NUTRITION QUESTIONNAIRE

Patient Printed Name _________________________________________

Please answer the following questions and bring to your first appointment with the dietitian.

GENERAL INFORMATION
☐ Undergraduate  ☐ Graduate  What are you studying? ________________________________

Family History: ☐ Diabetes  ☐ High Cholesterol  ☐ PCOS  ☐ Thyroid Issues
☐ Gluten Intolerance  ☐ Other ________________________________

Have you ever seen a dietitian before?  ☐ Yes  ☐ No  If yes, when? ________________________________

What questions do you have for the dietitian? ________________________________

Do you currently take any vitamins or supplements?  ☐ Yes  ☐ No
If yes, please list: ___________________________________________

Where do you live?  ☐ Residence halls  ☐ Off campus - alone  ☐ Off campus – with roommates
☐ Off campus – with family/spouse

Are you on a plan with dining services?  ☐ Yes  ☐ No
If yes, at what location(s) do you frequently dine? ________________________________

PHYSICAL ACTIVITY
Do you currently exercise?  ☐ Yes  ☐ No

What do you do for aerobic activity (e.g., walking, running, biking, exercise class)? ________________________________

How frequently do you exercise aerobically? _______ days/week for _______ minutes/day

How frequently do you strength train (e.g., weight lifting, machines, yoga)? _______ days/week
for _______ minutes/day

What do you do for leisure activities? ________________________________

Do you have any exercise limitations?  ☐ Yes  ☐ No
If yes, please describe: ___________________________________________

DIETARY HABITS
How would you rate your diet?  ☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor

(Continue on next page)
DIETARY HABITS, continued

Has your appetite changed within the past month? □ Yes □ No
If yes, please explain: ____________________________________________________________

Do you have any food allergies or food intolerances? □ Yes □ No If yes, please list: _____________________________

Have you ever been on a diet? □ Yes □ No
If yes, what diets have you tried? ______________________________________________________________

Are you currently following a special diet (e.g., low fat, low salt)? □ Yes □ No
If yes, what diet are you on? _______________________________________________________________

Have you ever purposefully restricted food intake and attained what you or others felt was an extremely low
or unhealthy weight? □ Yes □ No If yes, please explain: _____________________________________________

Have you ever vomited, used laxatives, fasted or exercised for long periods of time to lose weight? □ Yes □ No
If yes, please explain: _______________________________________________________________________

Do you consume an excessive amount of calories in a 2 hour period, to the point of being painfully full and
have negative emotions about it? □ Yes □ No If yes, please explain: __________________________________

Who prepares your meals? ________________________________________________________________

Where do you eat your meals? __________________________________________________________________

With whom do you eat your meals? __________________________________________________________________

Out of 7 days in a week, how many days do you skip breakfast? ______________________________________

How often do you drink soda? □ 1 or less/week □ 2-4/week □ 5-10/week □ 11+/week

How often do you drink other sweetened beverages (e.g., sweet tea, sugary coffee drinks)? □ 1 or less/week □ 2-4/week □ 5-10/week □ 11+/week

What is your daily water intake (cups)? □ 1 or less/day □ 2-4/day □ 5-8/day □ 9+/day

How often do you eat fast food or go to a restaurant? □ 0-1/month □ 2-3/month □ 1-2/week □ 3-4/week □ 5+/week


When you drink, on average, how many servings of alcohol do you drink in one sitting (1 serving = 12 oz
beer, 5 oz wine, 1 oz liquor)? __________________ serving(s)

Thank you for completing this questionnaire.

Dietitian Comments ________________________________________________________________

Dietitian Signature __________________________ Date __________________

Revised 3/2018

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