

Client Nutrition Questionnaire - Qualcomm Health Center

Last Name Doe First Name John Age 30
Employee ID 1000 Height 5'10 Usual Weight 190 Goal Weight 170
Reason for visit with Nutritionist Recent weight gain
I was referred by James Doe
A personal health goal of mine is Sleeping 8 hours a night
I am most interested in learning steps to losing fat

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? 2 months

How much did you lose? 10 lbs

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? Dairy

Vitamins or Supplements I take: none or vitamin D gummies

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: granola bar
Do you drink alcohol? No Yes - how much? _____

I go out or take out meal (restaurant or fast food) 5 days/ week _____ days/month
I eat home cooked meals for dinner 2 days per week
Who does the shopping? me Cooking? me
My lunch is usually from 12 p.m. to 4 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:

<u>1</u> 2 3 4 5 6 7	Traditional American
1 2 3 4 <u>5</u> 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 _____