



Nutrition Survey

1. How would you describe your current diet?
 - a. Poor
 - b. Fair
 - c. Good
 - d. Very good
 - e. Excellent

2. How is your body weight?
 - a. I am overweight
 - b. I am of normal weight, but am gaining weight
 - c. I am of normal weight
 - d. I am underweight
 - e. I am not sure

3. If you are overweight, how much weight would you like to lose? _____ pounds

4. What would you most like to change about your current diet?

5. What are the main reasons that you would like to change your diet?
 - a. Improved feeling after eating
 - b. Improved self-confidence
 - c. Improved health
 - d. Weight loss
 - e. Increased energy
 - f. Others (family, friends, others) want me to do so
 - g. Improved athletic performance
 - h. Strong family history of heart disease or diabetes
 - i. To encourage my children or other family members to adopt a healthier diet (to set a good example)
 - j. Other: _____
 - k. Other: _____

6. What diets or eating plans have you tried in the past, if any?

7. How many meals do you eat per day? _____
8. How many snacks do you eat per day? _____
9. How often do you exercise?
- Daily
 - 5-6 times a week
 - 3-4 times a week
 - 1-2 times a week
 - Rarely or never
10. If you currently exercise, how long do your sessions last?
- 10-15 minutes
 - 15-30 minutes
 - 30-45 minutes
 - 45-60 minutes
 - Longer than 1 hour
11. How many hours on average are you sleeping per night?
- <5 hours
 - 5-6 hours
 - 6-8
 - >8
12. How many times per night do you wake up?
- 0
 - 1-2
 - 3-5
 - >5
 - Rarely if ever
13. What specific habits or routines do you follow to prepare for bed?
- _____
 - _____
 - _____
 - _____
 - None at this time
14. What obstacles do you face when trying to improve your diet?
- Emotional or mental stress
 - A sedentary job/lifestyle
 - Lots of food at work
 - Difficulty finding time to prepare or eat nutritious food
 - An active social life
 - Frequent travel
 - Others not supporting, or actively hindering, your attempts to improve diet/health
 - Many work and family commitments
 - Health problems
 - Other: _____
15. What would help you to become more successful in your efforts?
- Keeping a food journal

- b. Sample menus
- c. Group classes or meetings
- d. Individual meetings with a registered dietitian
- e. Ideas for budget-friendly and healthy meal/snack ideas
- f. Ideas for better food choices when dining outside of the home
- g. Stress management tools
- h. An exercise plan
- i. Other: _____
- j. Other: _____
- k. Other: _____

16. What would you like to learn more about?

- a. Fiber/whole grains
- b. Fats—saturated, *trans*, omega-3, etc
- c. Intuitive eating/eating with awareness
- d. The Mediterranean diet
- e. Recipe modification and food preparation
- f. Calorie control
- g. Specialized diet for GI concerns
- h. Food labels and dietary claims
- i. Portion size
- j. Emotional eating
- k. Other: _____
- l. Other: _____
- m. Other: _____

17. Which ways do you learn best?

- a. Verbal instruction
- b. Visual aides
- c. Written handouts
- d. Video
- e. Other: _____

18. Are there any major food groups that you dislike or avoid because of preference, allergy, or personal beliefs (ie, meat, milk, fruits, vegetables, starches, etc)?

- a. Yes: _____
- b. No