



EATING PATTERN CHART

DATE:.....

NAME:.....

VEGETARIAN/NON-VEGETARIAN:.....

H/O PREVIOUS DIET PROGRAMMES:
.....
.....

LEAST BODY WEIGHT:.....

EXERCISE HABITS:.....

MENSTRUAL PATTERN, PREGNANCY:
.....

LIFESTYLE: ACTIVE/MEDIUM/SEDENTARY

REASONS TO LOSE WEIGHT:.....

QUICK/MODERATE/SLOW EATER:.....

PLACE OF EATING:.....

SNACKING:..... ACTIVITY DURING MEALS:.....

CONSCIOUS EATER: YES/NO

SPECIFIC LIKES IN FOOD:.....

SPECIFIC DISLIKES IN FOOD:.....

HUNGER PEAK:..... MAIN MEALS:.....

SWEET TOOTH:.....

EATING HABITS: REGULAR/IRREGULAR

DO YOU SKIP MEALS?: YES/NO; HOW OFTEN?.....

WATER CONSUPTION:..... FAST:.....

OUTSIDE FOOD:.....

CONSUME ALCOHOL: YES/NO SMOKE: YES/NO PAN/HOOKA/SUPARI: YES/NO

WAKE UP TIME:..... SLEEP TIME:..... WALKING HOURS:.....

BEST EXERCISE TIME:.....