



## Nutritional Counseling Family Questionnaire

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

Address: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Telephone – Home: Cell:  
Work: \_\_\_\_\_

# of Children: Names/ages  
of children \_\_\_\_\_

Occupation: Hours of work per  
week: \_\_\_\_\_

**Please list your Personal/Family Health Goals (lose weight, increase energy, recovery from health issue, etc):**

\_\_\_\_\_  
\_\_\_\_\_

### Family Food Lifestyle

Please use this page to help me understand your family's current eating patterns.

1. What % of you/your family's food is home cooked? \_\_\_\_ Where else are you
2. eating (restaurants, prepared foods section, etc)? \_\_\_\_\_
3. How often do you eat out, or pick up take-out during the week? \_\_\_\_\_  
Weekends? \_\_\_\_\_
4. What foods would I always find in your cupboard? \_\_\_\_\_  
\_\_\_\_\_
5. What foods would I always find in your refrigerator? \_\_\_\_\_  
\_\_\_\_\_
6. Where do you shop? How often? When? \_\_\_\_\_
7. Do you enjoy cooking? Y / N If No, why not? \_\_\_\_\_
8. Do you enjoy grocery shopping? Y / N
9. Do you ever shop in the Health Food section of the store? Y / N

10. Would you be interested in a Health Food store tour? Y / N

11. Do you read nutritional panels? Y / N

Underline all that apply when deciding what to buy:

- Taste
- Price
- Nutrition
- Ease of Preparation

12. Have you read any nutritional books? Which ones?

13. Are you interested in reading other books to help your family reach their goals?

14. We eat fresh fruit: \_\_\_ daily \_\_\_ occasionally \_\_\_ seldom

15. We eat fresh vegetables: \_\_\_ daily \_\_\_ occasionally \_\_\_ seldom

16. The wheat, rice, and pasta we typically eat are: \_\_\_ refined, white \_\_\_ whole grain, coarse

17. The dairy products we typically eat are: \_\_\_ full fat \_\_\_ low fat \_\_\_ skim \_\_\_ we don't typically eat dairy products

18. Does your family eat soy products? If so, how many servings/week and what products? \_\_\_\_\_

19. The meats we typically eat are: \_\_\_ high fat (prime beef, hamburgers)

20. \_\_\_ medium fat (lean red meat, chicken with skin) \_\_\_ lean (fish, white meat chicken/turkey) \_\_\_ I don't eat meat

21. We eat fried foods, including fast foods: \_\_\_ often \_\_\_ occasionally \_\_\_ seldom \_\_\_ never

22. We watch our intake of fats such as butter, margarine, salad dressing, and mayonnaise is: \_\_\_ we seldom control my intake \_\_\_ we occasionally watch my intake \_\_\_ we always watch my intake

23. Do you feel your diet is deficient in some way? \_\_\_\_\_

24. Do you feel your diet is excessive in some way? \_\_\_\_\_

25. What are your family's 3 favorite foods in the following categories:

1. Favorite fruits \_\_\_\_\_

2. Favorite vegetables \_\_\_\_\_

3. Favorite meats / seafood \_\_\_\_\_

4. Favorite grains \_\_\_\_\_

5. Favorite dairy \_\_\_\_\_

6. Favorite snacks \_\_\_\_\_

### **Health Goals:**

Is your family's health currently getting better, worse, or staying the same? How do you know?

What have you tried to improve your family's health (i.e. doctor visits, alternative treatments, other treatments, etc.)

How would you rate your stress level, on a scale of 1-10 (with 10 being the highest)? What are the main causes of stressors your life?

For our time together to be a **true win**, what do you want to accomplish over the course of our time together?

How long do you think it will take?

What is your present level of **commitment** to change the underlying causes of problem (s) which relate to your lifestyle from 1-10 (with 10 being 100%)?

What **obstacles** could prevent you from reaching your goals? (i.e. picky eaters, skeptical family members, dietary restrictions, etc)