NUTRITION QUESTIONNAIRE

Nutrition History

Have you ever had an appointment with a dietitian or nutritionist? □ Yes □ No

Have you changed your eating habits for a health reason? □ Yes □ No

Please describe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently following a particular diet or nutrition plan? □ Yes □ No Please describe.

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Do you avoid any particular foods? □ Yes □ No Please describe.

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Do you have any adverse food reactions (intolerances or allergies)? □ Yes □ No

Height: \_\_\_\_\_\_\_\_\_\_\_Current Weight: \_\_\_\_\_\_\_\_\_\_\_ Usual Weight Range: \_\_\_\_\_\_\_\_\_\_ Desired Weight \_\_\_\_\_\_\_\_\_\_ Have you recently lost or gained weight? □ Yes □ No

If yes, please describe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many meals do you eat each day? \_\_\_\_\_\_\_\_How many snacks do you eat each day?\_\_\_\_\_\_\_\_\_ How many meals do you buy from a restaurant or fast food per week? □ 0-1 □ 2-3 □4-6 □ > 6

Do you drink alcohol? □ Yes □ No

If yes, how many drinks per week? \_\_\_\_\_\_\_\_\_

Do you drink caffeinated beverages? □ Yes □ No

If yes, how many cups per day?\_\_\_\_\_\_\_\_\_\_\_

Do you use any natural or artificial sweeteners? □ Yes □ No If yes, which ones? ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all of the factors that apply to your eating habits and current lifestyle:

□ Love to eat □Love to cook □ Emotional eater □ Late night eater □ Struggle with eating issues

□ Family members have different tastes □ Dislike cooking □ Fast eater □ Erratic eating patterns

□ Eat too much □ Rely on convenience foods □ Eat fast food frequently □ Make poor snack choices

□ Confused about food/nutrition □ Live alone or eat alone often □ Do not plan meals or menus

□Time constraints □ Travel frequently □ Eat only because I have to □ Negative relationship with food

Food Frequency Questionnaire – How often do you eat the following?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Food | Never or <4x/year | Rarely or <4x/month | Once/wk | 2x/wk | 3x/wk | Daily |
| Daily Cheese | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yogurt, Kefir | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cow’s Milk | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Milk Substitute (soy , coconut, almond, rice, or hemp seed milk) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Red Meat | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pork (pork loin, pork roast, pork chops, barbecue) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Processed Meat (sausage, bacon, lunch meat) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Chicken | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Eggs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cold Water Fish ( striped bass, wild Alaskan salmon, herring, sardines, anchovies, mackerel, Alaskan halibut, Alaskan cod) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other fish or shellfish- Indicate type | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Whole Soy Foods (edamame, soy nuts) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Beans, Legumes (black beans, kidney beans, white beans, lentils) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Food | Never or <4x/year | Rarely or <4x/month | Once/wk | 2x/wk | 3x/wk | Daily |
| Tofu, Tempeh | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Soy “meat alternative” (ex. Tofurkey, soy “sausage”, soy “bacon”) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Berries | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cruciferous Vegetables (cabbage, broccoli, Brussels sprouts) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fruits - Indicate type: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Green Leafy Vegetables (e.g. spinach, kale, collards, greens) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Yellow Fruits and Vegetables (e.g. yellow peppers, corn) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other Green Fruits and Vegetables (e.g. peas, broccoli, avocado, cucumbers) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Blue/Purple Fruits and Vegetables (e.g. blueberries, prunes, beets, purple cabbage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Red Fruits and Vegetables (e.g. cherries, apples, tomatoes, kidney beans) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Orange Fruits and Vegetables (e.g. orange, cantaloupe, carrots, sweet potato) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| White/Tan Fruits and Vegetables (e.g. onions, garlic, ginger, nuts) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Food | Never or <4x/year | Rarely or <4x/month | Once/wk | 2x/wk | 3x/wk | Daily |
| Turmeric, Cumin, Ginger, Rosemary, Oregano, Parsley | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Nuts | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Avocado, Extra Virgin Olive Oil , Canola Oil | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vegetable oil (corn, sunflower, safflower, etc. – NOT olive oil) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Butter | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| White Rice | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pasta | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bread | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bagels | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| English Muffins | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pancakes or Waffles | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Daily Buttermilk Biscuits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Chips | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pretzels | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other Snack Food (crackers, Goldfish) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Popcorn | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 100% Whole Whet, Rye, Barley (whole wheat bread and pasta) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other Whole Grains (millet, quinoa, amaranth, flax, oats, brown rice) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ice Cream | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Food | Never or <4x/year | Rarely or <4x/month | Once/wk | 2x/wk | 3x/wk | Daily |
| Diet Soda | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Red Wine | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tea ( white, green, black) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vegetable oil (corn, sunflower, safflower, etc. – NOT olive oil) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Butter | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| White Rice | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pasta | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bread | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bagels | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| English Muffins | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pastries, cookies, cakes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Juice Indicate type | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Punch, Lemonade, or Sweet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tea | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Daily Intake Summary

What type(s) of protein do you consume most days of the week? (Check all that apply.)

☐ Animal meat ☐ Beans ☐ Eggs ☐ Soy-based ☐ Dairy ☐ Nuts and seeds

How many servings of fruit do you have in a day? \_\_\_\_\_\_\_\_\_\_\_\_\_

How many servings of vegetables do you have in a day?\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide an estimate of the amount of each beverage that you consume on an average day.. Water: \_\_\_\_\_ ounces, Coffee: \_\_\_\_\_ cup(s) Diet soda: \_\_\_\_\_can(s), Non-diet soda: \_\_\_\_\_ can(s), Tea: \_\_\_\_\_\_ cup(s) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.