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

<table>
<thead>
<tr>
<th>Meals/Snacks</th>
<th>Food</th>
<th>Amount Consumed</th>
<th>Beverage</th>
<th>Amount Consumed</th>
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<td>Snack/Dessert</td>
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Please list any other food/beverage that you consume often:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Reviewed by ________________________________ Date __________