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## PATIENT ASSESSMENT QUESTIONNAIRE

NAME: \_\_\_\_\_

What two main food or eating questions do you want answered at your appointment?

1)

2)

What have you been told about the relationship of food/eating and your health?

Please tell us what you **eat** and **drink** in a typical day:

Time: Breakfast or first meal:

Time: Snack:

Time: Lunch or second meal:

Time: Snack:

Time: Evening or third meal:

Time: Snack:

Do you drink alcoholic beverages?

How often and in what amount?

Who prepares the meals in your home?

How many meals do you eat away from home each week?

List three favorite restaurants and the foods and drinks you ordinarily order:

1) Foods and drinks:

2) Foods and drinks:

3) Foods and drinks: