

Nutrition Peer Counseling
UC Davis Campus Recreation

Nutrition & Health Questionnaire for Nutrition Consultation

Date _____

Name _____

Email _____

Please answer these questions about your current eating pattern. Bring the completed paper with you to the nutrition consultation appointment.

How many times a day do you typically eat?

How often do you consume fruit (can include fresh, frozen, dried and canned)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you drink juice? Is it 100% juice?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume dark-green vegetables (broccoli, kale, spinach, romaine, etc.):

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume red and orange vegetables (carrots, tomatoes, sweet potatoes, etc.)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume beans and peas (legumes)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume savory snack foods (chips, crackers, salty snacks)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume sweet snack foods?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume cakes, cookies, pies or ice cream?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume refined grains (e.g. sugared cereals, white bread/bagel, pasta)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume whole grains (popcorn, brown rice, oatmeal, whole grain bread)?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume seafood or fish?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume meat, poultry, or eggs?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume nuts, seeds, or soy products?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume milk (and what type)?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume cheese?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume yogurt (and what type)?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you consume sweetened beverages?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you drink water?
Every meal 1/day 2-4/week 1/week 1-3/month rarely

How often do you drink alcohol?
<1 drink/week 1-4 drinks/wk 5-8 drinks/wk 9-13 drinks/wk >13 drinks/wk never

Do you feel that your current eating pattern sets you up to succeed with your goals?

Thank you for taking the time to provide this information.