

### Nutritional Questionnaire

N = Now -- P = Past -- B = Both

Put the proper letter beside the foods that you now or in the past have been DRAWN to. Please mark foods you really want(ed) or like(d) to eat. These may not necessarily be the foods you actually eat. If a food appears in more than one list, please mark it every time it appears.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Chinese Foods<br><input type="checkbox"/> Creamy Desserts<br><input type="checkbox"/> Creamy Dips<br><input type="checkbox"/> Foods w/sauces<br><input type="checkbox"/> French Fries<br><input type="checkbox"/> French Toast<br><input type="checkbox"/> Fried Foods<br><input type="checkbox"/> Ice Cream<br><input type="checkbox"/> Mexican Foods<br><input type="checkbox"/> Pizza<br><input type="checkbox"/> Rich Foods<br><input type="checkbox"/> Soda ___ oz./day<br><input type="checkbox"/> Spicy Foods<br><input type="checkbox"/> Whipped Cream<br><br><input type="checkbox"/> Water (non-carbonated) ___ oz./day | <input type="checkbox"/> Breads<br><input type="checkbox"/> Cakes/Pies<br><input type="checkbox"/> Chocolate<br><input type="checkbox"/> Coffee<br><input type="checkbox"/> Fruit<br><input type="checkbox"/> Honey<br><input type="checkbox"/> Pasta<br><input type="checkbox"/> Potatoes<br><input type="checkbox"/> Rice<br><input type="checkbox"/> Snacks<br><input type="checkbox"/> Starches<br><input type="checkbox"/> Sweet Breads<br><input type="checkbox"/> Sweets<br><input type="checkbox"/> Tea<br><input type="checkbox"/> Toast & Jam | <input type="checkbox"/> Aged Cheese<br><input type="checkbox"/> Bacon<br><input type="checkbox"/> Butter<br><input type="checkbox"/> Chips<br><input type="checkbox"/> Eggs<br><input type="checkbox"/> Fried Chicken<br><input type="checkbox"/> Garlic<br><input type="checkbox"/> Hamburger<br><input type="checkbox"/> Hot Dogs<br><input type="checkbox"/> Nuts<br><input type="checkbox"/> Olives<br><input type="checkbox"/> Peanuts<br><input type="checkbox"/> Pickles<br><input type="checkbox"/> Pork Chops<br><input type="checkbox"/> Salami<br><input type="checkbox"/> Salt<br><input type="checkbox"/> Steak | <input type="checkbox"/> Cereal<br><input type="checkbox"/> Cheese (hard/cream)<br><input type="checkbox"/> Cookies<br><input type="checkbox"/> Cottage Cheese<br><input type="checkbox"/> Cream Sauce<br><input type="checkbox"/> Dairy Products<br><input type="checkbox"/> Frozen Yogurt<br><input type="checkbox"/> Ice Cream<br><input type="checkbox"/> Milk<br><input type="checkbox"/> Whipped Cream<br><input type="checkbox"/> Yogurt |
|--|---|---|---|

Put the Proper letter beside the following problems -- N = Now -- P = Past -- B = Both

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Abscesses<br><input type="checkbox"/> Candidiasis<br><input type="checkbox"/> Celiac disease<br><input type="checkbox"/> Colitis<br><input type="checkbox"/> Ear Infections | <input type="checkbox"/> Gallbladder problem<br><input type="checkbox"/> Gingivitis<br><input type="checkbox"/> Gluten Intolerance<br><input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hives<br><input type="checkbox"/> Irritable Bowel<br><input type="checkbox"/> Low Blood Pressure<br><input type="checkbox"/> Milk Intolerance | <input type="checkbox"/> Psoriasis<br><input type="checkbox"/> Sinus Infection<br><input type="checkbox"/> Skin Eruptions<br><input type="checkbox"/> Sprue (Wheat intol) |
|--|--|--|---|

Check the following which best describes where you carry and/or gain weight.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Carry in hips & Thighs | <input type="checkbox"/> Carry evenly-soft body<br><input type="checkbox"/> Gain evenly - hold<br>in stomach | <input type="checkbox"/> Carry in upper body<br>especially the stomach (slim & trim or Heavy) | <input type="checkbox"/> Stay the same since teen |
|---|--|---|---|

Are you currently or have you ever been a vegetarian? \_\_\_\_\_ When: \_\_\_\_\_

How many bowel movements do you normally have in one day? \_\_\_\_\_ Describe: \_\_\_\_\_

Foods I like that don't like me are: \_\_\_\_\_

A Meal is not complete for me without (list: food(s), seasoning(s), etc.) \_\_\_\_\_  
 \_\_\_\_\_