



\*311\*

*place label here*

Name: \_\_\_\_\_  
 UIN: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Nutrition Information Questionnaire

Age: \_\_\_\_\_  Male  Female  
 Year in School:  1  2  3  4  Grad

What nutrition information would you like to learn today? Please specify: \_\_\_\_\_  
 \_\_\_\_\_

What changes are you willing to make to your meal plan in order to improve your health?  
 Please specify:

Eat more fruits and vegetables  Eat less fat  Balance calories with activity  
 Eat more whole grains  Read nutrition labels  None of the above

Do you have any health, medical or injury problems? Please specify: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently on any special diet (such as vegetarian, low fat, low calorie, low sodium)? \_\_\_\_\_  
 \_\_\_\_\_

What medications/vitamin/mineral or other supplements do you take regularly? \_\_\_\_\_  
 \_\_\_\_\_

Have you consulted a dietitian/nutritionist in the past?  Yes  No  
 If so, why? \_\_\_\_\_

What is your current height? \_\_\_\_\_ Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

Have you had any recent weight change?

Yes  No  Increase – Amount \_\_\_\_\_  Decrease – Amount \_\_\_\_\_

Where do you eat most of your meals? (Check no more than two boxes):

Apartment/House  Fast Food Restaurants, (Specify) \_\_\_\_\_  
 Sorority/Fraternity  Other Restaurants (Specify) \_\_\_\_\_  
 Residence Hall  Other (Please specify) \_\_\_\_\_

Which meals/snacks do you usually eat?

Breakfast  Snack  Lunch  Snack  Dinner  Snack

What is your favorite snack food? \_\_\_\_\_

How many times per week do you exercise? \_\_\_\_\_ How many minutes each time? \_\_\_\_\_

List any physical activities that you do: \_\_\_\_\_  
 \_\_\_\_\_

Do you smoke cigarettes?  Yes  No

Do you drink alcohol?  Yes  No

If yes, how much and how often?: \_\_\_\_\_

Please indicate which best describes you:

I experience much stress and often feel unable to cope with it.  
 I experience much stress and feel I am usually able to cope with it.  
 I experience average or low-levels of stress and cope with it well.

**(Please see the reverse side)**

*place label here*

Name:

UIN:

Date:

**Nutrition Information Questionnaire – page 2**

**Please write down what you eat on a normal day.**

| <b>Meals/Snacks</b>             | <b>Food</b> | <b>Amount Consumed</b> | <b>Beverage</b> | <b>Amount Consumed</b> |
|---------------------------------|-------------|------------------------|-----------------|------------------------|
| <b>Breakfast<br/>(Time)</b>     |             |                        |                 |                        |
| <b>Snack/Dessert<br/>(Time)</b> |             |                        |                 |                        |
| <b>Lunch<br/>(Time)</b>         |             |                        |                 |                        |
| <b>Snack/Dessert<br/>(Time)</b> |             |                        |                 |                        |
| <b>Dinner<br/>(Time)</b>        |             |                        |                 |                        |
| <b>Snack/Dessert<br/>(Time)</b> |             |                        |                 |                        |

Please list any other food/beverage that you consume often: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_