Patient ID# <u>00</u>

## eat\* American Dietetic right. Association

**Patient Questionnaire** 

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		Please state your age and gender and gender
	2.	Please describe on a typical day, what you eat for:
		a. Breakfast McDonald's bagel and medcoke
		b. Lunch 3 hamburgers large try large color
		c. Dinner Fried Exicken, masked potatoes, colesia
	2	d. Snacks/Desserts Cheetos
	3.	How many times per day do you  a. Drink soda? 3 What types? COKE
		b. Drink sports drinks? 2
		c. Drink juice? 6 What types? N/Q
		d. Eat snacks/dessert?
		e. Drink coffee-based beverages O What types? N/Q
	4.	How many times per week do you
		a. Exercise? What types of exercises do you do and for how
		long? Football /practice
		b. Eat out? 5 at which restaurants?
		KFC, Subway, McDonald'S
	5.	What would you typically describe as a serving of
		a. Cereal? 2 CUDS
		b. Potato chips/other snack chips?   bow
		c. Meat? 15 100110
		d. Fruit/Vegetables?
		e. Soda or sports drinks?
		f. Juice?
	6.	
	7.	Do you have any dietary restrictions? NO If yes, please describe them
	_	NIA
		List any medical conditions that you have:
	9.	Is there a history of any health condition in your family? If yes, please list the
		parents have high blood pressure.
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