



Personal Profile of Nutrition and Exercise

FOOD CHOICES & EATING HABITS

Do you take vitamins: multivitamin calcium vitamin D omega-3

Your source of fiber: bran cereal fresh fruits and veggies beans other _____

Are you generally hungry: before you eat or **do other things tell you it's time to eat?**

How regular are you in what and when you eat: very regular pretty regular **irregular**

Breakfast: every day most days **usually not**

What you usually eat: _____

Portions: large moderate small Afterwards you are: stuffed just right still hungry

Situation: eat it alone with others Speed: fast moderate slow

Fast food: **often** occasionally rarely/never Eat in front of TV? **usually** sometimes never

Midmorning snack: every day most days usually not Portion: **large** small contents: _____

Lunch: every day most days **usually not**

What you usually eat: _____

Portions: **large** moderate small Afterwards you are: **stuffed** just right still hungry

Situation: eat it alone with others Speed: fast moderate slow

Fast food: **often** occasionally rarely/never Eat it in front of TV? **usually** sometimes never

Mid-afternoon snack: every day most days usually not Portion: **large** small contents: _____

Dinner: every day most days **usually not**

What you usually eat: meat green veggies yellow veggies fruit pasta potatoes other _____

Portions: **large** moderate small Afterwards you are: **stuffed** just right still hungry

Compared to breakfast and lunch: **much larger** somewhat larger about the same size

Situation: eat it alone with others Speed: fast moderate slow

Fast food: **often** occasionally rarely/never Eat it in front of TV? **usually** sometimes never

Evening snack: every day most days usually not Portion: **large** small contents: _____

Desserts: Lunch: often occasionally rarely/never Dinner: often occasionally rarely/never

Fast food restaurant _____ times per week

Fill in below amount you eat per week (not much = 0; some = +; pretty much = ++; a lot = +++)

Regular sodas _____ Diet sodas _____ Juice _____ Ice cream _____ French fries & chips _____ Candy _____

White bread _____ Pasta _____ Crackers _____ Tortillas _____ Milk _____ (**whole** 2% 1% skim)

What if any problems do you think you have with your food choices and eating habits? _____

EXERCISE

How do you get your exercise? _____

How many times a week do you exercise more than 20 minutes straight? _____

TV, computer, video games: _____ hours per day

PE activities in school: _____ minutes each time _____ days per week What do you do in PE? _____

Walking per day (for example, to and from school): often occasionally **rarely/never**

Climbing stairs and other daily routine exercise: often occasionally **rarely/never**

How often do you get aerobic exercise (huff and puff?) often occasionally **rarely/never**

Sports you play: _____

Regular times that you exercise (for example, team practices): _____

What if any problems do you think you have with your exercise? _____

FAMILY HISTORY

high blood pressure: y n heart disease: y n high cholesterol: y n overweight: y n diabetes: y n

Name: _____ DoB: _____ Age: _____

Date: _____ **NUTRITION & EXERCISE QUESTIONNAIRE** Parent or Patient Signature: _____