

EATING QUESTIONNAIRE



**WILD WOOD
FAMILY CLINIC, S.C.**

"HEALTHCARE FOR ALL AGES"

Patient Name	
Date of Birth	MRN

HOW WELL DO YOU EAT?

- I eat a well balanced, healthful diet.
- I am ready to make changes in my diet and would like help.
- I'm not sure if I am ready to change the way I eat but would like to talk about it

If one serving of food is the size of the palm of your hand...

How many servings of fruit or vegetables do you eat each day?

_____ 5 or more _____ 3-4 _____ 2 or less

How many servings of whole grains (whole grain bread, brown rice, oatmeal, etc.) do you eat each day?

_____ 3 or more _____ 2 _____ 1 or less

How many times a week do you eat lean protein like chicken, turkey or fish?

_____ 6 or more _____ 3-5 _____ 2 or less

How many times a week do you eat high fat foods like fried food, pastries or chips?

_____ 1 or less _____ 2-3 _____ 4 or more

How many times a week do you eat fast food meals or snacks?

_____ 1 or less _____ 2-3 _____ 4 or more

Who grocery shops?

Who prepares meals?

How many times do you eat meals out in restaurants per week?

_____ 1 or less _____ 2-3 _____ 4 or more

How often do you prepare meals at home?

_____ 1 or less _____ 2-3 _____ 4 or more

How much margarine, butter or meat fat (lard) do you use in your cooking or put on bread, potatoes or other vegetables?

_____ Rarely _____ Sometimes _____ Daily

How many sugary drinks do you drink each day? (regular soft drinks, sweet tea, coffee drinks, or fruit flavored drinks, juice)

_____ None _____ 1-2 _____ 3 or more

How many alcoholic beverages do you drink do you drink each week?

_____ None _____ 1-3 _____ 4 or more

How many glasses (8 ounces) of water do you drink daily?

_____ None _____ 1-2 _____ 3-5 _____ 6-8

How many times a week do you eat desserts or other sweets?

_____ 3 or less _____ 4-6 _____ 7 or more

Do you eat breakfast, lunch and dinner? What times do you eat?

How often do you eat when you are not hungry, for example out of habit or for emotional reasons?

_____ Rarely _____ Sometimes _____ Often

_____ All the time

What diet (s), dietary measures have you tried in the past?

List any other questions or concerns you might have:
