

A Healthy Weigh

Nutrition & Eating Habits Questionnaire

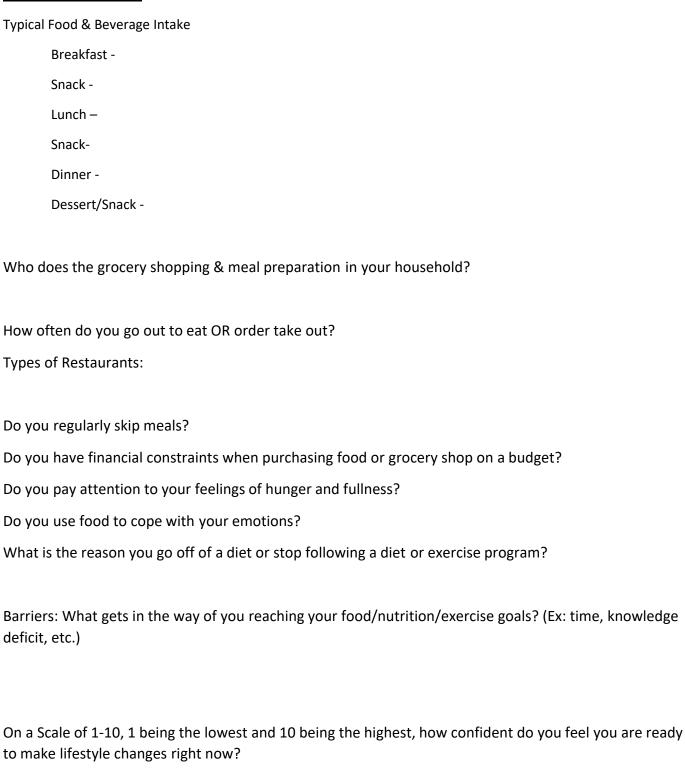
Name:	DOB:	Date:	
What is the most you have weighed	? pounds	What is your lowest weight as an adult?	pounds
What do you think is a realistic weig	ht for you?	pounds	
How many years has it been since yo	ou were at that	: weight? years	

List all vitamin/mineral/herbal supplements:

Have you tried any diets in the past? (If Yes, check which ones below and when.)

Type of Diet	✓ When?	Type of Diet	✓	When?
Diet Pills		Diet Programs		<u> </u>
✓ Acutrim		✓ Atkins Diet		1
✓ Belviq		✓ Beach Body Containers		
·		Program		ı
✓ Dexatrim		✓ Intermittent Fasting		1
✓ Diurex		✓ Jenny Craig		1
✓ Fen-Phen		✓ Ketogenic Diet		1
√ Hydroxycut		✓ LA Weight Loss		
 ✓ Orlistat (Ali or Xenical) 		✓ Medifast		
✓ Phentermine		✓ NutriSystem		1
✓ Saxenda		✓ Optavia		
Other:		✓ South Beach Diet		1
Liquid Diets		✓ Weight Watchers		1
✓ Ensure/Boost		Other:		
✓ Herbalife		Miscellaneous Diets		
✓ Juice Cleanse		✓ Dietary Approaches to		
		Stop Hypertension (DASH)		ı
		Diet (Low Sodium)		
✓ Metracal		√ High Protein		
✓ Optifast		✓ Low Calorie		
✓ Protein Shakes		✓ Low Carbohydrate		
✓ Shakeology		✓ Low Fat		l
√ SlimFast		✓ Military Diet		
Other:		✓ Mediterranean Diet		
Other Types of Weight Loss		✓ Portion Control		l
✓ Acupuncture		√ Vegan or Vegetarian Diet		
✓ Bariatric Surgery		Apps		l
✓ Curves		✓ Apple Health		
√ Hypnosis		✓ Fitbit		
✓ Lap Band		✓ Lose It		
✓ Met with a Dietitian		✓ MyFitness Pal		
✓ Overeaters Anonymous		✓ Noom		
Other:		Other:		

Eating Habits History



Physical Activity & Sleep History

Do you currently exercise?
Is there any reason you cannot exercise?
Types of Exercise: (check all that apply) Walking Aerobics Dance Running Cycling Team Sports Yoga Weight Lifting Swimming Tennis Racket Ball Rowing Hiking Rollerblade Pilates Kick Boxing/MMA Basketball Crossfit Other:
How often?
Duration:
Do you have difficulty falling asleep or sleeping through the night? How many hours of sleep do you get most nights?
What factors do you feel have contributed to your weight gain? (Ex: pregnancy, medication, injury, depression, etc.)
Is there anything else you want the Registered Dietitian to know or be aware of?