

Client Name \_\_\_\_\_ Date \_\_\_\_\_

RDN/DTR \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Nutrition and Eating Habits Questionnaire

**Why do you want nutrition counseling at this time?**

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**Please list the food and drinks you have consumed in the past 24 hours.** (You do not need to list water, diet soft drinks, plain coffee, or plain tea.)

Meal or Snack	Time and Place	What Did You Eat and Drink? (include amounts)
Breakfast / 1st meal		
Snack		
Lunch / 2nd meal		
Snack		
Dinner / 3rd meal		
Snack		
Other		

**Who prepares meals in your home?**

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**How many meals do you eat away from home on weekdays?** \_\_\_\_\_

How many breakfasts? \_\_\_\_\_ Lunches? \_\_\_\_\_ Evening meals? \_\_\_\_\_

**How many meals do you eat away from home on weekends?** \_\_\_\_\_

How many breakfasts? \_\_\_\_\_ Lunches? \_\_\_\_\_ Evening meals? \_\_\_\_\_

**List restaurants where you often eat:**

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**Do you exercise?**             No                       Yes

**If you do exercise, what do you do? How often do you do it?**

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**Is there any reason why you cannot or should not exercise?**

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**Has your weight changed in the last year?**

- No
- Yes, I gained \_\_\_\_\_ pounds.
- Yes, I lost \_\_\_\_\_ pounds.

**What do you think is a realistic weight for you?** \_\_\_\_\_ pounds

**How long has it been since you were at that (realistic) weight?** \_\_\_\_\_

**Do you currently take any medications?**                       No                       Yes

**If you do, list them:**

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**Have you ever tried medicine to lose weight?**

**No**

**Yes**

**If you have, list the medicines:**

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**What kind of diets have you tried to lose weight?**

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**What kind of surgeries have you tried to lose weight?**

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**Do you currently take vitamins or minerals?**

**No**

**Yes**

**If you do, list them with the amounts that you take:**

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**Do you use any other dietary supplements?** (Dietary supplements include herbs, fiber tablets or powder, garlic pills, DHEA)

**No**

**Yes**

**If you do, list the supplements with the amounts that you take:**

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**Do you use any meal replacement products (drinks, bars, formulas)?**

No

Yes

**If you do, list the types and how often you take them:**

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**What kind of beverages do you drink on most days? List the amounts that you typically drink in 1 day.**

Coffee \_\_\_\_\_

Tea \_\_\_\_\_

Juice \_\_\_\_\_

Regular soda \_\_\_\_\_

Diet soda \_\_\_\_\_

Water \_\_\_\_\_

Milk:

Whole \_\_\_\_\_

2% \_\_\_\_\_

1% \_\_\_\_\_

Fat-free (skim) \_\_\_\_\_

Alcohol (list type and number of drinks) \_\_\_\_\_

Other (list type and number of drinks) \_\_\_\_\_

**Circle the vegetables that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.**

<b>Vegetables</b>	<b>Servings /Day</b>	<b>Servings /Week</b>	<b>Servings /Month</b>
<b>Nonstarchy vegetables</b> Asparagus, beets, broccoli, brussels sprouts, cabbage, carrots, cauliflower, celery, cucumber, eggplant, green beans, mushrooms, okra, onions, peppers, summer squash (yellow or zucchini), tomatoes, turnips, wax beans			
<b>Leafy vegetables</b> Salad greens, kale, mustard greens, spinach, sprouts, turnip greens, watercress			
<b>Starchy vegetables</b> Corn, dried beans or peas (pinto, kidney, white, black, brown beans; lentils, split peas, black-eyed peas), green peas, lima beans, potatoes, sweet potatoes, winter squash (acorn, butternut), yams. Mixed vegetables with corn, peas, or pasta			

