NUTRITION QUESTIONNAIRE

SIU SOUTHERN ILLINOIS UNIVERSITY CARBONDALE STUDENT HEALTH SERVICES

Please complete this form in black or blue ink and bring it with you to your appointment.
If you have any questions about completing the form call Student Health Services 618-453-3311.

Name:_____ Dawg Tag_____

What is the reason for your visit? _____
_____

What specific nutrition information do you want to learn for this? _____
_____

How do you view your diet/eating habits?____Good____Fair____Poor_____

Are you willing to make changes in your current habits?___Yes___No If yes check items that apply.

___ Eat more fruit/vegetables ___ Eat less salt /sodium ___ Eat healthier snacks ___ Other
___ Decrease sweet drinks ___ Drink less alcohol ___ Cook more/eat out less _____
___ Decrease fatty foods ___ Drink more water ___ Be more active _____
___ Eat more whole grains ___ Eat regular meals ___ Read food labels _____

Do you or have you ever followed a special diet or eating habits? ___ No ___Yes (please check/list)
___ Religious reasons ___ Vegetarian___Weight loss/gain ___Allergies___ Other_____

Do you have any food allergies? ___No ___Yes (list) _____

Do you have any medical conditions? ___No___ Yes (list)_____

List any medications, herbs, supplements, vitamin/minerals you take _____
_____

Age: _____ Sex at Birth (to calculate calorie needs) ___ Female ___ Male

Please list your highest and lowest adult weight _____

Current Height: _____ Weight: _____ Recent weight gain/loss: _____

Describe your appetite. ___ Good ___Fair___ Poor Is food cost an issue? ___Yes ___No

What meals do you usually eat each day? ___Breakfast___Snack__Lunch___Snack___ Dinner___Snack

Where do you live? ____On campus ____ Off campus_____

Where do you eat? ____Residence Hall ____ House/Apartment ____ Sorority/Fraternity ___ Eat Out

Do you do most of the shopping and cooking? ___Yes ___No How often do you eat out? ____X week

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How many beverages do you drink a day? _____

Do you drink alcohol? ___ No___ Yes Kind_____ Frequency_____

Do you use tobacco? ___No ___Yes Kind _____ Frequency_____

Do you feel you handle stress in a healthy manner? _____Yes ____Most days ____ Seldom

Do you do regular exercise? ____No____Yes_____

Frequency_____Duration_____

Please list what you eat and drink for 3 days and try to include a weekend day to capture the variation in your diet. Thanks!

Meals/Snacks	Food	Amount	Drink	Amount

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Meals/Snacks	Food	Amount	Drink	Amount

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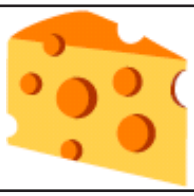
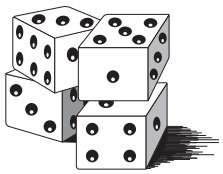
Seven Ways to Size Up Your Servings

Measure food portions so you know exactly how much food you're eating.
When a food scale or measuring cups aren't handy you can still estimate your portion.
Remember:

1	3 ounces of meat is about the size and thickness of a deck of playing cards.		=	
2	A medium apple or peach is about the size of a tennis ball.		=	
3	1 ounce of cheese is about the size of 4 stacked dice.		=	
4	½ cup of ice cream is about the size of a racquetball or tennis ball.		=	
5	1 cup of mashed potatoes or broccoli is about the size of your fist.		=	
6	1 teaspoon of butter or peanut butter is about the size of the tip of your thumb.		=	
7	1 ounce of nuts or small candies equals one handful.		=	

Standard Residence Hall Serving Sizes

Chili, soups, stews	1 cup	Pasta dishes	1 cup
Rice, noodles, cooked cereal	½ cup	Meat	3-4 ounces
Egg, tuna salad	1/3 cup	Potatoes (mashed, au gratin)	¾ cup
Vegetables	½ cup	French fries	15 fries
Macaroni and cheese	¾ cup	Scrambled eggs	2 eggs
Pancake	2		