

Dietary Habits Questionnaire

The food that we eat is probably the single most important factor that determines whether we are healthy or ill. The goal of this survey is not to pass judgment, but instead to get an accurate idea of what you are eating and how it may (or may not) be contributing to your health problems. The more accurate and honest you can be in your responses, the more I will be able to help you make choices that support health and well-being.

Please answer all of the following questions. You can write your answers on another sheet of paper if you need more room to write.

1) Describe a typical breakfast (including what time you eat it) _____

2) Do you have a morning snack? Yes No Sometimes

3) Describe a typical lunch (including what time you eat it) _____

4) Do you have an afternoon snack? Yes No Sometimes

5) Describe a typical dinner (including what time you eat it) _____

6) Do you eat a bedtime snack? Yes No Sometimes

7) Do you eat dessert after: lunch? dinner? both? "I don't eat dessert."

Please describe what you eat for dessert _____

8) Do you wake up hungry in the middle of the night? Yes No Sometimes
If so, do you eat? Yes No Sometimes If yes, what do you eat? _____

Additional Comments _____
