



Personal Nutrition and Vitality Profile

So that we can better understand your nutrition needs, we'd like you to complete this Personal Nutrition and Vitality Profile. It will take about 15 minutes to answer the questions. **The information you provide is confidential** and will not be shared with any other person without your permission. If you wish to not answer any particular question, you may leave it blank.

First name: _____ **Last name:** _____

Gender: Male Female

Weight: _____ **Height:** _____ **Age:** _____

Nutrition – Food Diary

Please fill in the food diary below indicating all that you eat and drink on a typical day. Include a list of options if your choices each day are varied.

Breakfast:
Snack:
Lunch:
Snack:
Dinner:
Snack:
Drinks, water (daily):

Tick the appropriate box below or provide a response where needed.

1. Are you following any special diet plan or eating program at present?

yes no

2. If yes, please describe _____

3. What diets have you tried in the past?

- none
 - some – list below
-
-

4. How would you best describe your current eating habits?

- three meals a day
- grazing throughout the day
- regularly skip meals
- three meals plus snacks

5. How often do you eat breakfast each week? _____ days

6. In a normal 7-day week, how many days would you eat lunch in the following places?

_____ home _____ work _____ school/uni _____ restaurant/cafe _____ at my desk
_____ on the go _____ skip it _____ in the car

7. In a normal 7-day week, how many days would you eat the dinners below?

_____ home cooked dinner
_____ eat out ... what do you usually have? _____
_____ takeaway ... what do you usually have? _____
_____ heat up frozen dinners from supermarket
_____ other ... explain _____

8. How many nights per week do you eat dinner after 8pm? _____

9. Who is mostly responsible for the cooking at home? (tick appropriate boxes)

- me
- my partner/housemate
- parent
- other person

10. Who generally does the food shopping? (tick appropriate boxes)

- me
- my partner/housemate
- parent
- other person

11. How many days per week do you drink alcohol? _____ days

12. How many alcoholic drinks do you consume per week?

- 12+
 - 8
 - 4
 - 2
 - almost never
 - don't drink alcohol
- (1 drink = approx. 285 ml beer, 100 ml wine, 60 ml port/liqueur, 30 ml spirits)

13. Are you a smoker? yes no

If yes, how many do you smoke per day? _____

Are you interested in cutting down or quitting? _____

14. How many glasses of water do you drink each day? (250 ml) _____

(water intake does **not** include coffee, black tea, alcohol, soft drinks)

15. How many cups of coffee/tea would you drink each day? _____ cups

16. If you drink herbal teas or green tea, how many cups per day? _____ cups

17. Do you take any nutritional supplements? (eg. Vitamin C, iron) List below.

18. When I am under stress, I eat:

more food less food about the same can't eat

From the following, tick the option which most accurately describes you:

19. I eat too many snacks or generally eat more than I should.
 yes no sometimes
20. I am confident that I understand food labels well.
 yes no sometimes
21. The worst time of day for me for eating bad food choices is:
 mid morning afternoon, around 4-5pm after dinner any time
22. I often rely on foods to improve my mood.
 yes no sometimes

23. How many serves of the following food groups would you eat on average per day?

1) Meat/poultry/seafood & fish/eggs/beans & legumes/nuts & seeds: _____

(1 serve = 2 small eggs, 2 slices roast meat, 100-120gm cooked fish, 85-100gm cooked chicken or red meat, ½ cup cooked beans/lentils, 1/3rd cup of nuts, ¼ cup of seeds)

2) Fruit: _____

(1 serve = medium size piece of fruit – 150gm, ½ cup fruit juice, small pinch dried fruit – eg. Sultanas, 150gm diced canned fruit)

3) Vegetables: _____

(1 serve = 1 cup salad vegetables, ½ cup cooked vegetables)

4) Dairy or alternatives: _____

(1 serve = 1 cup/250 ml dairy milk, 1 cup soy/rice/oat/nut milk, 40gm cheese, 200gm tub of yoghurt, 1 cup custard)

5) Grains – cereal/pasta/bread/rice: _____

(1 serve = 1 slice bread, 1 cup cereal, 1 cup cooked pasta, ½ cup cooked rice, ½ cup muesli, 1 cup cooked porridge, 1 medium bread roll, ¼ cup flour)

Tick the following boxes that best describe your eating/cooking habits. You may tick more than one.

24. How is your meat/fish/poultry/tofu or other protein source mainly cooked?
 grilled roasted/baked on BBQ stir fried deep fried
 steamed stewed
25. How often do you eat sweet biscuits per week?
 every day 5-6 times 2-3 times once never
26. How often do you eat savoury biscuits or chips in total per week?
 every day 5-6 times 2-3 times once never
27. How often do you eat chocolate per week?
 every day 5-6 times 2-3 times once never

28. Are you largely happy with your eating habits?
 yes no mostly
29. If you could change three eating habits, what would they be?
 (eg. Would like to eat smaller portions, wish to eat earlier at dinner, drink too much soft drink ...)
 (1) _____
 (2) _____
 (3) _____
30. What support would you prefer, to help you remain focused in your improved eating goals?
 an eating plan with options
 detailed weekly guide for all meals
 weight control program
 variety of recipes
 healthy eating tips
 more personalized support
 other _____

Wellness and Vitality

Tick the appropriate responses below. May tick more than one.

31. Do you have sufficient energy to get you through the day?
 yes, always no, feel tired a fair bit drag self around and flat often
32. Do you sleep soundly and wake refreshed most mornings?
 yes wake several times through most nights, unsettled have trouble switching off at night have trouble falling asleep very poor sleeper
33. Do you catch colds often?
 yes no
34. Do you have a strong appetite and feel hungry at meal times?
 yes, regularly sometimes never really hungry
35. Do you feel mentally alert and have a strong memory?
 always mostly sometimes never
36. Do you **regularly** suffer from **any** of the following:
 wind, bloat
 indigestion, heartburn, burping
 reflux
 PMS symptoms – bloat, pain, cramps, emotional
 frequent headaches
 moody, irritable
 overweight
 underweight
 hayfever, eczema, other allergies
 constipation
 diarrhoea
 sore muscles, joints, back aches
 blocked nose, sinus

37. Are you sad and gloomy?

yes, quite often no, generally pretty happy

38. Are you anxious, tense and stressed?

always feel uptight, can't relax rarely

39. Are you happy with most aspects of your life?

yes, pretty happy some things annoy me a lot would like to change many lifestyle issues

40. Do you have any other health concerns that you would like to share?
