



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

**List the 10 most commonly consumed foods / drink for each category**

Meal	10 Typical (list entrée, sides, vegetables, etc.)	How Much	Usual Drink and how much?	RDN Notes
<b>Breakfast</b>  Typically Large or small?  Do you skip? ____  How often? _____				
<b>Lunch</b>  Typically Large or small?  Do you skip  How often? _____				
<b>Dinner</b>  Typically Large or small?  Do you skip?  How often? _____				
<b>Snack(s)</b> List when and how often				

**Do you graze through out the day? \_\_\_\_\_ If yes, is this in addition to meals? Snacks**



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Have you made changes to your typical eating and drinking choices in the last 6 months? Yes / No

If yes, please list changes and what it was before:

When did you start gaining weight? (or losing weight unintentionally)

Highest adult weight \_\_\_\_\_ lbs When? \_\_\_\_\_ Lowest adult weight? \_\_\_\_\_ lbs When? \_\_\_\_\_

Every tried to lose weight? If yes, list all attempts and results:

Do you know how to cook? Yes / No If yes, what level? \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Do you have (please check) \_\_\_ refrigerator \_\_\_ refrigerator thermometer? \_\_\_ stove \_\_\_ oven \_\_\_ microwave  
\_\_\_ toaster kitchen sink separate from bathroom sink?

Are you budget restricted? \_\_\_\_\_ Rely on Food Stamps/WIC? \_\_\_\_\_ Have you ever skipped a meal  
because there wasn't enough food? \_\_\_\_\_

**Please answer the following questions based on diet and lifestyle **PRIOR** to any changes**

Most common cooking method(s): microwave toast bake steam boil sauté pan fry deep fry

What do you cook with? Oil / butter etc... Please list:

What condiments / sweeteners do you use often?

Do you add salt to your food? When? Cooking / at the table / both

How many meals are eaten out (fast food foods/restaurant)? \_\_\_\_\_ Days per week? \_\_\_\_\_

List the most common places you / your family eats out and what you usually eat and drink there:

When you eat out, what is the primary reason(s) for eating out rather than cooking at home?

Do you get hungry shortly after eating? \_\_\_\_\_ Do you nibble or snack without hunger? \_\_\_\_\_

How many days of movement/activity/exercise do you get? \_\_\_\_\_ How many minutes? \_\_\_\_\_

What are your preferred types of movement/activity/exercise?

Do you eat school breakfast? \_\_\_\_\_ N/A adult \_\_\_ Days per week? \_\_\_\_\_ School lunch? \_\_\_\_\_ Days per  
week \_\_\_\_\_ Are you able to make breakfast and or lunch at home? \_\_\_\_\_