

# DIET & LIFESTYLE HISTORY

Name \_\_\_\_\_

Date \_\_\_\_\_

## DESCRIBE 2 OR 3 EXAMPLES OF TYPICAL OR AVERAGE MEALS EATEN DURING A DAY:

AM Breakfast \_\_\_\_\_  
\_\_\_\_\_

Drink \_\_\_\_\_

Snack/Drink \_\_\_\_\_

NOON Lunch \_\_\_\_\_  
\_\_\_\_\_

Drink \_\_\_\_\_

Snack/Drink \_\_\_\_\_

Dinner \_\_\_\_\_  
\_\_\_\_\_

Drink \_\_\_\_\_

BED Snack/Drink \_\_\_\_\_

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What foods do you crave? \_\_\_\_\_

What foods do you dislike? \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

What foods do you eat the most of? \_\_\_\_\_

## ANSWER THE FOLLOWING QUESTIONS : D=Daily W=Weekly M=Monthly (rarely) N=None

How often do you drink: Juice \_\_\_\_\_ Soda \_\_\_\_\_ Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Water \_\_\_\_\_ → # Glasses \_\_\_\_\_

How often do you eat: Fast Food \_\_\_\_\_ Chips \_\_\_\_\_ Fries \_\_\_\_\_ Sandwiches \_\_\_\_\_ Crackers \_\_\_\_\_

Cookies \_\_\_\_\_ Cakes \_\_\_\_\_ Donuts \_\_\_\_\_ Candy \_\_\_\_\_ Nuts (kind) \_\_\_\_\_

White Bread \_\_\_\_\_ Wheat Bread \_\_\_\_\_ Other Bread (List) \_\_\_\_\_

Pasta \_\_\_\_\_ Cereal \_\_\_\_\_ Oatmeal \_\_\_\_\_ Corn \_\_\_\_\_ Sugar \_\_\_\_\_ Honey \_\_\_\_\_

Butter \_\_\_\_\_ Margarine \_\_\_\_\_ Shortening \_\_\_\_\_ Sugar Substitute (brand) \_\_\_\_\_

Vegetable Oil \_\_\_\_\_ Canola Oil \_\_\_\_\_ Olive Oil \_\_\_\_\_ Other Oil (list) \_\_\_\_\_

Beef \_\_\_\_\_ Fish \_\_\_\_\_ Chicken \_\_\_\_\_ Turkey \_\_\_\_\_ Pork \_\_\_\_\_ Other \_\_\_\_\_

Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ if D: servings/day \_\_\_\_\_ Salads \_\_\_\_\_

Do you use alcohol (frequency/amount) \_\_\_\_\_ Do you use tobacco (frequency/amount) \_\_\_\_\_

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How many hours per night do you sleep: \_\_\_\_\_ Do you fall asleep easily: \_\_\_\_\_ Do you wake refreshed: \_\_\_\_\_

Do you sleep through the night without waking: \_\_\_\_\_ Do you remember your dreams: \_\_\_\_\_

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Describe your current exercise regimen, including frequency (ie. Walking, jogging, weights, machines, cardio, none, etc):

\_\_\_\_\_  
\_\_\_\_\_