

Food history questionnaire & assessment

Please return this form to reception at your initial consultation.

Name _____ DOB ____/____/____

EDC (due date) ____/____/____ Current gestation (weeks) _____

Height _____ Weight (pre-pregnancy) _____ kg Current Weight: _____ kg

List relevant weight history (e.g. usual weight, pre 1st pregnancy weight, etc.)

Are you concerned about weight gain in pregnancy? Yes/No

Do you know the recommended weight gain for the pregnancy? If yes, please state:

Who does the shopping and cooking at home? _____

Do you follow any special diet? (i.e. vegetarian, coeliac disease) or avoid any specific foods?
Please provide details:

Do you use low fat dairy products? _____

How many meals per week do you eat out or buy take-away for (including breakfast or lunch)?

0-3 4-8 5-10 >11

How many days per week do you eat:

Breakfast Lunch Dinner

How many times per day do you snack?

0 1 2 3+

Do you eat when you are not physically hungry?

never occasionally often

Are you doing any regular physical activity at the moment? If so, please specify

Are you taking any vitamin or mineral supplements at present? If so please list:

Do you have any queries or concerns about your current diet?

In the 'Breakfast, Lunch and Dinner' columns, please record the meals, snacks and drinks, (including alcohol) which you consumed in the last 24 hours. In the 'Foods' column, please indicate how many times you would normally consume each of the listed items per week, on average.

If you intent on making an appointment with Natasha, it is very helpful if you record a three day food diary prior to your appointment. You may either create your own, or we can provide one for you.

Diet History

Breakfast	Lunch	Dinner	Foods
<i>Morning Tea</i>	<i>Afternoon Tea</i>	<i>Supper</i>	Milk Yoghurt Cheese Ice-cream Eggs Red meat Chicken Fish/Seafood Cold meats Butter/Margarine/Oil Cereals Bread Rice/Pasta/other grains Starchy vegetable i.e. potato Other vegetables Legumes i.e. lentils Frozen meals Fruit/dried fruit Juice Soft drink/Cordial Alcohol Water Biscuits Crackers Cakes/Slices Muffins/Banana bread Chips/Snack foods Nuts Lollies/sweets Chocolate