**Nutrition Information Questionnaire**

<table>
<thead>
<tr>
<th>Age:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year in School:</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

What nutrition information would you like to learn today? Please specify:  

What changes are you willing to make to your meal plan in order to improve your health? Please specify:  
- [ ] Eat more fruits and vegetables  
- [ ] Eat less fat  
- [ ] Balance calories with activity  
- [ ] Eat more whole grains  
- [ ] Read nutrition labels  
- [ ] None of the above

Do you have any health, medical or injury problems? Please specify:  

Are you currently on any special diet (such as vegetarian, low fat, low calorie, low sodium)?  

What medications/vitamin/mineral or other supplements do you take regularly?  

Have you consulted a dietitian/nutritionist in the past?  
- [ ] Yes  
- [ ] No

If so, why?  

What is your current height?  
- [ ] Weight  
- [ ] Goal Weight

Have you had any recent weight change?  
- [ ] Yes  
- [ ] No  
- [ ] Increase – Amount  
- [ ] Decrease – Amount

Where do you eat most of your meals? (Check no more than two boxes):  
- [ ] Apartment/House  
- [ ] Fast Food Restaurants, (Specify)  
- [ ] Sorority/Fraternity  
- [ ] Other Restaurants (Specify)  
- [ ] Residence Hall  
- [ ] Other (Please specify)

Which meals/snacks do you usually eat?  
- [ ] Breakfast  
- [ ] Snack  
- [ ] Lunch  
- [ ] Snack  
- [ ] Dinner  
- [ ] Snack

What is your favorite snack food?  

How many times per week do you exercise?  
- [ ] How many minutes each time?  

List any physical activities that you do:  

Do you smoke cigarettes?  
- [ ] Yes  
- [ ] No

Do you drink alcohol?  
- [ ] Yes  
- [ ] No

If yes, how much and how often?:  

Please indicate which best describes you:  
- [ ] I experience much stress and often feel unable to cope with it.  
- [ ] I experience much stress and feel I am usually able to cope with it.  
- [ ] I experience average or low-levels of stress and cope with it well.

(Please see the reverse side)
Please write down what you eat on a normal day.

<table>
<thead>
<tr>
<th>Meals/Snacks</th>
<th>Food</th>
<th>Amount Consumed</th>
<th>Beverage</th>
<th>Amount Consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
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<tr>
<td>(Time)</td>
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<tr>
<td>Snack/Dessert</td>
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<tr>
<td>(Time)</td>
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<tr>
<td>Lunch</td>
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<tr>
<td>(Time)</td>
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<td>(Time)</td>
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Please list any other food/beverage that you consume often: ________________________________________________________________

Reviewed by __________________________ Date ____________