

## NUTRITION QUESTIONNAIRE

Name \_\_\_\_\_

Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight Pre-pregnancy: \_\_\_\_\_ Today: \_\_\_\_\_ BMI: \_\_\_\_\_ Wt. Gain: \_\_\_\_\_

### EATING BEHAVIOR

1) Are you frequently bothered by any of the following?

(Circle all that apply)

Nausea                  Vomiting                  Heartburn                  Constipation

- |   |    |     |
|---|----|-----|
| 2) Do you skip meals at least three times a week?                                 | No | Yes |
| 3) Do you try to limit the amount or kind of food you eat to control your weight? | No | Yes |
| 4) Are you on a special diet now?   | No | Yes |
| 5) Do you avoid any foods for health or religious reasons?                        | No | Yes |

### FOOD RESOURCES

- |  |                          |              |
|--|--------------------------|--------------|
| 6) Do you have a working stove?                                      | No                       | Yes          |
| 7) Do you have a working refrigerator?                               | No                       | Yes          |
| 8) Do you sometimes run out of food before you are able to buy more? | No                       | Yes          |
| 9) Can you afford to eat the way you should?                         | No                       | Yes          |
| 10) Are you receiving any food assistance now?                       | No                       | Yes          |
| (Circle all that apply)  |                          |              |
| Food stamps  | School breakfast         | School lunch |
| WIC  | Donated food/commodities | CSFP         |
| Food pantry  | Soup kitchen             | Food bank    |
| 11) Do you feel you need help in obtaining food?                     | No                       | Yes          |

### FOOD AND DRINK:

12) Which of these did you drink yesterday?

(Circle and list servings of all that apply)

Soft Drink	Coffee	Tea	
Orange Juice	Grapefruit Juice	Fruit drink	
Milk	Kool-Aid	Water	
Beer	Wine	Alcoholic Drink	Other (List) _____

13) Which of these foods did you eat yesterday?

(Circle and list servings of each)

Cheese	Pizza	Macaroni and Cheese
Yogurt	Cereal with Milk	Tacos with Cheese
Enchilada	Lasagna	Cheeseburger
Other (List) _____		

Corn	Potatoes	Sweet Potatoes	Green Salad
Carrots	Collard Greens	Spinach	Turnip Greens
Broccoli	Green Beans	Green Peas	Other Vegetables _____

Apples	Bananas	Berries	Grapefruit
Melon	Oranges	Peaches	Other Fruit _____

Meat	Fish	Chicken	Eggs
Nuts	Seeds	Peanut Butter	Dried Beans

Cold Cuts	Hot Dog	Bacon	Sausage
Cake	Cookies	Doughnut	Pastry
Chips	French Fries	Other Fried Foods	_____

Bread	Rolls	Rice	Cereal
Noodles	Spaghetti	Tortillas	
Were any of these whole grain?			
		No	Yes

14) Is the way you ate yesterday the way you usually eat?

15) Do you exercise for at least 20 minutes three times a week?

What type of exercise do you enjoy? \_\_\_\_\_