

Nutrition & Eating Habits Questionnaire

Name:			
Why have you decided to come for nutrition counseling at this time? _____ _____ _____			
Please list any food or drink with calories you have had consumed in the past 24 hours:			
<i>You do not need to list water, diet soda, plain coffee or tea.</i>			
Meal or Snack	Time	Place	What and how much?
Breakfast or 1 st meal			
Snack			
Lunch or 2 nd meal			
Snack			
Evening or 3 rd meal			
Snack			
Other			
Who prepares meals in your home? _____			
How many meals do you eat away from home on weekdays?		Bfst:	Lunch: Evening Meal:
How many meals do you eat away from home on weekends?			
List restaurants where you often eat: _____ _____			
Do you exercise now? No Yes If yes, what do you do and how often do you do it? _____ _____			
Is there any reason you cannot or should not exercise? _____ _____			
Has your weight changed in the last year?		no	gained _____ lbs lost _____ lbs
What do you think is a realistic weight for you?			
How long has it been since you were at that (realistic) weight?			
Do you currently take any medicines? If yes, list them:			

Have you ever tried medicine to lose weight? If yes, what?

What kinds of diets and/or surgeries have you tried to lose weight?

Do you currently take **vitamins or minerals**? If yes, list the names and amounts you take:

Do you use any other **dietary supplements** on a regular basis? This would include things like fiber tablets or powder, garlic pills, herbs, DHEA, etc. Please list the supplements and amounts:

Do you use any **meal replacement products** (liquids, bars, etc); which ones & how often?

What kinds of **beverages** and how much of them do you drink on most days?

coffee	tea	juice	regular soda	diet soda
milk (cups & what kind)	alcohol (# drinks & what kind)	water other		

Circle the **vegetables** you eat; note # of servings eaten for each *group*.

	day	week	month
<u>Non-starchy group</u> : asparagus, green beans, beets, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, cucumber, eggplant, mushrooms, okra, onions, peppers, yellow or zucchini squash, tomatoes, turnips, wax beans			
<u>Leafy group</u> : salad greens, kale, spinach, sprouts, turnip or mustard greens, watercress			
<u>Starchy group</u> : potato, corn, green peas, dried beans or peas (pinto, kidney, white, black, brown, lentils, black-eyed, split, etc), mixed vegetables with corn, peas, or pasta, lima beans, winter squash (acorn, butternut), sweet potatoes, yams			

Circle the **fruits** you eat; note # of servings eaten for each *group*.

<i>Fresh group:</i> apple, apricot, banana, blackberries, blueberries or other berries, cantaloupe, cherries, grapefruit, grapes, honeydew, kiwi, mango, nectarine, orange, papaya, peach, pear, pineapple, plums, strawberries, tangerine, watermelon, other									
<i>Canned group:</i> applesauce, apricot, fruit cocktail, grapefruit sections, mandarin orange, peach, pear, pineapple, other									
<i>Dried group:</i> apple, apricot, raisins (cranberries), dates, figs, peaches, prunes, raisins, other dried fruits									
<i>Juice group:</i> apple, cranberry, grape, grapefruit, mixed fruit, orange, pineapple, prune, other fruit juice									
Other Foods	never or < 1 per month	servings per month 1-3	servings per week 1 2-4 5-6			servings per day 1 2-3 4-5 6+			
Any kind of milk									
Cottage or ricotta cheese									
Cream cheese									
Cheese on burgers, etc.									
Any other cheese									
Yogurt									
Frozen yogurt									
Other Foods	never or < 1 per month	servings per month 1-3	servings per week 1 2-4 5-6			servings per day 1 2-3 4-5 6+			
Ice cream									
Other frozen dessert									
Soup									
Casseroles									
Salami, bologna, etc.									
Deli ham, turkey, etc.									

Ground beef									
Steak									
Other beef as main dish									
Ham or pork chop									
Other pork as main dish									
Pork as a main dish									
Sausage									
Bacon									
Chicken, not fried									
Chicken, fried									
Turkey or other poultry									
Shrimp, lobster, scallops									
Salmon, mackerel, tuna									
Other fish, not fried									
Other fish, fried									
Cold breakfast cereal									
Cooked breakfast cereal									
Bread, regular									
Bread, whole grain									
Bread, diet or low calorie									
Bagels, English muffins									
Biscuits or muffins									
Pancakes or waffles									
Danish, donuts, etc.									
Tortillas, flour									
Tortillas, corn									
Rice									
Crackers									
Pasta (spaghetti, etc.)									
French fries									
Potatoes, any other									
Pizza									

Chips (potato, corn, etc)									
Pretzels									
Popcorn									
Other Foods	never or < 1 per month	servings per month	servings per week			servings per day			
		1-3	1	2-4	5-6	1	2-3	4-5	6+
Peanut butter									
Peanuts									
Other nuts of any kind									
Candy, chocolate									
Candy, other									
Cake									
Pie									
Cookies									
Brownies									
Sugar-for cereal, tea, etc									
Iced tea with sugar									
Unsweetened tea									
Honey, jam, jelly, etc.									
Pancake syrup									
Punch, lemonade, etc.									
Regular soda (12 oz)									
Diet soda (12 oz)									
Beer, regular (12 oz)									
Beer, light (12 oz)									
Wine (4 oz)									
Hard liquor (1 shot)									
Mixed drinks, cocktails									
Margarine									
Butter									
Salad dressing, any kind									

Mayonnaise									
Other foods (list):									
How often do you eat food fried, stir-fried, or sautéed at home?	never	< 1 x wk	1 x wk	2-4 x wk	5-6 x wk	daily			
What kinds of fat do you use for frying and sautéing at home?	real butter	margarine	olive oil	any other oil	PAM type spray	Shortening or lard			
What kind of spread do you use for bread?	real butter	regular margarine	reduced calorie margarine		other:				

Any other information you want the dietitian to know?