**Circle the fruits that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.**

<b>Fruits</b>	<b>Servings/ Day</b>	<b>Servings/ Week</b>	<b>Servings/ Month</b>
<b>Fresh fruit</b> Apple, apricot, banana, blackberries/blueberries/other berries, cantaloupe, cherries, grapefruit, grapes, honeydew, kiwi, mango, nectarine, orange, papaya, peach, pear, pineapple, plum, strawberries, tangerine, watermelon, other			
<b>Canned fruit</b> Applesauce, apricot, fruit cocktail, grapefruit sections, mandarin oranges, peaches, pears, pineapple, other			
<b>Dried fruit</b> Apple, apricot, cranberries (craisins), dates, figs, peaches, prunes, raisins, other			
<b>Juice</b> Apple, cranberry, grape, grapefruit, mixed fruit, orange, pineapple, prune, other			

**Other Foods:** Use the chart to note how often you eat each type of food.

Foods	Servings/Month		Servings/Week			Servings/Day			
	Less than 1	1-3	1	2-4	5-6	1	2-3	4-5	6 or more
Milk (any type)									
Cottage cheese or ricotta cheese									
Cheese on burgers or other foods									
Any other cheese									
Yogurt									
Frozen yogurt									
Ice cream									
Other frozen desserts									
Soup									
Casseroles									
Salami, bologna, or other lunch meat									
Deli ham, deli turkey, other deli meats									
Ground beef									
Steak									

Foods	Servings/Month		Servings/Week			Servings/Day			
	Less than 1	1-3	1	2-4	5-6	1	2-3	4-5	6 or more
Other beef as main dish									
Ham or pork chop									
Other pork as main dish									
Sausage									
Bacon									
Chicken, not fried									
Chicken, fried									
Turkey or other poultry									
Shrimp, lobster, or scallops									
Salmon, mackerel, or tuna									
Other fish, not fried									
Other fish, fried									
Cold breakfast cereal									
Cooked cereal									
Bread, regular									
Bread, whole grain									

Foods	Servings/Month		Servings/Week			Servings/Day			
	Less than 1	1-3	1	2-4	5-6	1	2-3	4-5	6 or more
Bread, diet or low calorie									
Bagels or English muffins									
Biscuits or muffins									
Pancakes or waffles									
Danish, doughnuts, pastry									
Flour tortillas									
Corn tortillas									
Rice									
Crackers									
Pasta (spaghetti, noodles)									
French fries									
Potatoes (other than french fries)									
Pizza									
Chips (potato, corn)									
Pretzels									



Foods	Servings/Month		Servings/Week			Servings/Day			
	Less than 1	1-3	1	2-4	5-6	1	2-3	4-5	6 or more
Popcorn									
Peanut butter									
Peanuts									
Other nuts (any kind)									
Chocolate candy									
Other candy									
Cake									
Pie									
Cookies									
Brownies									
Sugar added to cereal, coffee, tea									
Iced tea with sugar									
Unsweetened tea									
Honey, jam, or jelly									
Pancake syrup									
Punch or lemonade									
Regular soda (12 oz / serving)									

Foods	Servings/Month		Servings/Week			Servings/Day			
	Less than 1	1-3	1	2-4	5-6	1	2-3	4-5	6 or more
Diet soda (12 oz /serving)									
Beer, regular (12 oz / serving)									
Beer, light (12 oz / serving)									
Wine (4 oz / serving)									
Hard liquor (1 shot / serving)									
Mixed drinks/cocktails									
Margarine									
Butter									
Salad dressing (any kind)									
Other foods (list):									

**How often do you eat food that is fried, stir-fried, or sautéed at home?**

- Never
- Less than 1 time a week
- Once a week
- 2-4 times a week
- 5-6 times a week
- Daily

**What kind of fat do you use for frying and sautéing at home?**

- Butter \_\_\_\_\_
- Margarine
- Olive oil
- Other type of oil
- Cooking spray (PAM)
- Shortening or lard

**What kind of spread do you use on bread?**

- Butter
- Regular margarine
- Lower-calorie margarine
- Other: \_\_\_\_\_

**Is there anything else you want the registered dietitian nutritionist to know?**

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