# Nutritional Questionnaire

Name ______________________ Date __________

Physician/Specialist name, address & phone: ______________________

______________________

______________________

Age: ________ Birth Date: ________ Height: ________ Weight: ________

Do you have any medical diagnosis I should be aware of? Y N

If yes, list here: ______________________

List any past surgeries & dates: ______________ ______________

______________ ______________ ______________

**LIST ALL MEDICATIONS HERE, INCLUDING OVER-THE-COUNTER & SUPPLEMENTS:**

______________ ______________ ______________

______________ ______________ ______________

______________ ______________ ______________

Are you a current smoker? Y N How many cigarettes a day? ________

Ex smoker? Y N How long did you smoke & how much per day? ______________

Do you drink alcohol? Y N How much per day? ________ Per week? ________

## Diet:

What are your favorite foods? ______________________

______________________

Dislikes: ______________________

How much time do you spend cooking? ______________________

What is realistic for you? ______________________

Do you like leftovers? Y N

Do you have any dietary restrictions due to personal, ethical or religious reasons? Y N

List here: ______________________

How much physical exercise do you get daily? ________ Weekly? ________

Type: ______________________

## Please answer the following questions honestly:

| | Always | Sometimes | Never |
|---|---|---|---|
| Do you eat 5-6 small meals daily? (including snacks) | 4 | 2 | 0 |
| Do you eat breakfast? | 4 | 2 | 0 |
| Do you eat 3-5 servings of vegetables? | 4 | 2 | 0 |
| Do you eat 2-3 servings of fruit? | 4 | 2 | 0 |
| Do you eat fast food? Times per week ________ | 4 | 2 | 0 |
| Do you eat protein with every meal? | 4 | 2 | 0 |
| Do you drink 8 glasses of water? | 4 | 2 | 0 |
| Do you measure your portions? | 4 | 2 | 0 |

List a typical breakfast ________________________

List a typical snack ________________________

List a typical lunch ________________________

List a typical snack ________________________

List a tyical dinner ________________________

What do you consider your biggest weakness when it comes to nuitritional intake?

What is your biggest strength when it comes to nutritional intake?

## Recommendation for a quick win:

## Habit-based recommendation:

## Recommendation for long-term health: