



## TEEN PROGRAMS

### Fueling the Teen Machine Program Nutrition Questionnaire

In order for me to provide you with the best service, program and support please answer these questions in as much detail as you can. I want to ensure that you will have a successful experience working with me. Thank you.

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

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_

Height: \_\_\_\_\_

How many people live at your home? \_\_\_\_\_

Do you currently have a job or work? (Please describe.): \_\_\_\_\_

My overall level of stress is:

1    2    3    4    5    6    7    8    9    10

What are your current leisure activities?

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Have you taken any nutrition or health classes at school? (if yes, please describe):

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Are you familiar with the Food Guide Pyramid? \_\_\_\_\_

What would you like to change about the way you eat?

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Have you ever participated in a diet and/or nutrition program? \_\_\_\_\_

Have you ever kept a food log/journal? (Please describe.):

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How many meals a day do you eat at home? \_\_\_\_\_

Do you help with the preparation of any of the family meals at home? (If yes, please describe.):

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How often do you prepare your own meals? \_\_\_\_\_

Do you like your kitchen? \_\_\_\_\_

Do you enjoy preparing your own meals and if not why?

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Do you ever go grocery shopping with your parents? \_\_\_\_\_

What grocery stores do you shop at? \_\_\_\_\_

Do you think your parents eat healthy? \_\_\_\_\_

Do you eat breakfast every day? \_\_\_\_\_

What types of foods do you like for breakfast (please list):

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Do you eat at lunch at school or bring a lunch? \_\_\_\_\_

What types of food do you have for lunch?

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Do you get food or drinks from your school vending machines? \_\_\_\_\_

If so, what? \_\_\_\_\_

What types of beverages do you drink with meals? \_\_\_\_\_

Do you drink water? \_\_\_\_\_ How many cups a day? \_\_\_\_\_

Do you drink soda? \_\_\_\_\_ What kinds: \_\_\_\_\_

Do you have any food allergies? (Please list and describe.):

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Do you have any diet restrictions due to health reasons? (Please list and describe.):

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Any foods you will not eat?

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Do you consume dairy products (milk, cheese, yogurt, cottage cheese)? \_\_\_\_\_

Do you eat fruits and vegetables daily (please describe)?

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Please list 10 of your favorite fruits:

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Any fruit dislikes?

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Please list 10 of your favorite vegetables:

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Any dislikes?

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Do you eat animal products (beef, pork, chicken, fish)? \_\_\_\_\_

What kinds of salad dressings do you like?

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What kinds of snacks or treats are your favorites?

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What foods can you not live without?

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Please list 10 of your favorite foods you that you normally eat each week:

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What types of foods do you think are bad/unhealthy for you?

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Which foods do you think are good/healthy for you?

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How often do you eat out? \_\_\_\_\_

What restaurants do you like to go to?

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How are you at making healthy choices, while eating out? (Please describe.)

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Please list all kitchen appliances that your family owns:

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Do you currently exercise (please describe):

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no     yes, specify type(s) of exercise: \_\_\_\_\_

\_\_\_\_\_ minutes/day      \_\_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (please check appropriate box):

Light     Fairly light     Somewhat hard     Hard

To eat healthier and achieve and/or maintain a healthy body weight, I am willing to make these changes in my lifestyle as far as eating and exercising:

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Barriers/obstacles in your diet - things that make it hard for you to eat right, healthy, etc.:

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What would you specifically like to learn in a nutrition program?

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Anything else I should know about you?

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**Note:** As a Lifestyle Weight Management Consultant through the American Council on Exercise it is beyond my scope of practice and qualifications to counsel on disordered eating or recommend dietary supplements. I am happy to refer any questions or issues beyond my scope of practice to a qualified health professional or offer a list of reliable health resources. As always, my goal is a successful experience for those I work with.