

DIET & LIFESTYLE HISTORY

Name _____

Date _____

DESCRIBE 2 OR 3 EXAMPLES OF TYPICAL OR AVERAGE MEALS EATEN DURING A DAY:

AM Breakfast _____

Drink _____

Snack/Drink _____

NOON Lunch _____

Drink _____

Snack/Drink _____

Dinner _____

Drink _____

BED Snack/Drink _____

What foods do you crave? _____

What foods do you dislike? _____

What are your favorite foods? _____

What foods do you eat the most of? _____

ANSWER THE FOLLOWING QUESTIONS : D=Daily W=Weekly M=Monthly (rarely) N=None

How often do you drink: Juice _____ Soda _____ Coffee _____ Tea _____ Water _____ → # Glasses _____

How often do you eat: Fast Food _____ Chips _____ Fries _____ Sandwiches _____ Crackers _____

Cookies _____ Cakes _____ Donuts _____ Candy _____ Nuts (kind) _____

White Bread _____ Wheat Bread _____ Other Bread (List) _____

Pasta _____ Cereal _____ Oatmeal _____ Corn _____ Sugar _____ Honey _____

Butter _____ Margarine _____ Shortening _____ Sugar Substitute (brand) _____

Vegetable Oil _____ Canola Oil _____ Olive Oil _____ Other Oil (list) _____

Beef _____ Fish _____ Chicken _____ Turkey _____ Pork _____ Other _____

Fruit _____ Vegetables _____ if D: servings/day _____ Salads _____

Do you use alcohol (frequency/amount) _____ Do you use tobacco (frequency/amount) _____

How many hours per night do you sleep: _____ Do you fall asleep easily: _____ Do you wake refreshed: _____

Do you sleep through the night without waking: _____ Do you remember your dreams: _____

Describe your current exercise regimen, including frequency (ie. Walking, jogging, weights, machines, cardio, none, etc):

