

Nourish your body with whole foods and healthy practices and achieve a life in balance

## Eating \& Dietary Habits

Hello,
Please take a few minutes of your time to fill in the following questionnaire.

1. How many times a day do you eat? $\qquad$
2. What is your weekly food budget range? $\qquad$
3. Please answer the following according to your particular eating habits?


I experience feelings of hunger during the day: $\square$ Yes $\square$ Sometimes $\square$ No I eat meat: $\square$ Yes $\square$ Sometimes $\square$ No
I eat vegetables: $\square$ Yes $\square$ Sometimes $\square$ No
I eat fruit: $\square$ Yes $\square$ Sometimes $\square$ No
I eat dairy: $\square$ Yes $\square$ Sometimes $\square$ No
I eat sweets: $\square$ Yes $\square$ Sometimes $\square$ No
4. What meal would you consider to be your main meal of the day?

$\square$Breakfast $\square$ Lunch $\square$ Dinner
5. What does your main meal during the week consist of and how is it prepared?
$\square$ Fresh home-cooked produce, protein and carbohydrate
$\square$ Restaurant meal

$\square$
Pre-cooked, microwave or TV dinners
6. Have you been avoiding some foods for health reasons?
$\square$ No
$\square$ Yes (Please list)
7. Do you have any particular food allergies or intolerances?
$\square$ No
$\square$ Yes (Please list)
8. What is your weekly food intake frequency of the following food categories?

Sweet foods:
$\square$ Several times a day $\square$ Once a day $\square$ Several times a week $\square$ Never Salty foods:
$\square$ Several times a day $\square$ Once a day $\quad \square$ Several times a week $\quad \square$ Never
Fresh fruit:
$\square$ Several times a day $\square$ Once a day $\square$ Several times a week $\square$ Never
Fresh vegetables:
$\square$ Several times a day $\square$ Once a day $\square$ Several times a week $\square$ Never
9. What percentage of your regular diet consists of meat and meat products?
$\square 90 \%$ or more $\square 75 \% \quad \square 50 \% \quad \square$ 25\% $\square$ Less than $25 \%$
10. How much of your diet consists of vegetables and non-animal products?
$\square 90 \%$ or more $\square 75 \% \quad \square 50 \% \quad \square$ 25\% $\square$ Less than $25 \%$
11. Is there anything else that I should know about your food or diet preferences?

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[^0]:    A Nutrition Consultant does not diagnose or treat disease, but works in a complementary fashion to medical treatment as an educational adjunct. Kate is not a Doctor. Information offered is to be taken as a recommendation and not medical advice. Please consult your doctor before making any changes to your diet, lifestyle or medication protocol.

