Sandra Kamhoot, RN

Registered Nurse / Educator / Nutrition Specialist

Health and Nutrition History Questionnaire

General Information:

Name:_____Today's Date: _____

Occupation:_____

Age:_____Date of Birth:_____Gender:_____

_____

Address/Phone: _____

_____

Medical History:

Height: _____ Current Weight: _____

_____

_____

Do you drink alcohol? ___ Yes ___ No Number of drinks per week: _____

Do you smoke cigarettes? ___ Yes ___ No Amount per day: _____

How long have you smoked?_____If you quit smoking, when? _____

Do you use drugs? ___Yes ___No Explain: _____

_____

List any medications you are currently taking or have taken in the last year:

1._____

2._____

3._____

4._____

5._____

Are you currently taking any food or nutritional/herbal supplements? ___Yes ___No

If yes, please specify: _____

_____

_____

_____

Please indicate whether you or a family member have/had any of the following conditions:

Disease/Condition	Self	Family	Relationship	Treatment
Asthma				
Cancer				
Cardiovascular Disease				
Diabetes				
Drug Dependency				
Eating Disorder				
Food Allergies				
Food Intolerances				
Kidney Disease				
High Cholesterol				
High Blood Pressure				
Intestinal Problems				
Menstrual Problems				
Osteoporosis				

Other _____

_____

_____

_____

Are you currently being treated for any medical conditions? ___Yes ___No

If yes, please specify: _____

Have you ever been advised by your physician to follow a special diet? ___Yes ___No

If yes, please specify: _____

_____

_____

Are you currently following that diet? ___Yes ___No

If not, why? If yes, what changes have you made? _____

Weight/Dieting History:

Have you tried to lose weight before? ___Yes ___No

How many times?_____Age of first attempt:_____years

What did you do? _____

Why did you go on that diet? _____

_____

Do you experience periods during which you eat uncontrollably? ___Yes ___No

If yes, how often? _____

Exercise History:

Do you exercise? ____Yes ____No

Please explain: _____

If so, how often?____Daily____Every Other Day____Twice Per Week____One Per Week____Rarely

Type of Exercise?____Walking____Aerobics____Dance____Running____Cycling____Team Sports

___ Yoga____Weight Lifting____Swimming____Tennis____Racket Ball ____

___ Rowing____Hiking____Pilates

Other, please explain: _____

Eating Habits:

Do you skip meals? ___ Yes ___No

How many days per week do you eat:

Breakfast:_____ Lunch:_____ Dinner:_____

Do you snack? ___Yes ___No

If so, when? _____

Do you buy or pack your lunches?

___ Buy # days per week:___ ___Pack # days per week: ___

Do you eat out? _Yes ___No

How many meals per week? _____

What restaurants do you usually choose?

1.	4.	7.
2.	5.	8.
3.	6.	9.

Who usually prepares the food at home? _____

Who does the grocery shopping? _____

Please specify how many of the follow you drink *per week*:

_____ alcohol	_____ diet soft drinks	_____ regular soft drinks
_____ caffeinated coffee	_____ fruit juice	_____ regular tea
_____ decaf coffee	_____ green tea	_____ sports drinks
_____ diet drinks/aids	_____ herbal tea	_____ water

Please indicate any beverages that are not listed that you consume regularly _____

_____

Eating Habits, Continued:

What foods do you crave? _____

What foods do you avoid? _____

Why? _____

Do you snack during the day? ☐ Yes ☐ No If yes, please describe _____

_____

Do you have good energy levels? ☐ Yes ☐ No ☐ Inconsistent Does napping help? ☐ Yes ☐ No

Can you attribute low energy to anything in particular? ☐ Yes ☐ No

If yes, please specify _____

Do you consider yourself ☐ Underweight ☐ Overweight ☐ Just Right

Sleep Time you normally go to bed_____Fall asleep_____Awaken for the day _____

How many hours of sleep do you need to feel rested?_____How many do you get? _____

Goals/Expectations

Do you want to change your eating habits? ___Yes ___No

Why? _____

_____

Lifestyle

Do you have pets? ___Yes ___No

What kind? _____

Do you belong to professional organizations, social clubs, or affiliation with a hobby? Please explain.

_____

Other interests? _____Reading_____Writing____Computers____Movies_____Photography

Please email this form to skhealth21@gmail.com