

<i>place label here</i>
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:

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Nutrition Information Questionnaire – page 2**Please write down what you eat on a normal day.**

Meals/Snacks	Food	Amount Consumed	Beverage	Amount Consumed
Breakfast (Time)				
Snack/Dessert (Time)				
Lunch (Time)				
Snack/Dessert (Time)				
Dinner (Time)				
Snack/Dessert (Time)				

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

Reviewed by _____ Date _____