





1005 Medical Center Rd,  
Sharbot Lake, ON  
K0H 2P0

### **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? Yes No

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

6. Do you take any vitamin, mineral or herbal supplements? Yes 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.

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Nausea    | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Chewing/swallowing    |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation          |
| <input type="checkbox"/> Gas       | <input type="checkbox"/> Appetite | <input type="checkbox"/> Feeling faint or weak |

2. Do you have any food allergies or food intolerances? Yes No

Please list any foods to which you have a reaction, indicate if it is an allergy or 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.

2. Do you find it difficult to be active?     Yes     No

3. Do you find it difficult to exercise?     Yes     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.



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2. 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

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

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Thank you for completing the questionnaire!