BAY BARIATRICS

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Patient Education

Nutrition and Eating Habits Questionnaire

Date: _____

Client Information

First Name MI Last	Email Address
Home Phone / Cell Phone	Dietitian

Questionnaire

What weight-loss surgery/procedure do you want to have? ☐ Gastric Bypass ☐ Gastric Sleeve ☐ Gastric Imbrication ☐ Banding ☐ Revision ☐ Uncertain

Has your weight changed in the last year? ☐ No ☐ Yes, I've ☐ Gained: Pounds *or* ☐ Lost: Pounds ☐ I don't know

What do you think is a realistic weight for you? Pounds

How long has it been since you were at this weight?

Do you exercise? ☐ Yes ☐ No If yes, what kind? How often?

Is there any reason why you cannot or should not exercise? ☐ Yes ☐ No If yes, why?

Do you ever binge eat (eating large quantities of food in a short period of time)? ☐ Yes ☐ No

Do you ever purge after a meal or snack (use laxatives or self induce vomiting to "get rid of" what you have eaten)? ☐ Yes ☐ No

Do you ever feel badly after eating? ☐ Yes ☐ No

Do you ever eat *or* binge *or* purge when you are lonely? ☐ Yes ☐ No

Do you ever eat *or* binge *or* purge when you feel badly about yourself or a situation? ☐ Yes ☐ No

When eating, do you sometimes feel like emotional pressures are being lifted? ☐ Yes ☐ No

Do you eat secretively or hide food? ☐ Yes ☐ No

Do you avoid eating in public? ☐ Yes ☐ No

Do you ever eat when you are not hungry? ☐ Yes ☐ No

In the past, have you purposely eaten foods to sabotage a diet? ☐ Yes ☐ No

Who prepares the meals in your home?

How often do you eat the following meals?

Meal	None	1 – 2 times a week	3 – 4 times a week	5 – 7 times a week
Breakfast	☐	☐	☐	☐
Morning Snack	☐	☐	☐	☐
Lunch	☐	☐	☐	☐
Afternoon Snack	☐	☐	☐	☐
Dinner	☐	☐	☐	☐
Evening Snack	☐	☐	☐	☐
Middle of the Night	☐	☐	☐	☐

How many meals do you eat away from home on weekdays?

Meal	None	Fast Food	Other
Breakfast	☐		
Lunch	☐		
Dinner	☐		

How many meals do you eat away from home on weekends?

Meal	None	Fast Food	Other
Breakfast	☐		
Lunch	☐		
Dinner	☐		

Do you use any meal replacement products (drinks, bars, formulas, etc.)? ☐ No ☐ Yes (If you do, list the types and how often you take them.)	
Type:	How often:
Type:	How often:
Type:	How often:
Type:	How often:

Do you use any other dietary supplements? (Supplements include herbs, fiber tablets or powder, garlic pills, DHEA, etc.) ☐ Yes ☐ No (If you do, list the types and how often you take them.)	
Type:	How often:
Type:	How often:
Type:	How often:
Type:	How often:

Do you use any vitamin/mineral supplements? ☐ No ☐ Yes (If you do, list the types and how often you take them.)	
Type:	How often:
Type:	How often:
Type:	How often:
Type:	How often:

Please list any food allergies:

Please list the foods and drinks that you have consumed in the past 24 hours. (You do not need to list water, plain coffee, or plain tea.)

