

NUTRITION INVENTORY

Name _____ Age _____
Today's date _____ Height _____
Occupation _____ Current weight _____
Work hours _____ Usual weight _____

Who prepares your meals? _____ For how many persons? _____
Do you eat at regular mealtimes? _____ Do you eat breakfast? _____
How many meals do you eat/day? _____ How many snacks? _____
Do you eat differently on weekends than on weekdays? _____
How many times do you dine out weekly? _____ Breakfast _____ Lunch _____ Dinner _____
What types of restaurants? _____
What do you drink with meals and in-between meals? _____
Do you drink alcoholic beverages? _____ What types? _____

Are you on any special diet, or have you been on one in the past? If so, please describe:

Do you have any health problems? _____
Do you have any food allergies/intolerances? _____
Do you exercise or are you active throughout your day? _____
What types of exercise do you prefer? _____ # times/week? _____

List all medications you take: _____
List all supplements you take: _____
List any surgeries you have had: _____

PLEASE GIVE BEST ESTIMATE OF WHAT YOU EAT ON A TYPICAL DAY:

<u>BREAKFAST</u>	<u>MIDMORNING SNACK</u>
Time: _____	
Place: _____	

<u>LUNCH</u>	<u>AFTERNOON SNACK</u>
Time: _____	
Place: _____	

<u>DINNER</u>	<u>EVENING SNACK</u>
Time: _____	
Place: _____	
