

# Dr Frances Pitsilis

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## DIETARY QUESTIONNAIRE

NAME.....DOB.....

This record will assist in determining your weight loss or health programme. Please be honest.

For the different meal scenarios below, please give several examples of what you would have for that meal and then indicate how many times per week on average, you would have that meal scenario. Please make sure you include a "good Day" and a "Bad day" scenario.

### **Breakfast: write time here.....**

1. ....  
.....Approx times per week.....
2. ....  
.....Approx times per week.....
3. ....  
.....Approx times per week.....
4. ....  
.....Approx times per week.....

### **Morning tea: write time here.....**

1. ....  
.....Approx times per week.....
2. ....  
.....Approx times per week.....
3. ....  
.....Approx times per week.....
4. ....  
.....Approx times per week.....

### **Lunch: write time here.....**

1. ....  
.....Approx times per week.....
2. ....

.....Approx times per week.....

3 .....  
.....Approx times per week.....

3. ....  
.....Approx times per week.....

**Afternoon tea: write time here.....**

1. ....  
.....Approx times per week.....

2. ....  
.....Approx times per week.....

3. ....  
.....Approx times per week.....

4. ....  
.....Approx times per week.....

**Dinner: write time here.....**

1. ....  
.....Approx times per week.....

2. ....  
.....Approx times per week.....

3. ....  
.....Approx times per week.....

4. ....  
.....Approx times per week.....

**After dinner snack: write time here.....**

1. ....  
.....Approx times per week.....

2. ....  
.....Approx times per week.....

3. ....  
.....Approx times per week.....

4. ....  
.....Approx times per week.....

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When do you eat fruit and how much? .....

How many coffees per day? .....

How long can you go without eating and how do you feel? .....

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Do you eat only eat when you are hungry only? Or when not hungry also?.....

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How much water do you drink per day? .....What form?.....

What happens on a bad day that causes an eating change? .....

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