FOOD AND DRINK QUESTIONS

General

• Do you have any concerns that you believe are related to the way you eat?
• How would you describe your relationship with eating?
• Are you satisfied with your eating habits? Why or why not?
• Do you ever skip a meal? How often, and which meals?
• What is typically your biggest meal?
• What are your favorite foods? What don’t you like?
• What would you like to focus on today, in terms of your nutrition?
• Why is healthy nutrition important to you?

Eating and Drinking Patterns

• What is your eating pattern? How many meals do you eat a day, and when do you eat them?
• Have you recently changed the way you eat? If yes, for what reason?
• Do you follow a specific diet? Vegetarian? Low-carb? Mediterranean?
• How often do you eat out? What types of restaurants (fast food, fast casual, casual, fine dining)? What do you usually order?
• How often do you eat fast food? What do you usually get?
• How much water do you drink in a day?
• Do you drink anything else regularly (e.g. sodas, alcohol, caffeinated drinks, juice, sports drinks)?
• Do you ever eat when you are not hungry?
• Do you ever wake up in the middle of the night and eat?
• Do you ever binge eat?
• What is the most important thing for me to know about the role food plays in your life?
• What do you typically eat for breakfast? Lunch? Dinner? Snacks?
• Do you ever skip meals or fast?
• What are your comfort foods?
• Are you taking any vitamins, minerals, or other dietary supplements? Why?

Eating and Body Weight

• Have you been eating more or less than normal? If yes, for what reason?
• What is your usual weight?
• Have you gained or lost weight recently?
• What is your highest weight in adulthood? When were you that weight?
- What is your lowest weight? When were you that weight?
- Have you ever tried to intentionally lose weight? How much? If you succeeded, did you ever regain it back? How much? Why was it regained?
- What weight loss strategies (diets, exercise programs, etc.) have you used?
- Do you have the same body type as anyone else in your family?

**Context for Eating**

- Who are the members of your household? Who does the food shopping and preparation?
- Do you share your meals with others? Who?
- Who participates in food choices and mealtime in your household?
- Are the other members of your household supportive of your efforts to make dietary changes?
- Where do you eat? (At the kitchen/dining room table, in front of the tv/computer, in the car, at your desk, etc.)

**Mindful Awareness and Nutrition**

- Sometimes hunger is physical, but it can also be emotional or mental. When you eat, what part of yourself are you feeding?
- Are you an emotional, or stress, eater?
- Are you conscious of your cravings? What do you tend to crave and when?
- What factors influence how you choose your food?
- Do you do other activities, like driving, working, or watching TV while you are eating?
- How do you feel after eating? Physically (e.g. satisfied, stuffed, still hungry)? Emotionally (e.g. content, guilty, angry)?

**Nutrition and Symptoms**

- Are there any foods that do not agree with you?
- Do you have any food allergies, intolerances or sensitivities that you are aware of? What reactions have you noticed?
- How much of a role do you think what you eat plays in how you are feeling?
- Have you noticed that what you eat and drink affect your sleep?
- Do you ever feel like particular foods cause you to have more or less pain?
- Do any foods give you heartburn, gas, bloating, diarrhea or constipation? How soon after eating these do you notice these symptoms?