

**Nutrition Peer Counseling**  
**UC Davis Campus Recreation**

Nutrition & Health Questionnaire for Nutrition Consultation

Date \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Please answer these questions about your current eating pattern. Bring the completed paper with you to the nutrition consultation appointment.

How many times a day do you typically eat?

How often do you consume fruit (can include fresh, frozen, dried and canned)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you drink juice? Is it 100% juice?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume dark-green vegetables (broccoli, kale, spinach, romaine, etc.):

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume red and orange vegetables (carrots, tomatoes, sweet potatoes, etc.)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume beans and peas (legumes)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume savory snack foods (chips, crackers, salty snacks)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume sweet snack foods?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume cakes, cookies, pies or ice cream?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume refined grains (e.g. sugared cereals, white bread/bagel, pasta)?

Every meal	1/day	2-4/week	1/week	1-3/month	rarely
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How often do you consume whole grains (popcorn, brown rice, oatmeal, whole grain bread)?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume seafood or fish?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume meat, poultry, or eggs?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume nuts, seeds, or soy products?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume milk (and what type)?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume cheese?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume yogurt (and what type)?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you consume sweetened beverages?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you drink water?  
Every meal    1/day            2-4/week    1/week            1-3/month            rarely

How often do you drink alcohol?  
<1 drink/week    1-4 drinks/wk    5-8 drinks/wk    9-13 drinks/wk    >13 drinks/wk    never

Thank you for taking the time to provide this information.