

**Mind Body Works**  
**Nutrition Consultation Questionnaire**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Usual Weight: \_\_\_\_\_

Please list any **medications** that you are taking: \_\_\_\_\_

Please list any **vitamins, minerals or herbal products** that you are taking: \_\_\_\_\_

Have you **gained** or **lost** weight in the past year? If so, how much and when? \_\_\_\_\_

What do you consider to be a healthy weight for you? \_\_\_\_\_ lbs.

When were you last at that weight? \_\_\_\_\_

Have you had any problems with lack of appetite, nausea, vomiting, diarrhea or constipation? \_\_\_\_\_

Do you have a history of eating disorders? If so, which type? \_\_\_\_\_

Are you following any special diet? (Ex. exchange lists, calorie counting, Atkins, carbohydrate counting, low cholesterol, low fat, low sodium, low protein, etc.?) \_\_\_\_\_

Is there a specific diet you would like to learn about? If so, which one? \_\_\_\_\_

How many times each week do you eat out (fast food, take-out, sit-down restaurants)?

1-2      3-4      5-7      8-10      11+ times per wk

What type of physical activities do you do regularly and how often? \_\_\_\_\_

(Ex.: walking, dancing, golf, swimming, cleaning house, gym, etc.)

If you are not currently physically active, what kind of physical activity could you see yourself doing?

\_\_\_\_\_

Do you often read food labels? Yes No Are you comfortable reading food labels? Yes No

Would you like to learn how? Yes No

How much fluid do you drink each day (ounces)? \_\_\_\_\_ water \_\_\_\_\_ soda (diet or regular) \_\_\_\_\_ juice

\_\_\_\_\_ coffee (decaf or caffeinated) \_\_\_\_\_ tea (decaf or caffeinated) \_\_\_\_\_ milk

\_\_\_\_\_ other (sweet tea, smoothies, sports drinks, etc.) please specify: \_\_\_\_\_

Do you drink alcohol? If so, how much and how often? \_\_\_\_\_

Describe your stress level: High Moderate Low Do you smoke? Yes No

How is your food intake/tolerance affected by stress? (check all that apply)

No effect eat more eat less irritable bowel/diarrhea

Do you ever eat when you're sad, lonely, stressed, bored, procrastinating, etc.? Yes No

## Mind Body Works

### Three Day Food Record

*A Food Record is the best tool for evaluating how well your diet supports your goals for health and performance. By taking a close look at the typical foods and beverages you consume, we will be better able to design a personalized meal plan that provides you with the energy and specific nutrients for optimum health and performance, enabling you to reach your potential.*

Please read the following instructions carefully and complete the **Three Day Food Record** according to the following directions. Record ***everything*** you eat and drink for **two weekdays** and **one weekend day** ***in the amounts*** you consumed them.

1. **Record** your foods and beverages *as soon as possible* after consuming them. Documenting your intake promptly will ensure the greatest accuracy.
  
2. **Be specific regarding the item consumed. Use brand names when you know them. For example:**
  - Was the item fresh, canned, frozen?
  - If canned or frozen, was it packed in water, oil, or syrup?
  - Bread or rolls - white, whole wheat, multigrain, rye?
  - Milk - regular or chocolate? Whole, 2%, 1%, Skim (fat-free), Soy, Almond, Rice?
  - How was it cooked? Baked, fried, grilled, broiled, steamed, etc.
  - In preparation, was anything added? Butter, oil, margarine, milk, eggs, etc.
  - If you eat food from a restaurant - fast food or sit-down style? Give its name.
  
3. **Portion *sizes* must be accurate.** Portion size will determine the nutrient content.
  - Use *standard* measures: cups, tablespoons, teaspoons, ounces
    - 3 oz meat = size a deck of cards
    - medium-sized apple, orange = size of a tennis ball
    - $\frac{1}{2}$  cup = the size of a tennis ball; the amount in an ice cream scoop
    - 1 cup = the size of a baseball
    - 8 oz fluid = 1 measuring cup of water, juice, milk
    - 20 oz = typical sports beverage bottle
  
4. Do not forget to include the amounts and brand names of **condiments, sauces, dressings, creamer, and other extras.**
  - Mayonnaise, light or regular?
  - Salad dressing, regular or low-fat?
  - Steak, cream, or tomato sauce added?



**Food Record**  
**Day 2**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Exercise Performed (type, duration, intensity): \_\_\_\_\_

Time	<u>Amount</u> and <u>Type</u> of Food or Beverage	Location/Feelings
Breakfast Time: _____		
Snack Time: _____		
Lunch Time: _____		
Snack Time: _____		
Dinner Time: _____		
Snack Time: _____		

**Food Record**  
**Day 3**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Exercise Performed (type, duration, intensity): \_\_\_\_\_

Time	<u>Amount</u> and <u>Type</u> of Food or Beverage	Location/Feelings
Breakfast Time: _____		
Snack Time: _____		
Lunch Time: _____		
Snack Time: _____		
Dinner Time: _____		
Snack Time: _____		