



## Pre-Appointment Questionnaire – Dietitian

Please take a moment to complete the following questionnaire prior to your scheduled appointment. Your answers to the following items will give our Dietitian useful information and will allow more time during the consult to provide practical nutrition education, support and strategies to improve your health and nutrition and answer any questions you may have.

### Current Situation

What are your personal health goals?

What do you hope to achieve from your consults with the Dietitian?

How would you describe your current diet?

- Poor                       Fair                       Good                       Very Good  
 Excellent

What eating habits within your current diet are you most proud of?

What eating habits do you see as needing the most improvement?

How ready do you feel to make diet and lifestyle changes?

(not ready) 1                      2                      3                      4                      5 (completely ready)

### Medical Background

Please list any recent blood test results you are aware of (i.e. HBA1c, Cholesterol, LDL, HDL, Triglycerides)

Please tick if you experience any of the following ongoing gastrointestinal issues:

- Nausea/                       Diarrhoea                       Bloating  
Vomiting                       Heartburn/                       Abdominal pain  
 Constipation                      Reflux/GORD

Please list any regular dietary supplements you take:

Please tick the following options which best represent your weight history:

- Recently increasing                       Plateaued after some initial weight loss                       History of yo-yo dieting leading to large weight fluctuations  
 Recently decreasing                       Fluctuating in small amounts  
 Stable

Please select your current specific weight goal; if applicable:

- A specific number to lose or weight to achieve ( \_\_\_kg)                       Healthy weight range according to Body Mass Index (BMI)  
 A specific number to gain or weight to achieve ( \_\_\_kg)                       Any weight loss  
 Any weight gain

Please list any diets or techniques you have utilised in the past to manage your weight in the corresponding box: (if applicable)

Successful	Unsuccessful

**Social Background**

What is your current living situation? (i.e. on own/with partner and children etc)

Do you currently work?

- No
  Yes – Full time
  Yes – Part time/casual

If yes, would you describe your work as:

- Sedentary (i.e. mainly seated)
  On feet for some part of day
  Manual labour

Do you currently study?

- No
  Yes – Full time
  Yes – Part time/casual

Who is responsible for the shopping in your household?

- Self
  Other: \_\_\_\_\_

Who is responsible for cooking in your household?

- Self
  Other: \_\_\_\_\_

How confident are you in your cooking skills?

(Not Confident) 1                      2                      3                      4                      5 (MasterChef)

**Diet and Physical Activity Assessment**

How often do you participate in physical activity? \_\_\_\_\_ days/week

How long does this exercise last on average? \_\_\_\_\_ minutes

Please list the types of exercise you participate in (i.e. walking, gym workout, group classes, home exercise routine)

Do you have any physical injuries/ailments that affect your ability to participate in physical activity?

YES / NO

Would you describe yourself as having an active lifestyle? (i.e. normally up and about, walking, doing yard work)

YES / NO

Please list any foods or meals you don't like to eat:

Please list any foods you have an allergy or intolerance too:

Please list any dietary patterns you follow (i.e. vegetarian, specific cultural preferences)

Please tick the following options which best describe your usual meal timings:

- 3 main meals per day
- 3 meals + morning and afternoon tea
- Grazing rather than stopping for set meals
- Snacking in afternoon/ before dinner
- Snacking/dessert post dinner
- Often skip meals
- Other: \_\_\_\_\_

Please tick any of the following behaviours relevant to your current diet and lifestyle:

- Large portion sizes
- Returning for second helpings
- Frequent snacking
- Eating due to emotions/stress
- Eating due to boredom
- Eating due to habits/time of day even if not hungry
- Eating less nutritious foods because they are offered/available within the house or at social events
- Rewarding self with food
- Difficulty stopping eating enjoyed foods
- Eating quickly
- Eating while doing other activities
- Eating until overly full
- Feelings of guilt, anxiety, embarrassment around foods eaten
- Large appetite
- Poor appetite
- Cravings for certain foods
- Labelling foods as good or bad

Please list the usual foods you eat at meals and snacks for both weekdays and weekends – including a description of the foods and amounts (i.e. 2x ham and cheese sandwiches):

Meal	Foods Eaten on Weekdays	Foods Eaten on Weekends
Breakfast		
Lunch		
Dinner		

Snacks (i.e. morning tea, afternoon tea, dessert etc)		
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Please tick how often you consume the following foods and drinks in a week:

	Never/ Rarely	1-2 days	3-4 days	5-6 days	Everyday
Oily fish					
Nuts/seeds					
Legumes					
Avocado					
Fruit					
Vegetables					
Starchy vegetables – i.e. potato, corn					
Reduced fat dairy					
Full fat dairy					
Butter					
Margarine					
Processed meats – i.e. sausages, salami, bacon					
Red meat with fat untrimmed					
Red meat - lean					
White meat/fish					
Eggs					
Wholegrain breads and high fibre cereals					
Sweets – i.e. lollies, chocolate, ice-cream					
Salt – added to cooking/at table					
Salty snacks – i.e. chips, crackers, salted nuts					
Crumbed, battered or fried meat/other food					
High fat processed snacks – i.e. hot chips, pies, sausage rolls					
Baked goods – i.e. biscuits, cake, pastries					
Packaged snacks – i.e. snack bars					
Water					
Fruit juice					
Vegetable juice					
Smoothies					
Instant tea/coffee					
Milk based coffee – i.e. cappuccino/latte					
Sugar sweetened drinks – i.e. soft drink, cordial, sports drinks, iced tea					
Diet drinks					
Alcohol					
Takeaway food					
Restaurant/café/pub food					

How many alcoholic drinks would you consume on one occasion usually? \_\_\_\_\_

Please list where you tend to buy your food from outside the home: (i.e. cafés, McDonalds, KFC, fish and chip shop)

Please tick any of the following you see as major obstacles to improving your diet and lifestyle:

- |   |   |
|---|---|
| <input type="checkbox"/> Emotional or mental stress   | <input type="checkbox"/> Lack of support from family/friends/workplace        |
| <input type="checkbox"/> A sedentary job/lifestyle  | <input type="checkbox"/> Lack of motivation to begin or stick with strategies |
| <input type="checkbox"/> Lots of food accessible at work  | <input type="checkbox"/> Health problems                                      |
| <input type="checkbox"/> Difficulty finding time to prepare or eat nutritious foods or exercise regularly | <input type="checkbox"/> Many family and work commitments                     |
| <input type="checkbox"/> Strict financial food budget   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> An active social life  |   |
| <input type="checkbox"/> Frequent travel  |   |

Please select any of the following that you feel would assist you in your efforts to improve your diet and lifestyle?

- |  |  |
|--|--|
| <input type="checkbox"/> Keeping a food journal for accountability | <input type="checkbox"/> Ideas for choosing better food options when eating outside the home |
| <input type="checkbox"/> Sample meal plans                         | <input type="checkbox"/> Food label reading skills   |
| <input type="checkbox"/> Ideas for healthy meal/snacks             | <input type="checkbox"/> Goal setting and ongoing support                                    |
|  | <input type="checkbox"/> Printed take home resources   |
|  | <input type="checkbox"/> Other: _____  |

Please list any nutrition topics you would like to learn about more or have clarified throughout your consults with the dietitian:

*Thank you for your time. We look forward to seeing you at your appointment with the Dietitian.*