Registered Dietitian Intake Questionnaire

**Section 1. Personal Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. Reason to see the Dietitian**

1. Whose idea was it for you to see the Dietitian?

󠄑My idea 󠄑My Doctor 󠄑My Doctor and I 󠄑My spouse/family

1. Is this your first time seeing a dietitian? 󠄑 󠄑󠄑 Yes 󠄑No

If no, what was your reason for seeing a dietitian in the past?

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1. What is the **current** reason you would like to see a dietitian?

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1. If weight loss was mentioned in your answer above, please answer the following questions: (Please move to section 3 if weight loss is not a goal).

Please complete the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| Current weight: |  | Height: |  |
| Heaviest adult weight: |  | At age: |  |
| Lowest adult weight: |  | At age: |  |

1. At what weight do you feel most comfortable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you tried to lose weight or make lifestyle changes in the past? 󠄑Yes󠄑 󠄑No

If yes, please describe (i.e. specific diet, how long ago, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does food provide comfort to you when you feel stressed, bored, sad, anxious or another emotion? 󠄑Yes󠄑 󠄑No

**Section 3. Meal Planning**

1. Who prepares your meals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who does the grocery shopping? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How often do you eat at restaurants or fast food? \_\_\_\_\_\_\_\_times/week \_\_\_\_\_\_\_\_times/month
4. What do you usually order? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you find it difficult to eat well? 󠄑Yes󠄑 󠄑No

If yes, please describe why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you take any vitamin, mineral or herbal supplements? 󠄑Yes󠄑 󠄑No

If yes, please list supplements below and complete the chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplement** | **Dose** | **How often** | **Reason** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 4. Food Tolerance**

1. Do you have problems with any of the following? Check all that apply.

󠄑 Nausea 󠄑 Vomiting 󠄑 Chewing/swallowing

󠄑 Heartburn 󠄑 Diarrhea 󠄑 Constipation

󠄑 Gas 󠄑 Appetite 󠄑 Feeling faint or weak

1. Do you have any food allergies or food intolerances? 󠄑Yes󠄑 󠄑No

Please list any foods to which you have a reaction, indicate if it is an allergy of intolerance and describe what happens (*e.g.* anaphylaxis, hives, bloating)

|  |  |  |  |
| --- | --- | --- | --- |
| **Food** | **Allergy** | **Intolerance** | **What happens?** (*e.g.* anaphylaxis, rash, GI upset, *etc.*) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 5. Physical Activity and Exercise**

1. Which of the following best describes your level of physical activity and exercise?

󠄑 Inactive – seated or reclined most of the day, some household chores

󠄑 Minimally active – household chores, light walking less than 30 minutes per day

󠄑 Moderately active – walking, heavy yard work, more than 30 minutes per day

󠄑 Very active – Intense exercise 5-6 days per week plus daily walking, chores, etc.

1. Do you find it difficult to be active? 󠄑Yes󠄑 󠄑No
2. Do you find it difficult to exercise? 󠄑Yes󠄑 󠄑No

If yes, please describe why: (e.g. pain, time, motivation, other)

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**Section 6. Readiness to Change**

1. Please choose the statement that best describes your current level of motivation regarding lifestyle habits (i.e. nutrition, physical activity)

󠄑 I am not ready to spend 30 min everyday to improve my lifestyle habits.

󠄑 I can probably spend 30 min everyday to improve my lifestyle habits.

󠄑 I will spend 30 min everyday to improve my lifestyle habits.

󠄑 I will spend more than 30 min everyday to improve my lifestyle habits.

1. On a scale of 1 to 10 (with 1 being not at all confident and 10 being extremely confident), how would you rate yourself on your ability to make positive changes to your eating and exercise habits? (circle one)

1 2 3 4 5 6 7 8 9 10

1. Is there anything else you would like the Dietitian to know?

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Thank you for completing the questionnaire!