healthy is too expensive
 I don't have support from family/co-workers Other: _____

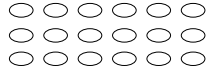
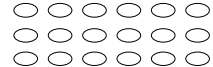
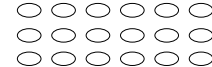



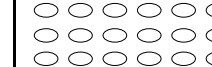
Please indicate which ONE statement best represents you:

- ___ I do not give much consideration to my food or activity choices as factors in my overall health.
___ I want to eat healthy and be active, but am not ready to make the change at this time.
___ I am thinking about eating healthy and being physically active and plan to begin in the next 6 months.
___ I just started eating healthy and being more physically active less than 6 months ago
___ I have been eating healthy and physically active for more than 6 months and feel no temptation to stop

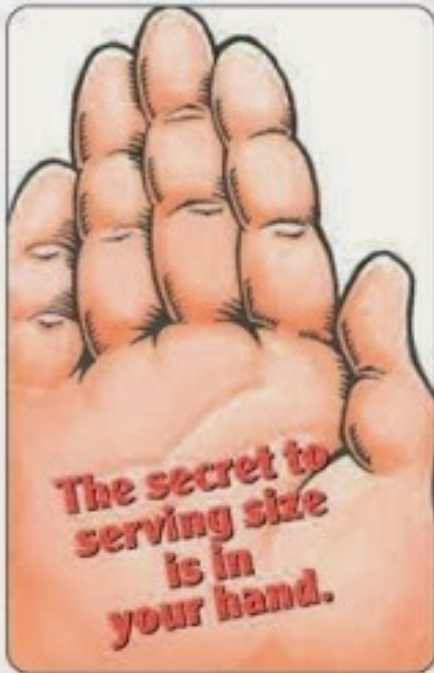
Please indicate your health/nutrition goal(s):

Thank you for taking the time to fill out this questionnaire.

Instructions: List time of meal/snack in first column and food and amount eaten in corresponding day. Be as accurate as possible.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Water	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL	 Each circle = 8 oz = 1 cup = 237 mL
Exercise (activity & time)							

THE SECRET TO SERVING SIZE IS IN YOUR HAND



A fist or cupped hand = 1 cup

1 serving = 1/2 cup cereal, cooked pasta or rice
or 1 cup of raw, leafy green vegetables
or 1/2 cup of cooked or raw, chopped
vegetables or fruit



Palm = 3 oz. of meat

Two servings, or 6 oz., of lean meat (poultry, fish, shellfish, beef) should be a part of a daily diet. Measure the right amount with your palm. One palm size portion equals 3 oz., or one serving.

A thumb = 1 oz. of cheese

Consuming low-fat cheese is a good way to help you meet the required servings from the milk, yogurt and cheese group. 1 1/2 - 2 oz. of low-fat cheese counts as 1 of the 2-3 daily recommended servings.



Thumb tip = 1 teaspoon

Keep high-fat foods, such as peanut butter and mayonnaise, at a minimum by measuring the serving with your thumb. One teaspoon is equal to the end of your thumb, from the knuckle up.



Three teaspoons equals 1 tablespoon.



Handful = 1-2 oz. of snack food

Snacking can add up. Remember, 1 handful equals 1 oz. of nuts and small candies. For chips and pretzels, 2 handfuls equals 1 oz.



1 tennis ball = 1 serving of fruit

Healthy diets include 2-4 servings of fruit a day.

Because hand sizes vary, compare your fist size to an actual measuring cup.