NUTRITIONAL QUESTIONNAIRE

Patient Name: _____ Date of Initial Consultation: _____

Age: _____ Height: _____ Current Weight: _____

HEALTH HISTORY

Check the following medical conditions you have been diagnosed with:

- ☐ Heart Disease
- ☐ Heart Attack
- ☐ Cardiovascular Disease
- ☐ Stroke
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ High Triglycerides
- ☐ Metabolic Syndrome
- ☐ Asthma/Respiratory problems
- ☐ Sleep Apnea
- ☐ Diabetes *(circle one)* Type I Type II
- ☐ Thyroid Condition
- ☐ GI Disorders
- ☐ Gall Bladder Disease
- ☐ Renal Disease
- ☐ Liver Disease
- ☐ Cancer
- ☐ Other: _____

List All Medications: _____

Vitamin, mineral, or other dietary supplements: _____

SOCIAL HISTORY

On average, how many alcoholic beverages do you consume per week? _____

How many caffeinated beverages do you consume per day? _____

Do you smoke? YES NO If yes, how often? _____

Average stress level: LOW MEDIUM HIGH why? _____

Describe your family

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Children: NO YES, how many? _____ Ages? _____

Family Members Living in the Home? _____

NUTRITIONAL HISTORY

What are your nutritional goals?

- ☐ Lose Weight
- ☐ Lower Cholesterol
- ☐ Increase Energy
- ☐ Lower Blood Pressure
- ☐ Reduce Medication Usage
- ☐ Lower Risk of Heart Disease
- ☐ Eat More Fruits/Veggies
- ☐ Live Longer
- ☐ Improve Health

What dietary problem areas apply to you? Check all that apply.

- ☐ Skipping Meals
- ☐ Craving carbohydrates
- ☐ Large portion sizes
- ☐ Too much alcohol
- ☐ Frequent snacking
- ☐ Binging on food
- ☐ Eating Foods too high in fat
- ☐ Eating too many meals in restaurants
- ☐ Eating for reasons other than hunger
- ☐ Eating before going to bed
- ☐ Making yourself vomit after meals

Food Allergies: _____

Food Dislikes: _____

Foods You Crave: _____

Please check the list below if you eat at the specified times.

	DO YOU…	TYPICAL FOODS CONSUMED DURING EACH SPECIFIED TIME
	EAT BREAKFAST	
	EAT LUNCH	
	EAT DINNER	
	EAT BETWEEN MEALS	
	EAT AT NIGHT	
	EAT WHEN STRESSED	

ACTIVITY LEVEL (check only one)

- ☐ Inactive – No regular physical activity with a sit-down job
- ☐ Light activity – No organized physical activity during leisure time
- ☐ Moderate activity – Occasionally involved on activities such as weekend golf, tennis, jogging, swimming or cycling
- ☐ Heavy activity – Consistent lifting, stair climbing, heavy construction, or regular participation in jogging, swimming, cycling or active sports at least 3 times per week.
- ☐ Vigorous activity – Participation in extensive physical exercise for at least 60 minutes per session 4 times per week

BEHAVIOR STYLE (check only one)

- ☐ You are always calm and easygoing
- ☐ You are usually calm and easygoing
- ☐ You are sometimes calm with frequent impatience
- ☐ You are seldom calm and persistently driving for advancement
- ☐ You are never calm and have overwhelming ambition
- ☐ You are hard driving and can never relax