

## Community Servings - Nutrition Questionnaire

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Current Weight:** \_\_\_\_\_

**Height:** \_\_\_\_\_

Nutrition questions – please check yes or no	YES	NO
Have you lost weight in the past 6 months? If yes, how much?		
Have you gained weight in the past 6 months? If yes, how much?		
Has your appetite changed in the last 6 months? If yes, describe:		
Do you have any problems chewing, swallowing or eating? If yes, describe:		
Do foods taste or smell differently to you? If yes, how:		
Do you have nausea or vomiting? If yes, how often and for how long?		
Do you have diarrhea or constipation? If yes, how often and for how long?		
Do you drink Boost or Ensure?		

Please write any other nutrition or food concerns here: \_\_\_\_\_

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Our registered dietitian may contact you to review this questionnaire with you. Our nutrition services include answering your nutrition or food related questions, meal planning and recipe modifications, nutrition counseling, and nutrition classes. If you are interested in any of these nutrition services, please call our registered dietitian at 617-522-7777 x 221.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_