

# NUTRITION QUESTIONNAIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medical History

Please check if you or a family member has a history of any of the following conditions:

Condition	Family	Self	Condition	Family	Self
Anemia			Kidney Disease		
Blood Clots/Clotting Difficulty			Obesity		
Cancer			Osteoporosis		
Diabetes			Ulcer Disease		
Eating Disorder			Urinary Tract Infections		
High Blood Pressure			Hyperparathyroidism		
High Cholesterol			Other:		

Please indicate by check mark if you have any of the following problems/concerns:

Constipation     Diarrhea     Heartburn     Nausea  
 Vomiting     Weight loss     other (please list): \_\_\_\_\_

What is your current weight? \_\_\_\_\_ pounds

What would you consider to be your "normal" weight? \_\_\_\_\_ pounds

What is the weight you would like to be? \_\_\_\_\_ pounds

Height: \_\_\_\_\_ feet/inches

Please identify any health conditions you have:

\_\_\_\_\_

\_\_\_\_\_

Have you ever had your Body Fat % tested before? \_\_\_\_\_ YES    \_\_\_\_\_ NO

If yes, when was it tested and what were the results? \_\_\_\_\_

Have you ever had your thyroid checked before? \_\_\_\_\_ YES    \_\_\_\_\_ NO

If yes, when was it tested and what were the results? \_\_\_\_\_

Please list all medications/vitamins/minerals/supplements you are currently taking:

Name	Dosage	Frequency	Prescribed by (as appropriate):

## Nutrition History

I eat \_\_\_ meals per day: 1 2 3 4 5 6 +6

Please indicate by check mark if you follow any special diet:

\_\_\_ Carbohydrate restricted    \_\_\_ Fat restricted    \_\_\_ Vegan    \_\_\_ Vegetarian  
\_\_\_ Weight loss    \_\_\_ Sodium restricted    \_\_\_ Macrobiotic    \_\_\_ Other: \_\_\_\_\_

If you follow a special diet, whom recommended it and why? \_\_\_\_\_

Please list any known food allergies:

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Please list any cravings you are currently experiencing:

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Which of the following best describes your alcohol usage:

- \_\_\_ I never drink alcohol.  
\_\_\_ I currently drink occasionally ( $\leq 1$  time a week).  
\_\_\_ I drink 2 to 3 days of the week.  
\_\_\_ I drink 4 to 5 days of the week.  
\_\_\_ I drink +5 days of the week.

If you drink currently, how many drinks on average do you have at one time? \_\_\_\_\_

Please list the times of day and the foods you typically eat at each meal:

	Time of Day	Foods Typically Eaten
Breakfast:		
Lunch:		
Dinner:		
Snacks:		

How many times per week do you eat at a restaurant (including fast food)? \_\_\_\_\_ times per week

Please, list any specific questions or concerns you may have regarding nutrition:

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## Exercise History

How often do you engage in physical activity?

Type of Activity:	Total Minutes in One Session:	Times per Week:

If you currently exercise, for how long have you been exercising regularly ( $\geq 2$  times a week)? \_\_\_\_\_

If you are not currently on an exercise regiment, are you interested in starting one? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there any other additional information that you believe is important for us to know?

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I certify that all the information I have provided above is accurate and complete to the best of my knowledge as of the date of my signature below. I agree to accept responsibility for omissions regarding my failure to disclose any past or currently existing health/medical conditions. In addition, I acknowledge receiving Nutrition Specialists, LLC and Budding Baby’s HIPPA Privacy Notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please complete this 3-day food diary depicting all food and beverage intake, providing as much detail as possible.

## Food Diary Day 1

Time of Day	Meal Eaten	Food Eaten (please be specific including amounts, types of food, etc.)
Sample Record		
8:30 am	Breakfast	1 ½ cup Chocolate Chex with ½ cup 2% milk
		1 cup regular coffee with 2 Tbsp half and half and 1 Tbsp sugar
		1 homemade cinnamon bun (about size of my fist)
		2 slices bacon
	Breakfast	
	Lunch	
	Dinner	
	Snack	
	Snack	
	Snack	
	Other	

## Food Diary Day 2

Time of Day	Meal Eaten	Food Eaten (please be specific including amounts, types of food, etc.)
Sample Record		
8:30 am	Breakfast	1 ½ cup Chocolate Chex with ½ cup 2% milk
		1 cup regular coffee with 2 Tbsp half and half and 1 Tbsp sugar
		1 homemade cinnamon bun (about size of my fist)
		2 slices bacon
	Breakfast	
	Lunch	
	Dinner	
	Snack	
	Snack	
	Snack	
	Other	

## Food Diary Day 3

Time of Day	Meal Eaten	Food Eaten (please be specific including amounts, types of food, etc.)
Sample Record		
8:30 am	Breakfast	1 ½ cup Chocolate Chex with ½ cup 2% milk
		1 cup regular coffee with 2 Tbsp half and half and 1 Tbsp sugar
		1 homemade cinnamon bun (about size of my fist)
		2 slices bacon
	Breakfast	
	Lunch	
	Dinner	
	Snack	
	Snack	
	Snack	
	Other	