Healthful Life MD
Getting healthy from the inside out

1030 Johnston Road, #360, Golden, CO 80401
http://healthfullifemd.com

Nutritional History Form

Full Name: _____ Date of Birth: _____

1. Present Weight:_____ Height (without shoes): _____
2. Desired Weight: _____
3. In what time-frame would you like to be at your desired weight? _____
4. Birth Weight: _____ Weight at 20 years old: _____ Weight 1 year ago: _____
5. What is your main reason for your decision to lose weight?

   _____

6. When did you begin gaining excess weight? _____

   If known, what led to the weight gain? _____

   _____

7. What has been your maximum weight (non-pregnant) and when: _____
8. What previous diets have you followed?

   Diet type: _____ Date on diet: _____ Weight lost: _____

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   Diet type: _____ Date on diet: _____ Weight lost: _____

9. What type of work do you do? (to assess how active you are on the job): _____

   How many hours do you work each week? _____

10. How many hours do you typically sleep each night? _____
11. Is your spouse / fiancé / partner overweight? Yes _____ No _____

    If yes, by how much is he / she overweight? _____

12. How often do you eat out? _____ How often do you eat fast food? _____

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13. What restaurants / eating establishments do you frequent: _____

_____

14. Who plans the meals at your house? _____ Cooks? _____ Shops? _____

15. Do you use a shopping list? Yes _____ No _____

16. Food Allergies and / or sensitivities (please list food with reaction):

Food: _____ Reaction: _____ Food: _____ Reaction: _____

Food: _____ Reaction: _____ Food: _____ Reaction: _____

17. Food dislikes: _____

18. Food(s) you crave: _____

19. Any specific time of day or month that you crave certain foods? _____

20. Do you eat 3 meals each day? Yes _____ No _____

If you skip a meal, which meal(s) do you skip? _____

21. Do you snack between meals? Yes _____ No _____

If yes, what do you snack on? _____

When do you usually snack? _____

22. Do you use a sugar substitute? Yes _____ No _____ Which one(s)? _____

23. Do you awaken hungry at night? Yes _____ No _____ If yes, what do you do? _____

24. When you are under a stressful situation at work or family related, do you tend to eat more? Yes _____ No _____

If yes, please describe: _____

25. Do you think you are currently undergoing a stressful period or time of emotional upset? Yes _____ No _____

If yes, please describe: _____

26. Do you often feel hungry?? Yes _____ No _____

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27. Are you easily full when you eat?? Yes _____ No _____

28. How does your appetite look throughout the day? When do you have the greatest and worst appetite?

_____

29. What is your greatest challenge related to food or exercise? (e.g. I graze all day, I am a sugar/carb addict, etc.)

_____

30. Describe your usual energy level: _____

31. Activity level: (check the one that most closely applies to you)

☐ Inactive – no regular physical activity with a sit-down job

☐ Light – no organized physical activity during leisure time

☐ Moderate – occasionally involved in activities such as weekend golf, tennis, jogging, swimming, cycling.

What activities do you do? _____

☐ Heavy – consistent lifting, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least 3 times each week.

What activities do you do?

☐ Vigorous – participation in extensive physical exercise for at least 60 minutes per session 4 times each week.

What activities do you do?

32. If you are no longer active, what activities did you do in the past? _____

Are you wanting to start these activities again? _____

33. What are some exercises or fitness activities that you enjoy? _____

34. Are there exercises or fitness activities that you do not like? _____

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35. Behavior style: (choose the one that most closely matches your style)

- ☐ You are always calm and easy-going
- ☐ You are usually calm and easy-going
- ☐ You are sometimes calm with frequent impatience
- ☐ You are seldom calm and are persistently driving for advancement
- ☐ You are never calm and have overwhelming ambition
- ☐ You are hard-driving and can never relax

36. Have you ever worked with a registered dietitian or certified nutritionist in the past? Yes _____ No _____

If yes, when and for what reason? _____

Did you find them helpful? Yes _____No _____

Please explain: _____

37. What are your primary health goals and improvements that you would like to make?

_____

38. Please list what you drink in your day (with the amount):

Water: _____ oz Juice: _____ oz

Coffee: _____ oz Sweetened? Yes _____No _____

Soda: Diet _____ oz Regular _____ oz

Sports Drinks: Diet _____ oz Regular _____ oz

Alcohol: Type _____ How much each day? _____ Week? _____

39. Please track your nutrition for 5 – 7 days, listing the foods you eat, the time of day and the amount you consume. The easiest way to track is with an app such as the My Fitness Pal App (http://myfitnesspal.com) .

40. Please complete the table below to assess your emotional state when eating as well as your hunger level before and after eating (Starving = 10, Full = 0)
Mark the meal: Breakfast = B, Lunch = L, Dinner = D, Snack = S

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Date/Time	Meal	Emotion	Hunger Before	Hunger After

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Date/Time	Meal	Emotion	Hunger Before	Hunger After