UW Medicine
NEIGHBORHOOD CLINICS

NUTRITION QUESTIONNAIRE

You have been referred to a Registered Dietitian (RD) for nutrition counseling. Please complete the forms and questions below. Please bring this with you to your appointment. Thank you for your help.

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____   **TODAY'S DATE:** _____

_____

USUAL FOOD CHOICES

Place a check in the column that describes how often you usually eat each food:

FOODS	Daily	Most Days	More than once a week	At times or seasonally	Rarely or never
Beverages:					
Milk					
Fruit juice					
Soda pop					
Beer, wine, or hard liquor					
Lemonade or Kool-Aid					
Sports drinks (GatorAde, etc)					
Coffee or tea					
Protein Foods:					
Beef, Chicken and Pork					
Lunchmeats (bologna, etc.)					
Fish					
Peanut butter					
Beans (limas, kidneys, etc)					
Tofu and other soy foods					
Yogurt					
Cheese, cottage cheese					
Eggs					
Carbohydrate foods:					
Bread, rolls, bagels					
Cereal (cold or hot)					
Noodles					
Rice					
Fruit:					
Fresh					
Canned					
Vegetables:					
Fresh or frozen					
Canned					
Others:					
Butter or margarine					
Oils					
Salad dressings, mayonnaise					
Nuts, potato or corn chips					
Donuts, pies, pastries					
Ice cream					

List 10 foods that you usually buy when you go to the grocery store:

What specific information would you like to learn during your visit with the dietitian?

_____

_____

Are you currently following a special diet? ..……………………………………………... ☐ Yes   ☐ No
   If yes, please describe: _____

_____

_____

Do you follow a regular exercise program? …………………………………………………... ☐ Yes   ☐ No
   If yes, please describe: _____

_____

_____

Please list, or bring to your appointment, any vitamin, herbal or mineral supplements that you take:

_____

_____

_____

FOOD RECORD

Please record the foods and beverages that you eat and drink for two days. Include as much information as you can about those foods, including how much you ate (in cups or tablespoons) and how it was prepared (baked, fried, grilled.)

Day #1, Date: _____					
Morning	Time: _____	Mid-Day	Time: _____	Evening	Time: _____

Day #2, Date: _____					
Morning	Time: _____	Mid-Day	Time: _____	Evening	Time: _____