HEALTH & DIETARY QUESTIONNAIRE

CLIENT'S NAME:	DATE OF BIRTH:PHONE #		
REASON(S) FOR VISIT:	SON(S) FOR VISIT:DATE:_		
REFERRED BY:			
INSURANCE NAME, NUMBI	ER & GROUP#:		
PRESENT & PAST MEDICAL & SURGICAL	PLEASE LIST TYPE OF PROBLEM(S)	WHEN? FOR HOW LONG?	
CARDIOVASCULAR (INCL. blood pressure)			
GASTROINTESTINAL (stomach intestines, liver)			
UROLOGICAL (bladder, kidney, prostate)			
IMMUNOLOGICAL AUTOIMMUNE (thyroid)			
RESPIRATORY (INCL. asthma, bronchitis)			
REPRODUCTIVE ENDOCRINE/HORMONE (INCL. hysterectomy/why?)			
MUSCULAR-SKELETAL (INCL. arthritis, bone loss)			
NEUROLOGICAL (MS, Parkinson, tremors)			
PSYCHOLOGICAL (PTSD, mental, emotional)			
DERMATOLOGICAL (skin & hair & nails)			
EAR, NOSE & THROAT			
OTHER(S) NOT LISTED			

MEDICAL PROBLEM(S)	MEDICATION TAK (include birth control		UNT/HOW OFTEN/ HOW LONG
PLEASE DETAIL YOUR H WITH ME. WHAT DO YOU PROGRESSION OF YOUR PSYCHOLOGICAL STRES WHAT OTHER LIFESTYL HEALTH ISSUE(S)? IF SEE ARE YOUR GOALS FOR T	J THINK ARE THE TR HEALTH ISSUE(S)? V SORS IN YOUR LIFE E FACTORS MIGHT? ZING ME FOR PREVE	IGGERS FOR WHAT ARE PH THAT ARE CO WHAT SEEM NTION OR W	THE ONSET AND IYSICAL AND/OR ONTRIBUTING? IS TO HELP YOUR EIGHT LOSS, WHAT
Please enclose a copy of your	recent and/or pertinent	blood work, o	r other medical records
If known: usual Blood pressure readings? Your Blood Type?			

ENVIRONMENTAL STRESSORS

1. How many hours a night do y	ou sleep on average?	
2. How do you consider your sle excellent Do you have proone(s))		
3. Do you have any other stresse	ors going on in your life that you	a did not cover? Please explain.
4. How many times do you pass	your stools?experienc	ee gas or bloating (circle) ?
What is the color of stool? Light	brownYellow/greenB	slacklan/grayRed
LIST THE BRAND NAMES OF SUPPLEMENTS YOU ARE TAKING	LIST THE PRODUCT NAMES OF SUPPLEMENTS YOU ARE TAKING	LIST QUANTITY TAKEN PER DAY AND HOW LONG YOU HAVE TAKEN IT
example: KAL (brand name)	example: (product name) Magnesium Glycinate	example: <u>list IU and/or mg</u> 2 tabs/day/400 mg, 2 ½ years
		example: list IU and/or mg
		example: list IU and/or mg
		example: list IU and/or mg
		example: list IU and/or mg
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		example: list IU and/or mg

EATING BEHAVIOR

1. Do you usually eat breakfast, lunch and dinner, and at what times of the day?
Rationale for skipping meals
2. Have you ever followed a certain type of diet? Diet Type Rationale for the diet Do you avoid certain foods, which ones & why?
3. Do you ever eat when not hungry?
4.Do you ever overeat? How often?Why & When?
5.Do you ever feel guilty when eating healthy foods or when eating less healthy foods?
6. Do you feel you are addicted to certain foods, which ones?
Based on what you learned about nutrition, how do you judge your current dietary choices?
8. How long does it takes you to eat breakfast?lunch?dinner?
10.How many meals do you eat out per week? Which places & List the entrees/foods you order?
11. Any other things you would like to disclose about your eating behavior, including past or present eating disorders

HOW MANY CUPS OF THE FOLLOWING DO YOU DRINK, IF YOU DRINK IT LESS THAN ONCE A DAY, INDICATE HOW MANY TIMES A WEEK

What do you drink first th					
Please list the types of flu	ids you us	ually drink, hov	v often, how	much, & w	vhen.
DAILY OR WEEKLY?	CU	PS DAILY	OR	CUPS W	EEKLY
WATER					
COFFEE, DECAF OR I	REG.				
BLACK/GREEN TEA					
MILK, COW, LIST %)				
SOY/RICE/NUT MILK	-				
JUICES (<i>LIST TYPES</i>)					
VEGETABLE JUICES					
HERBAL TEAS (<u>TYPE</u>	S)				
ALCOHOL (<u>TYPE</u> S)					
REGULAR SODA (<u>TYF</u>	<u>PE</u> S)				
DIET SODA (<i>TYPE</i> S)					
OTHER DRINKS?					
FRUIT & FRUIT JUICE How many servings of fru equals one of the following fruit, 1/4 cup of dried fruit Please list the types fruit and how is it prepared, is	it do you ig: 1 medi it, ½ cup o s & juices	ium apple, band of fruit puree of s you usually ea	ina, or oran r sauce, 3/4 o at & drink,	ge, ½ cup o cup of 1009 how much	of chopped or canned % fruit juice. , how often, when,
FRUITS V	VHEN	HOW MUC	H HOW	OFTEN	PREPARATION

