



NUTRITION QUESTIONNAIRE

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MS RD LD
Registered Dietitian

Name: _____

DOB: ____/____/____

Occupation: _____

Activity Level: Sedentary Moderate Active

Lowest Weight: _____

Highest Weight: _____

DIETS ATTEMPTED

- Weight Watchers Atkins Nutri System Quick Weight Loss
- Jenny Craig Cabbage Soup South Beach Grapefruit Diet
- Advocare Medifast Paleo Diet The Zone Diet
- Gluten Free Vegetarian Protein Shakes
- Doctor supervised: Explain Program: _____
Specify Medications Taken (if any): _____
- Other (Please Specify): _____

EATING HABITS

What do you typically eat for breakfast?: _____

For lunch?: _____

For dinner?: _____

How many times do you snack per day? (Please circle): 0 – 1 2 – 3 4 – 5 6 >

What snacks do you eat?: _____

What do you typically drink? (Examples: Water, Juice, Soda): _____

How many cups do you drink per day of each?: _____

DINING OUT

How many times do you dine out per week? (Please circle): 0 - 1 2 3 4 5 6 7 >

Where do you dine out?: _____

What foods are typically ordered?: _____