

Dietary Assessment for Kim Fedderly PharmD, M.S. Holistic Nutrition
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Do you consume products with artificial sweeteners? NutraSweet (Aspartame), Splenda (sucralose), Xylitol, Stevia, etc? (*common foods include: sugar free chewing gum, sugar free mints, low fat yogurts, ice cream, coffee, tea, flavored water, propel, crystal light, flavor packs, diet soda's, low sugar juices, protein powder/shakes, sugar free candy, etc.*) Type & how often? _____

How much water do you consume a day?? _____ cups, liters, quarts / day?
Type of water _____ Is your water chlorinated (city water) or filtered? _____
How much coffee do you drink a day? (or black caffeinated tea) _____
How much soda do you drink a day? _____
What size of a meal do you eat (by fist size)? _____
When/how often do you eat meals? _____

When do you wake up and go to bed? _____
Do you cook at home? _____
How often do you eat out? _____
What types of food do you eat when you eat out? _____

How many servings of fresh fruits and vegetables do you consume per day? _____
What types of fruits and vegetables? _____

How many servings of fresh fruits and vegetables do you think you should consume per day? _____
How many servings of protein, or types of protein do you like to consume? _____

How many servings and types of complex carbohydrates do you consume per day (grains, breads, starchy vegetables)? _____

How many servings of bread, pasta, or processed carbohydrates do you consume per day? _____

How much fat do you consume per day? _____ Types of foods? _____

Do you drink green grass drinks, juices, or herbal teas during the day? _____ How much? _____

What types of sugar do you consume and how often per day? _____

How many servings and what type of dairy do you consume per day? _____

How much processed meat do you eat (smoked, salami, ham, hot dogs, sausage, bologna, etc)? _____

Comments/Other