WHOLE/WHITE GRAINS, BREADS, PASTAS, CRACKERS, COLD/HOT CEREALS

How many servings fro	om the Grain	Group do you esti	mate eating per day	? How many
whole grain servings p	er day?	. One serving eq	quals one of the foll	lowing: 1 slice of
bread, ½ a bagel, ½ cu				
½ cup of granola, ½ ci	up of pasta,	3 to 5 crackers. Ple	ease list the <i>TYPES</i>	/BRANDS of grain
products you usually				<u>e</u>
and how is it prepared		_		
GRAINS/BREADS	WHEN	HOW MUCH	HOW OFTEN	PREPARATION
	1	·		·

COOKIES, CAKES, PIES, GRAIN OR FRUIT OR PROTEIN BARS, CANDY, CHOCOLATES, SALTY SNACKS, IE. CHIPS OR PRETZELS

Please list the types of SNACKS sweets and/or salty, you usually eat.

TYPE OF SNACK	WHEN	HOW MUCH	HOW OFTEN

VEGETABLES & VEGETABLE JUICES

of the following: 1 c	c. of raw leafy,	½ c. of cooked or re	aw chopped, 3/4 c. 1	e serving equals one vegetable juice ow often, when, and
how is it prepared,				
VEGETABLES	WHEN	HOW MUCH	HOW OFTEN	PREPARATION
BEEF, CHICKEN,	PORK, LAM	B, VENISON, ANI) FISH	
How many servings One s			you estimate eating parces or the size of a	
	meat, chicker	n & fish you usuall	y eat, how much, h	ow often, when, and
MEAT ETC.	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

EGGS & DAIRY PRODUCTS

How many servings of dairy equals one of the	following:	1 cup of milk or yog	gurt, 1 cup of puddi	ing, 1 cup of frozen
yogurt or ice cream, 1 o sour cream. <u>How many eggs do you</u>	-		_	-
Please list the types of	dairy prod	ucts you eat, how r	nuch, how often, w	
prepared, ie, as part of				
DAIRY PRODUCTS	WHEN	HOW MUCH	HOW OFTEN	PREPARATION
MEAT ALTERNATIV How many times per da				? day OR week
Examples are: beans, so much, and how is it prepheans, ½ cup of tofu, 1	oy products pared? <i>One</i>	ie. tofu, soy milk, s serving equals one	oy nuts, regular nut of the following:	s, what types, how 2 cup of cooked
butter ie. peanut or alm		·	cup oj soy muk, 2 i	uviespoons oj nui
Please list the meat alt	ernatives &	k dairy alternatives		
and how is it prepared	1			
MEAT/ DAIRY ALTERNATIVES	WHEN	HOW MUCH	HOW OFTEN	PREPARATION
ALIERNATIVES				

MEAL REPLACEMENTS

How often do you eat a meal replacement instead of a meal OR with a meal?

List <u>TYPE AND BRAND NAME</u>: Protein shake, Slim fast, Green foods, Diet drinks, Protein bars etc.

Please list in dry scoop quantity, cups of liquid, or size of bar etc.

BRAND NAME PRODUCT NAME	WHEN	HOW MUCH	HOW OFTEN	PREPARATION

DIETARY INTAKE: Please give me a TYPICAL example OR several examples and list all the foods beverages and amounts you usually eat on a TYPICAL day. Please be <u>specific</u> about <u>all</u> the different foods. (If needed, refer to the previous questions which list food servings)

TIME:	FOOD OR BEVERAGE:	AMOUNT:	PREPARATION

MISCELLANEOUS DIETARY QUESTIONS

PHYSICAL ACTIVITY

How many table spoons of sugar, syrups (LIST TYPE), honey, jams, jellies or spreadable fruit do you use per day, week, or month? Please list types of sweeteners or types of sugar substitutes you use:

What type of cooking oil do you use, how much, how often, is it cold pressed? List **BRAND** of salad dressing(s) and name of salad dressing(s) you use:

What **BRAND/TYPE** of margarine do you use, hard or soft type, or butter, mayo? Organic? On what do you use it? How much? How often?

How often and how much per week do you eat fried foods: ie. Onion rings, french fries, potato/corn chips?

Do you have any known food allergies? If not, do you suspect any food allergies? Which foods are they? Were you ever tested for food allergies? Any other allergies?

How many times a week do you do aerobic exercise ?
What type of exercise?
How long do you exercise?
How many times a week do you do weight bearing exercise?
What type of exercise?
How long do you exercise?
Do you have any physical limitations that limit your exercise ability?
T
Is your current weight a concern?
What is your height?What is your weight?
What is your weight history?
SMOKING/CHEWING HABITS
Did you smoke/chew? If yes, for how long?
Do you smoke/chew?
How many cigarettes/dips do you smoke/chew a day/ a week?
Do you want to quit ?
Did you ever try to quit?
What strategies did you use?
If applicable Why do you think you did or did not succeed?

				Regularly all a for breakfast, include	lways all fluids
FIME:		VERAGE: AN			
Do you eat lu	nch? Never	Occasionally	Frequently	Regularly alwa	vs
	lown three examp		you usually eat f	FOOD PREPAR	fluids.
	lown three exam		you usually eat f	_Regularlyalwa for dinner, include all FOOD PREPAR	fluids.
Do vou snack	·? Never O	ccasionally Fr	requently Re	egularly always	
		ple meals of what		FOOD PREPAR	