



Food Practices and Nutrition Inventory

ELLO Holistic Health assesses food practice and nutrition as a way of understanding your everyday practices and how they impact your health. There are no right or wrong answers, this information is purely to help your practitioner provide services that will be most effective for you. All information is confidential and will not be shared with anyone outside of ELLO Holistic Health without your permission.

Think back through the last three days write down everything that you ate and drank, the amount, and when you ingested it. Please be as specific as possible.

Day 1

What did you eat and Drink?	How much did you eat or drink?	When did you eat or drink it?

Day 2

What did you eat and Drink?	How much did you eat or drink?	When did you eat or drink it?



Day 3

What did you eat and Drink?	How much did you eat or drink?	When did you eat or drink it?

Do you feel like this is typical for your eating habits? Why or why not?

How often do you eat out in a week?

How often do you cook for yourself?



What percentage of your food is prepared/packaged food?

What percentage of your food is fruit and vegetables?

Do you consume dairy? Why or why not?

Do you consume meat? Why or why not?

Do you have any allergies?

Do you drink alcohol? If yes, how many glasses in a week?

Do you drink soda? If yes, how many glasses in a week?

Do you regularly eat breakfast? Why or why not?

Have you ever been diagnosed with disordered eating? If yes, please explain.

What is one major obstacle that you face when it comes to eating healthy?



Thank you for taking the time to complete this form. This information will help us provide you with better care for you. Please sign and date below to acknowledge that you have completed this form as fully and honestly as possible.

Print full name

Signature

Date MM/DD/YYYY