

Client Nutrition Questionnaire - Qualcomm Health Center

Last Name _____ First Name _____ Age _____

Employee ID _____ Height _____ Usual Weight _____ Goal Weight _____

Reason for visit with Nutritionist _____

I was referred by _____

A personal health goal of mine is _____

I am most interested in learning _____

My nutrition knowledge is:

very good good average not so good, I want to learn more

Have you ever had a consult with a dietitian or nutritionist? Yes No

Have you ever tried structured programs to lose weight? (Weight Watchers, Jenny Craig, etc.)

Yes No

Were you successful? Yes No

If yes, how much weight did you lose? _____

How long did you keep it off? _____

Have you ever tried your own plan or diet for weight loss? Yes No

If yes, how long? _____

How much did you lose? _____

Do you have any food allergies? Yes No Don't Know

If yes, what are you allergic to? _____

Do you have any food intolerances or strong dislikes? Yes No

If yes, to what specific foods? _____

Vitamins or Supplements I take: none or _____

How would you describe your exercise habits? Check all that apply:

___ I enjoy my exercise routine and usually stick to it

___ I want to improve my exercise habits but things get in the way

___ I really don't like to exercise

___ I have physical conditions that limit my exercise: _____

I Exercise: 0-2x/week

3-4x/week

5-7x/week

0-30 minutes/session

45-60 min./session

60+ min/session

The following questions relate to your typical eating habits:

How many meals do you eat daily? 3 2 1 5-6 small

Do you snack? No Yes - favorite snacks: _____

Do you drink alcohol? No Yes - how much? _____

I go out or take out meal (restaurant or fast food) _____ days/ week _____ days/month

I eat home cooked meals for dinner _____ days per week

Who does the shopping? _____ Cooking? _____

My lunch is usually from _____ p.m. to _____ p.m.

I often skip breakfast: Yes No

I travel often: Yes No

Do you ever eat for reasons other than hunger? Please check all that apply

___ relaxing/reward ___ upset ___ boredom ___ tired
___ stress/anxiety ___ social custom ___ other: _____

What foods would you describe as your staple foods (eat almost on a daily basis)

Circle the number of times per week you eat the following cuisines:

1 2 3 4 5 6 7	Traditional American
1 2 3 4 5 6 7	Italian
1 2 3 4 5 6 7	Mexican
1 2 3 4 5 6 7	Chinese/Japanese/Thai/Korean
1 2 3 4 5 6 7	Asian Indian
1 2 3 4 5 6 7	Indian Vegetarian
1 2 3 4 5 6 7	Other _____