

**1. How would you describe your present weight:**

- Extremely overweight
- Slightly overweight
- Average
- Overweight
- No weight problem
- Other

**2. Are you or have you ever been on a special diet:**

- Yes
  - No
  - If yes, what type of diet:
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**3. Do you have food allergies or intolerance to certain foods:**

- Yes
  - No
  - If yes, please list:
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**4.**

**What is your height:**

**What is your current weight:**

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**At what weight do you feel your best:**

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**5. What do you do for physical activity and how often:**

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**6. On average check off which meals you eat and the number of snacks daily:**

- Breakfast
  - Lunch
  - Dinner
  - # of snacks consumed daily
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**7. Check off the types of foods/beverages you consume at least 3 times per week:**

- Baked/broiled foods
- Convenience foods
- Fast food
- Gluten free snacks
- Large snack portions (fat free, lowfat or regular type)
- Low calorie convenience foods
- Restaurant meals

Salty foods or salty snacks

Second helpings

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**8. Check off as many moods that apply. Do you eat or snack when:**

Angry

Bored

Depressed

Happy

Stressed

Tired

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**9. How long does it take you to eat?**

Five minutes

Ten – twenty minutes

More than twenty minutes

**10. When is it difficult to control your intake: Check off all that apply:**

At work or during the daytime

At night

Social events

Weekends

Others (list)

**11. Your medical diagnosis/reason for appointment:**

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**12. List medications or send as separate list:**

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Please respond to the following based on current intake. How often do you eat/drink the following:

<b>Foods/Beverages</b>	<b>Rarely</b>	<b>Seldom: Or (once/week)</b>	<b>Sometimes: (1-3 x/week)</b>	<b>Often: (4-6 x/week)</b>	<b>More than (1 x/day)</b>
Beef, ground beef, lamb, pork, veal					
Sausage, bacon					
Chicken, turkey					
Turkey bacon or turkey sausage					
Fish					
Eggs, eggwhites, or eggbeaters					
2% or whole milk					
1%, 1/2% or skim milk					
Almond, oatmilk or soy beverage					
Cheese					
Yogurt					
Vegan proteins, vegetable burgers					
Vegetable/cheese pizza					
Sausage or pepperoni pizza					
Dried beans, legumes					
Peanut butter					
Fruit juice					
Fresh fruit or canned fruit in juice					
Fresh, frozen, or canned vegetables					
Gluten free snacks					
Potatoes, white or sweet					
Whole grains: breads, pastas, cereals					
Pasta, noodles, rice, white bread					
Margarine, and/or butter					
Mayonnaise and/or salad dressing					
Fried foods					
Desserts/sweets/candy/cookies/sugar					
Ice cream or frozen yogurt					
Energy bars or sports drinks					
Nuts					
Salty snacks, chips, pretzels					
Water					
Regular soda pop					
Diet soda pop					
Hot Tea					
Regular coffee & no. of cups/day					
Decaf coffee & no. of cups/day					
Alcohol					

