

NUTRITIONAL PROFILE

HEIGHT _____ CURRENT WEIGHT _____

YOUR "IDEAL" WEIGHT _____

DO YOU EAT BREAKFAST? IF SO, WHAT DO YOU NORMALLY EAT?

DO YOU SNACK? IF SO, WHAT ARE YOUR TYPICAL SNACK FOODS?

DO YOU EAT AWAY FROM HOME FREQUENTLY (3 or more times/week)? IF SO, HOW OFTEN? _____

HAVE YOU EVER DONE A PROGRAM WITH LOW CALORIE DIET? IF SO, WHICH ONE(S) AND WHEN? _____

HOW MUCH CAFFINATED BEVERAGES DO YOU CONSUME DAILY?

HOW MANY ALCOHOLIC BEVERAGES DO YOU CONSUME DAILY? _____ WEEKLY? _____

DO YOU CURRENTLY SMOKE? _____ IF SO, HOW MANY PER DAY?

IF YOU CURRENTLY SMOKE, ARE YOU INTERESTED IN STOPPING? _____

DID YOU EVER SMOKE? _____ IF SO, WHEN DID YOU STOP SMOKING? _____

IN THEY LAST 24 HOURS, WHAT HAVE YOU EATEN FOR: (include time of day and portion sizes along with any and all beverages)

BREAKFAST

SNACK _____

LUNCH _____

SNACK _____

DINNER _____

SNACK _____

Name _____ Date _____

COMMENTS: