

Dietary Habits Questionnaire

The food we eat is probably the single most important factor determining whether we are healthy or ill. The goal of this survey is not to pass judgment, but instead to get an accurate idea of what you're eating and how it may (or may not) be contributing to your health problems. The more accurate and honest you can be in your responses, the more I will be able to help you make choices that support health and well-being.

1) Describe a typical breakfast (including what time you eat it).

2) Do you have a morning snack? \Box Yes \Box No \Box Sometimes

3) Describe a typical lunch (including what time you eat it).

4) Do you have an afternoon snack? Yes No Sometimes



5) Describe a typical dinner (including what time you eat it).

6) Do you eat a bedtime snack? \Box Yes \Box No \Box Sometimes

7) Do you eat dessert after: \Box lunch? \Box dinner? \Box both? \Box "I don't eat dessert." *Please describe what you eat for dessert.*

8) Do you wake up hungry in the middle of the night? If so, do you eat? What do you eat?

Additional Comments