

## Nutrition History

Are you open to discussing your nutrition with your health care provider? YES/ NO

If YES, please answer the following questions to the best of your ability:

How do you feel about your current eating habits?

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Triggers for eating (circle all that apply): stress, hunger, boredom, cravings, time of the day,  
other: \_\_\_\_\_

Barriers to healthy eating (circle all that apply or write N/A): financial, lack of cooking skills, lack of time,  
access to healthy foods, cultural/familial, other: \_\_\_\_\_

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Current or past history of disordered eating: binge eating, bulimia, night eating syndrome, sleep eating,  
anorexia,  
other: \_\_\_\_\_

Do you feel out of control with your eating? If so, how many times a week do you feel this way?

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Nutrition plans used in the past:

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Food Preferences including cultural/ ethical considerations:

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Food allergies/ intolerances:

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Rate your nutrition knowledge from 0-5 (0 = very limited knowledge, 5 = expert knowledge): \_\_\_\_\_

Who prepares most of the food you eat? \_\_\_\_\_

Who does the grocery shopping at your home? \_\_\_\_\_

## Nutrition History

Time	Typical Food and Beverages Consumed	Place consumed (home, work, car)