



Dr. Sonja Lewandowski

Nutrition Questionnaire

Please send this completed questionnaire back to us before your nutrition appointment.

Last name/First name: _____ Appointment on: _____

- Briefly describe your ailment or illness:

- In general, how is your digestion and what is the regularity and character of your bowel movements (hard, soft, formed, loose etc.)?

- How is your appetite like?

- Where do you usually eat? at home in a restaurant in a canteen fast food

- Which taste do you prefer? sweet salty spicy sour bitter

- How is your quality of sleep?

- How do you feel about your body temperature? Are you often too cold or too hot?

- Do you participate in any sports? If so, which ones and how often?



Dr. Sonja Lewandowski

What time do you usually eat? What do you usually eat for each meal?

Time	Food
_____	Breakfast: _____
_____	Snack: _____
_____	Lunch: _____
_____	Snack: _____
_____	Dinner: _____
_____	Snack: _____

- **What and how much do you usually drink per day?**

Tap water/mineral water _____ Herbal-/Fruit-/Green-Tea _____
 Fruit juice _____ Coffee/Black Tea _____
 Soft drinks _____ Wine/Beer/Liquor _____

- **What and how often do you eat from the following foods?**

Fish _____ Legumes (beans, peas, lentils) _____
 Meat _____ Tofu _____
 Poultry _____ Milk/dairy/cheese _____
 Eggs _____ Sweets _____
 Vegetables _____ Raw vegetables _____
 Lettuce/salad _____ Fruit _____
 Pasta/noodles _____ Potatoes _____
 Rice _____ Grains: corn, millet, amaranth etc. _____
 Bread _____ Nuts/Seeds _____

- **What kind of cooking and salad oil do you use?**