EATING STYLE QUESTIONNAIRE

Have you ever been on a diet? If yes, please answer the following questions:

How many diets have you been on in the last two to three years? _______________

Describe the diets you have tried. Did you go to a commercial weight loss service (Adkins, The Zone, Body For Life, Jenny Craig, Diet Center, Weight Watchers, etc.)? Did you follow a diet from a magazine article or book? If yes, which one?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Describe your experience with diets? Did you lose weight? Did you gain any of it back? Did you have your body fat tested while you were on the diet? Did you feel tired or irritable? How long were you on your diet before stopping? Why did you stop your diet?
_____________________________________________________________________________________
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_____________________________________________________________________________________
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FOOD:

___ Yes  ___ No   Do you eat breakfast?

What would a typical breakfast be?
_____________________________________________________________________________________
_____________________________________________________________________________________

________________________

How many times a day do you eat? ______________________________________________________

___ Yes  ___ No   Can you recall ever eating because of distress? If so, when was this?
_____________________________________________________________________________________
_____________________________________________________________________________________

___ Yes  ___ No   Do you ever eat when you are NOT hungry? Is so, when?
_____________________________________________________________________________________
_____________________________________________________________________________________

How often do you read labels on food packages?
_____________________________________________________________________________________
_____________________________________________________________________________________
Do you understand how to read labels on food packages?

___ Yes ___ No

Do you ever “reward” yourself with food? If so, when, why and with what type of food?

What sources of information do you utilize to gain information about nutrition? What have you found to be most helpful?

___ Yes ___ No

Do you take a multi-vitamin?

___ Yes ___ No

Do you know what foods are classified as proteins, carbohydrates, and fats?

What is your attitude towards food?

How much alcohol do you consume on a weekly basis? What type of alcohol do you consume?

How much water do you usually consume on a daily basis?