

Sports Nutrition Questionnaire

Name: _____ Sport(s) _____ Date of Birth: _____

1. Complete the following table based on a typical (non competition) week.

- A. List how many times per week you typically eat the following snacks or meals.
- B. Provide examples of both foods and beverages that you typically consume at each meal/snack:

Breakfast Number of times/week eaten _____	AM Snack Number of times/week eaten _____	Lunch Number of times/week eaten _____	PM Snack Number of times/week eaten _____	Dinner Number of times/week eaten _____	Evening Snack Number of times/week eaten _____
My usual breakfast:	My usual morning snack:	My usual Lunch:	My usual afternoon snack:	My usual Dinner:	My usual evening snack:

2. Do you have any food allergies or food intolerances? If so, please list:

3. Do you have any medical condition or take prescribed medications that affect your diet, eating habits or weight? If so, please describe:

4. Have you had any sports injuries in the past year? If so, please describe:

5. List how many days each week you eat in a restaurant: ____ Give one example of your typical restaurant meal:

6. During competition week, do you change your food and beverage habits? If so, explain:

7. List any vitamins, minerals, herbal supplements, fish oil, or other dietary supplements that you take on a routine basis:

8. How much water do you drink on a typical day? _____ List any other beverages and approximate amounts:

Sports drinks _____ Fruit Juice _____ Soft drinks _____ Sweetened teas/lemonade/fruit punch _____
 Milk _____ Chocolate Milk _____ Energy drinks _____ Other beverages _____

9. Are you a vegetarian? ____ If yes, please describe the type of vegetarian diet you follow and your main reason for choosing this type of eating style. (e.g. do you include milk/yogurt/cheese, eggs, fish?)

10. Do you follow any special diet (e.g. diabetic, gluten free, low cholesterol, etc)? Please list:

11. Do you drink coffee, tea, energy drinks or any other caffeine containing food or supplement? If so, list:

12. Overall, how satisfied are you with the shape, size and composition of your body on a scale of 1-10 where 1 is very dissatisfied and 10 is very satisfied? (circle) 1 2 3 4 5 6 7 8 9 10

13. List any questions or concerns that you have about nutrition, body weight/composition or eating for your sport:

If you need more space to answer questions, please use the back of this sheet.