

DIET SURVEY

NAME: _____ DATE: _____

Please give us an overall idea of what you typically eat and drink. If it is variable, please just give your best idea.

How many meals a day do you eat? _____

What do you typically eat and when do you eat your meals and snacks? Please fill out table as best you can. You may also just write down what you ate during the last 24 hours.

	Typical timing	Typically what you eat	Check if not applicable
Typical Breakfast			
Typical Lunch			
Typical Dinner			
Snacks			
Snacks			
Snacks			

Circle which is most appropriate : I filled out the table based on

Typical routine

What I ate in the last 24 hours

Both

What is your heaviest meal?

When is bedtime?

How many cups of coffee or tea do you drink a day?

How many cans/servings of soda do you drink a day?

Circle all that apply

Large meals:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Late night meals:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Spicy foods:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Tomato based foods:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Citrus based foods:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Chocolate:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Caffeine:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Alcohol:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Soda:	I try to avoid	Bother me	I never eat	Don't bother me	Help me
Dairy products:	I try to avoid	Bother me	I never eat	Don't bother me	Help me