



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 do 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.

Week Day		Weekend Day	
Breakfast Time: _____		Breakfast Time: _____	
Snack Time: _____		Snack Time: _____	
Lunch Time: _____		Lunch Time: _____	
Snack Time: _____		Snack Time: _____	
Dinner Time: _____		Dinner Time: _____	
Snack Time: _____		Snack Time: _____	