Meal	Time and Place	What did you eat and drink? (include amounts)
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		
Dinner		
Evening Snack		
Other		

Check all the vegetables that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
Non-Starchy Vegetables ☐ Asparagus ☐ Beets ☐ Broccoli ☐ Brussels Sprouts ☐ Cabbage ☐ Carrots ☐ Cauliflower ☐ Celery ☐ Cucumber ☐ Eggplant ☐ Green Beans ☐ Mushrooms ☐ Okra ☐ Onions ☐ Peppers ☐ Summer Squash (Yellow or Zucchini) ☐ Tomatoes ☐ Turnips ☐ Wax Beans			
Leafy Vegetables ☐ Salad Greens ☐ Kale ☐ Mustard Greens ☐ Spinach ☐ Sprouts ☐ Turnip Greens ☐ Watercress			
Starchy Vegetables ☐ Corn ☐ Dried Beans or Peas (Pinto, Kidney, White, Black, Brown Beans, Lentils, Split Peas, Black-Eyed Peas, etc.) ☐ Green Peas ☐ Lima Beans ☐ Potatoes ☐ Sweet Potatoes ☐ Winter Squash (Acorn, Butternut) ☐ Yams ☐ Mixed Vegetables with Corn, Peas, or Pasta.			

Check all the fruits that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
Fresh Fruit ☐ Apple ☐ Apricot ☐ Banana ☐ Blackberries ☐ Blueberries ☐ Other Berries ☐ Cantaloupe ☐ Cherries ☐ Grapefruit ☐ Grapes ☐ Honeydew ☐ Kiwi ☐ Mango ☐ Nectarine ☐ Orange ☐ Papaya ☐ Peach ☐ Pear ☐ Pineapple ☐ Plum ☐ Strawberries ☐ Tangerines ☐ Watermelon ☐ Other			
Canned Fruit ☐ Applesauce ☐ Apricot ☐ Fruit Cocktail ☐ Grapefruit Sections ☐ Mandarin Oranges ☐ Peaches ☐ Pears ☐ Pineapple ☐ Other			
Dried Fruit ☐ Apple ☐ Apricot ☐ Banana ☐ Cranberries (Craisins) ☐ Dates ☐ Figs ☐ Peaches ☐ Prunes ☐ Raisins ☐ Other			
Juice ☐ Apple ☐ Cranberry ☐ Grape ☐ Grapefruit ☐ Mixed Fruit ☐ Orange ☐ Pineapple ☐ Prune ☐ Other			

Check all the dairy that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
Low Fat ☐ Skim or 1% Milk ☐ Light Yogurt ☐ Frozen Yogurt ☐ Calcium Fortified Juice ☐ Soy Milk ☐ Rice Milk			
Regular ☐ 2% Milk ☐ Whole Milk ☐ Ice Cream ☐ Cheese ☐ Cottage Cheese ☐ Regular Yogurt ☐ Cream Cheese			

Check all the proteins that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
☐ Legumes ☐ Fish – Baked/Broiled ☐ Skinless Chicken or Tuna ☐ Ham ☐ Deli Meat ☐ Tuna (Water Packed) ☐ Egg White ☐ Pork Loin ☐ Sirloin ☐ Soup			
☐ Hamburger ☐ Beef ☐ Pork Chop ☐ Bacon ☐ Casseroles ☐ Eggs ☐ Sausage ☐ Fried Fish ☐ Peanut Butter ☐ Pizza ☐ Fried Meat			

Check all the desserts/snacks that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
☐ Cheesecake ☐ Cookies ☐ Cake ☐ Pie ☐ Pastries ☐ Doughnuts ☐ Candy ☐ Chocolate			
☐ Popcorn ☐ Chips ☐ Nuts ☐ French Fries			

Check all the fluids that you drink. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
Water: how much water do you drink?			
☐ Pop ☐ Diet Pop ☐ Tea ☐ Sobe ☐ Snapple ☐ Kool-Aid ☐ Lemonade ☐ Sports Drink ☐ Other			
Alcohol: ☐ Beer ☐ Wine ☐ Hard Alcohol			

Check all the grains that you eat. Note the number of servings from each group that you eat daily, weekly, or monthly.	Servings/ day	Servings/ week	Servings/ month
☐ Cold Cereal ☐ Hot Cereal ☐ White Bread, ☐ Pasta ☐ Rice ☐ Brown Rice ☐ Whole Grain Bread ☐ Muffins ☐ Biscuits ☐ Pancakes ☐ Crackers ☐ Tortilla ☐ Granola Bars			