

4. On average, how many servings of vegetables do you eat each day? _____
5. On average, how many times a week do you eat a high-fiber breakfast cereal? _____
6. How many times a week do you eat red meat (beef, lamb, veal) or pork? _____
7. How many times a week do you eat chicken or turkey? _____
8. How many times a week do you eat fish or shellfish? _____
9. How many hours of television do you watch every day? _____
 Do you usually snack while watching television? Yes _____ No _____
10. How many times a week do you eat desserts and sweets? _____
11. What types of beverages do you usually drink? How many servings of each do you drink a day?

Water _____	Milk:	Alcohol:
Juice _____	Whole milk _____	Beer _____
Soda _____	2% milk _____	Wine _____
Diet soda _____	1% milk _____	Hard liquor _____
Sports drinks _____	Skim milk _____	
Iced tea _____		
Iced tea with sugar _____		

From The AAFP, *Taking a Nutrition History: A Practical Approach for Family Physicians*. March 15, 1999

3. Are you currently on a special diet? Please describe:

4. How would you describe your relationship with food? (Do you have rigid rules about food? Do you feel guilty about eating? Are you preoccupied with food? Do you binge?)

5. What makes you choose food that is unhealthy for you?

6. What makes you keep eating when you know you should stop?

7. What makes you avoid eating when you know you should eat?

8. What are your goals for this visit?
