



Athlete and Sports Nutrition Questionnaire

Please complete prior to your visit, and bring to your appointment.

What is your primary goal here today in your visit? What would make this visit successful for you?

Please list any medical conditions you have been told you have by a physician. List all.

Specifically, has a doctor ever told you that you have any of the following?

Iron Deficiency Anemia Stress Fracture Diabetes
 Eating Disorder High Blood Pressure Irritable Bowel Syndrome

Females Only: Do you consider your menstrual cycle to be regular?

Yes _____ No _____

If not, explain:

What vitamins, minerals, supplements and medications do you take?
List all, including occasional ones, and frequency

Are you allergic to any food or medication? If so, please name.

How many times per day do you eat?

Name the three most common places you eat:

Please list any foods you avoid and why:

Overall, how satisfied are you with your current level of athletic performance?

Do you have any personal goals for body composition or body weight? If Yes, what are they, and why?

Have you experienced any recent weight changes within the last year?

Yes _____ No _____

If Yes, how many pounds have you gained or lost?

_____ Ibs gained _____ Ibs lost

Were weight changes intentional or unintentional?

Explain:

How do you eat in the off-season?

How many cups of fluid do you drink before, during and after practice or games?

Have you ever been given IV fluids as a result of dehydration?

Yes _____ No _____

What nutrition topics are you interested in learning more about?

Adapted from Princeton and Notre Dame University's Nutrition Questionnaires for Athletes.