

Usual Eating Habits

1. Are there any foods you avoid due to intolerance, sensitivity, or allergy?

2. What are your goals for your nutrition consultation today? _____

3. Who cooks/prepares food in your home? _____

4. How often do you eat out each week? _____

5. Describe a typical days eating (time of day, what is eaten)

Time	Food/Beverage	Notes

6. If you eat differently on weekend vs. weekday, please describe alternate "typical day".

7. What do you think will be your greatest challenge in making changes in your food selection/eating habits _____

8. What do you hope to achieve by changing your eating habits? _____
