



Are you currently enrolled in WIC?  YES  NO Food Stamps?  YES  NO

Do you have any special dietary needs or requirements of which you are aware? If so, what? \_\_\_\_\_  
Are you currently breastfeeding? \_\_\_\_\_

Are there particular foods that you absolutely hate and will not eat? What \_\_\_\_\_

Are there particular foods (or other things) that you crave? What \_\_\_\_\_

Are you allergic to any foods? \_\_\_\_\_ If so, what type of reaction do you have? \_\_\_\_\_

How many times do you eat MEAT	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat POULTRY	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat FISH	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat PORK (not cured)	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat BACON/HAM	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat EGGS	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat NUTS/SEEDS	_____ times per	DAY	WEEK	MONTH	___	Never
How many times do you eat BEANS	_____ times per	DAY	WEEK	MONTH	___	Never

Are the majority of the vegetables you eat daily:  Fresh  Frozen  Canned

Are the majority of the fruits you eat daily:  Fresh  Frozen  Canned

Which of the following do you have on a daily basis?  Cottage Cheese  Yogurt  Hard Cheese  Milk

Which of the following do you have on a weekly basis?  Cottage Cheese  Yogurt  Hard Cheese  Milk

Do you eat whole grain bread or white bread? \_\_\_\_\_ Do you eat white rice or brown rice? \_\_\_\_\_

Do you eat prepared breakfast cereals? If so, what \_\_\_\_\_ X per week? \_\_\_\_\_

Which fats/oils do you use regularly?  Lard  Butter  Shortening  Canola  Corn  Olive  Other \_\_\_\_\_

Which of the following sweeteners do you use?

Sugar  Aspartame (Equal, Nutrasweet)  Sweet-N-Low  Splenda  Stevia  None

Do you smoke? \_\_\_\_\_ How many cigarettes per day? \_\_\_\_\_ Are you exposed to second-hand smoke? \_\_\_\_\_

How many times per week do you drink: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Mixed Drinks/Hard Liquor \_\_\_\_\_

What supplements (vitamins, minerals, herbs, etc.) are you currently taking, including dose: \_\_\_\_\_

Is there anything else you think I need to know about your diet? \_\_\_\_\_

Do you believe you need to make any changes to your diet? \_\_\_\_\_ If so, what changes do you believe you should make? \_\_\_\_\_

Describe your idea of the "ideal" healthy meal, listing examples of foods you would include:

Breakfast	Lunch	Supper

What exercise do you get on a *daily* (5 + days per week) basis? \_\_\_\_\_

What exercise do you get on a *weekly* (2 - 4 times per week) basis? \_\_\_\_\_