



THE INSTITUTE FOR
FUNCTIONAL
MEDICINE®

Nutrition History Questionnaire

Patient Name and Pronouns _____

Date _____

Please answer the following questions to the best of your ability.

Pre-Natal, Natal, and Post-Natal Nutrition

Did your biological parents have any food allergies, intolerances, or sensitivities?

Yes (please describe) _____

No

Unsure

Were you fed breastmilk or formula as an infant?

Breastmilk

Formula

A combination of breastmilk and formula

Unsure

Do you know the age at which you began eating solid foods?

Yes (please provide an age) _____

No

As an infant, did you experience any food allergies, intolerances, or sensitivities?

Yes (please describe) _____

No

Unsure

Pediatric Nutrition and Eating Patterns

As a child or adolescent, did you experience any reactions to foods?

Yes (please describe) _____

No

Unsure

Did you have consistent, reliable access to healthy foods (i.e., fresh fruits, vegetables, and other nutrient-dense foods) during your childhood and adolescence?

Yes

No

Unsure

As a child or adolescent, were you diagnosed with an eating disorder, or did you have any negative experiences concerning food and body (i.e., frequent dieting, bullying, over-exercising, etc.)?

Yes (please describe, mentioning level of care and dates):

No

Unsure

Adult Nutrition and Current Eating Patterns

Are you currently experiencing an eating disorder, or do you experience other disruptive or disordered behaviors concerning food and body (i.e., binge eating, restricting food(s), compensatory exercise, chronic dieting, yo-yo or “crash” dieting, unproductive fixation on “clean” eating, etc.)?

Yes (please describe, mentioning level of care and treatment dates as an adult, if applicable):

No

Unsure

What are your favorite foods?

What foods do you eat most frequently?

Who prepares your food/meals?

Who purchases your food?

How often do you cook your meals?

When in your life did you eat the most nutritious food?

When in your life did you eat the least nutritious food?

Miscellaneous

What else would you like me to know about you, your eating habits, nutrition history, and/or relationship to food and body?

What do you hope to achieve as a result of working with me?