

Nutrition Clinic Questionnaire

Patient Name: _____

Date of Visit: _____

Please check the things the patient and family would be interested in discussing and changing now.

<p>Improving Nutrition</p> <ul style="list-style-type: none"><input type="radio"/> Increasing fruits and / or vegetable intakes<input type="radio"/> Reduce sugar sweetened beverages<input type="radio"/> Drink more water<input type="radio"/> Eat less fast food/ take out<input type="radio"/> Eat healthier snacks<input type="radio"/> Eat less sweets<input type="radio"/> Portion control<input type="radio"/> Try a cooking class<input type="radio"/> Picky Eating<input type="radio"/> Vegetarian or Vegan nutrition<input type="radio"/> Other: _____	<p>Poor appetite/ Weight concerns</p> <ul style="list-style-type: none"><input type="radio"/> Concerns for underweight<input type="radio"/> Concerns for overweight<input type="radio"/> Poor weight gain<input type="radio"/> Unplanned weight loss<input type="radio"/> Poor appetite<input type="radio"/> Other: _____
<p>Improving Relationship with Food</p> <ul style="list-style-type: none"><input type="radio"/> Overcome food fears<input type="radio"/> Binge eating<input type="radio"/> Restricting<input type="radio"/> Purging<input type="radio"/> Body image concerns<input type="radio"/> Anxiety surrounding food and eating<input type="radio"/> Other: _____	<p>Gastrointestinal/ Allergy</p> <ul style="list-style-type: none"><input type="radio"/> IBS<input type="radio"/> Constipation<input type="radio"/> Diarrhea<input type="radio"/> Managing Food allergies/ intolerances<input type="radio"/> Other special dietsOther: _____
<p>Physical Activity</p> <ul style="list-style-type: none"><input type="radio"/> Sports nutrition<input type="radio"/> Increase my weekly activity<input type="radio"/> Increase my daily activity<input type="radio"/> Try a new activity<input type="radio"/> Other: _____	<p>Mindful Practices</p> <ul style="list-style-type: none"><input type="radio"/> Learn about mindful eating<input type="radio"/> Eat more meals as a family<input type="radio"/> Improve my portion size<input type="radio"/> Slow down my eating and enjoy my food<input type="radio"/> Learn about hunger triggers and ways to manageOther: _____