American Medical Association
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Figure 4.1

Eating Pattern Questionnaire

Name _____ Date _____

Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.

1. Do you follow a special diet?
   ☐ No ☐ Diabetic ☐ Low sodium
   ☐ Low fat ☐ Kosher ☐ Vegetarian
   ☐ Other

   Give examples of what guidelines or diets, if any, you follow: _____

2. Which meals do you regularly eat?
   ☐ Breakfast ☐ Lunch ☐ Brunch ☐ Dinner

3. When do you snack?
   ☐ Morning ☐ Afternoon ☐ Evening
   ☐ Late night ☐ Throughout the day

   What are your favorite snack foods? _____

4. Do you eat out or order food in?
   ☐ Yes ☐ No

   How often?
   ☐ Daily ☐ Weekly ☐ Monthly ☐ Other

   What kind of restaurant(s)/eating facilities? _____

   What kinds of cuisine? _____

5. How is your food usually prepared? (check all that apply)
   ☐ Baked ☐ Broiled ☐ Boiled ☐ Fried
   ☐ Steamed ☐ Poached ☐ Other

6. How many times each day do you have the following food items?

   a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, potato)
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   b. Fruit
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   c. Vegetables
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   d. Dairy (milk, yogurt)
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   e. Meat, fish, poultry, eggs, cheese
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese)
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

   g. Sweets (candy, cake, regular soda, juice)
      ☐ Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9-11

7. What beverages do you drink daily and how much?
   ☐ Water ____ times or glasses per day (8 oz)
   ☐ Coffee ____ times or cups per day
   ☐ Tea ____ times or cups per day
   ☐ Soda ____ times or glasses per day (12 oz)
   ☐ Alcohol ____ times or glasses per day (12 oz)
   ☐ Other ____ times or glasses per day
   (Specify) _____

8. Would you like to change your eating habits?
   ☐ Yes ☐ No

   Which habits would you like to begin to change?

Adapted with permission from the Wellness Institute, Northwestern Memorial Hospital.

This project was funded by the American Medical Association and The Robert Wood Johnson Foundation. • November 2003 SEE:03-0107:4M:11/03