

If yes, please explain

Do you smoke? Yes No

If yes, How much

How much alcohol do you drink per/day per/week

Do you have any religious/cultural factors affecting your diet?

What is your previous diet experience?

Who is responsible for the food purchase?

The preparation?

How many times do you eat out per week?

How many home cooked meals do you eat at home per week Take out

Do you exercise? Yes No

If yes, how often and for how long?

What types of exercise do you do?

On a scale of 1 to 10, how motivated are you to change your diet or to lose weight?

Using the same scale, how confident are you?

What food do you like?

What food do you dislike?

Food Recall: What have you eaten in the last 24 hours? Or on a typical days intake

Breakfast	Snack	Lunch	Snack	Dinner	Snack