

## Nutrition Questionnaire

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

Please Answer the Following Questions

Place a check mark in the column that best describes how you would rate following your diet since your last appointment

	Better	Worse	Same	Comments
Food intake				
Formula intake				
Physical Activity				
Fluid intake				
Are you taking your prescribed amount of formula ___yes ___no				
What would help you the most this visit?				

Based on your current thinking, check all that apply:

- I need some help making it easier to follow my diet.
- I know I should follow my diet but it is hard.
- I am not following my diet and don't care to change.
- I eat whatever I want and I don't use formula.
- I feel okay so I am probably okay not being strict with my diet.
- If I start feeling bad, I will go back on my diet.
- I know I should follow my diet but I don't want to feel different from others.
- I'd be able to follow my diet if we didn't eat out so much.
- I'd be able to follow my diet if my family ate what I have to eat.
- I want to follow my diet and need help on how to not go off my diet when I am with my friends.
- I'd be able to follow my diet if we could afford to buy more of the food I should eat.
- I do follow my diet most of the time.
- I don't follow my diet when I can get away with it.
- I have been following my diet without a problem for over 6 months now.
- I tell my healthcare providers I follow my diet when I really don't.

## Nutrition Questionnaire

Check what has helped you the most in following your diet:

- Eating at home
- Having someone prepare my food
- Having someone pack my food
- Eating alone
- Eating with people who understand
- Having low protein foods readily available
- Using recipes to help with variety of the formula

List what else helps you follow your diet:

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Check what makes it difficult to follow your diet:

- Eating at home
- Eating away from home
- Eating around other people who don't have to worry about their diet
- Preparing my own food
- Remembering to take my food with me

List what else makes it difficult for you to follow your diet:

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List the foods that are the most difficult for you to avoid or limit?

- 1.
- 2.
- 3.
- 4.
- 5.

Mark with an X how important it is for you to follow your diet where  
1 = not at all important and 10 = very important?

NOT										VERY
IMPORTANT										IMPORTANT
1	2	3	4	5	6	7	8	9	10	

## Nutrition Questionnaire

Mark with an X how confident you are to follow your diet when at home  
1 = not at all important and 10 = very important?

NOT CONFIDENT VERY CONFIDENT

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1      2      3      4      5      6      7      8      9      10

Mark with an X how confident you are to follow your diet when outside the home such as at school, restaurant, etc.

NOT CONFIDENT VERY CONFIDENT

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1      2      3      4      5      6      7      8      9      10

If without a food record, write out a day of eating when you were following your diet.

Time	Food/Beverage/Formula and Amount

Write out an example of a day of eating when you went off your diet

Time	Food/Beverage/Formula and Amount