

NUTRITION QUESTIONNAIRE

NAME AND SURNAME:

1. Sex: Male Female

2. Weight: _____ kg

3. Height: _____ meters

4. Age: _____ yr.

5. Health issues:

6. Medications:

7. Nutritional supplements:

8. How many times have you followed a diet/special nutrition program in your life?

9. What was the purpose to follow the diet/special nutrition program?

10. If the food smells or seems delicious, will you eat more than the usual portion?

Never Rarely Sometimes Often Always

11. When you are passing by a bakery and you smell a pie or passing by a patisserie and see some sweets, will you go inside to buy something?

Never Rarely Sometimes Often Always

12. How often do you "clean our plate", even if you are not hungry after having a smaller portion?

Never Rarely Sometimes Often Always

13. How often do you eat outdoors while you are going somewhere?

Never Rarely Sometimes Often Always

14. How often do you buy food you don't need from the supermarket?

Never Rarely Sometimes Often Always

15. How long does it take to complete your meal (main dish)?

<10 min 10-15 min 15-20 min >20 min

16. How many meals or snacks do you have, in a regular basis?

_____ meals

_____ snacks

Description of a typical day (record of your daily eating habits)

Breakfast

Lunch

Dinner

Afternoon snack

Supper

Snacks

Alcohol drinks

Sugar

Salt

Water

Soda

Juice

Sweets

Fried

Junk food

Fruits

Vegetables

Favorite food:

Food you don't like: