

## Social History

---

Please answer the following questions to the best of your ability. These will help save time and maximise the benefit of the consult.

**\*1. Where are you currently living?**

- Independently       With a partner       In a share house       With family  
 No fixed address       Other

**\*2. How many hours per week do you currently work? Please state below.**

(If you are currently not working just state NA)

**\*3. Marital Status**

- Single       De facto       Married       Other

**4. Can you list any groups or support networks you may have?**

(eg. Family members or friends, community groups, sporting groups, social groups)

**\*5. Do you currently smoke, or have you smoked in the past?**

- Yes       No

**\*6. How would you describe your sleep over the last 2 weeks?**

- Very poor       Average       Good       Great
-

## Dietary Information and History

Please provide as much detail as possible and to the best of your ability. This will help save time and maximise the benefit of the consult.

**\*1. Are you currently on a diet or any meal plan? eg. keto, fasting, 5-2, vegetarian etc.**

Yes       No

**\*2. Do you have any food intolerances or avoidances that you are aware of?**

*(Please list and explain if possible)*

**\*3. On a scale of 1 to 5 how would you describe your current diet?**

*(Where 1 = very poor and 5 = very healthy)*

1       2       3       4       5

**\*4. How many days per week would you do any form of exercise?**

*(This could include sport, outdoor body movement, yoga, running, walking etc.)*

1     2     3     4     5     6     7

**\*5. How would you describe your appetite over the last 2 weeks?**

Not very hungry (not normal for me)       Normal for me     Hungry often (not normal for me)

**\*6. How would you describe your bowel habits over the past 2 weeks?**

Runny (NOT normal for me)       Runny (normal for me)     Solid and easy to pass (normal for me)  
 Difficult to pass (NOT normal for me)       Difficult to pass (normal for me)     Other (NOT normal for me)

**\*7. Do you currently have any difficulty chewing or swallowing?**

Yes       No

**\*8. In the last 2 weeks have you experienced any other the following?**

Nausea       Vomiting       Diarrhoea       Constipation

**\*9. On a scale of 1 to 5 how motivated would you say you are to improve your nutrition/ health?**

*(Where 1 = not motivated at all and 5 = very motivated, let's do this!)*

1       2       3       4       5

**\*10. Please describe your main goals you would like to achieve out of these nutrition sessions.**

*(if more than one please list in the space provided)*

**\*11. Please write your CURRENT diet below. Provide as much detail as possible including breakfast, lunch, dinner and any snacks you may have throughout the day. This can vary often for some people, if this is the case list only 2 options per meal and what is most common for you.**

*(E.g. Breakfast: 2x Toast with Vegemite and butter or 3x Weetbix with full cream milk and honey. A small coffee with full cream milk)*