

Food History Questionnaire and Assessment

The following are questions about your typical eating pattern:

How many days per week do you eat? (Breakfast)_____ (Lunch)_____ (Dinner)_____

How often do you snack? () once daily () twice daily () three or more times daily

When do you usually snack?_____

Do you eat out? () Yes () No How often?_____

Type of restaurants?_____

Do you eat standing up? () Yes () No () Occasionally

Do you eat at the table? () Yes () No () Occasionally

Do you eat with others? () Yes () No () Occasionally

Do you eat in the car? () Yes () No () Occasionally

Do you set the table? () Yes () No () Occasionally

Do you engage in other activities when you eat? () Yes () No
If yes, what activities?_____

Do you feel you eat fast? () Yes () No

Do you hold a conversation when you eat? () Yes () No

Who usually prepares the food at home?_____

Do you cook? () Yes () No

Do you drink alcohol? () Yes () No

Number of drinks per week_____

Who usually does the grocery shopping?_____

Do you read labels? () Yes () No

What do you look for on labels?_____

Is there any member of your household on a special diet? () Yes () No

If yes, what special diet? _____

Are your menstrual periods regular? () Yes () No () NA

Would you like to change your eating habits? () Yes () No

If yes, please explain why? _____

Food Frequency

Check the Frequency The Following Are Consumed	Never or less than 1 time per week	1-2 times per week	3-7 times per week	More than once a day
Beef				
Sausage, bacon				
Lunchmeat-turkey, chicken				
Pork				
Poultry				
Poultry-prebreaded (nuggets)				
Poultry-fried				
Fish				
Fish-prebreaded (nuggets)				
Fish –fried				
Shellfish				
Beans, lentils, legumes				
Peanut butter				
Pizza				
Milk (type)				
Cream				
Cheese				
Cheese-Regular				
Cheese-Low Fat				
Cheese Non-fat				
Yogurt				
Ice cream				
Frozen Yogurt				
Eggs				
Oils				
Butter				
Margarine				
Vegetables				
Fruits				
Substitute foods (Soy products, Boca burgers)				

Check The Frequency The Following Are Consumed	Never or less than one time per week	1-2 times per week	3-7 times per week	More Than Once A Day
Fruit Juice				
Breads				
Cereals				
Pasta, noodles, rice				
Potatoes				
Commercial baked goods (cakes, pies, pastries, muffins)				
Cookies-Regular				
Soft drinks-Regular				
Soft drinks-Diet				
Snack crackers				
Nuts and Seeds				
Potato chips or Corn chips				
Sherbets and Ices				
Candy				
Frozen Meals				
Chinese food				
Fast food				
List other foods you eat not mentioned:				

Thanks you for taking time to fill out this questionnaire.
Please bring it with you to the initial nutrition consultation appointment.
I look forward to helping you reach your nutrition and health goals.