

FOOD AND NUTRITION QUESTIONNAIRE

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Please complete this questionnaire and bring it for your first visit.

Please complete this questionnaire and submit via email at least 2-3 days prior to your first online consultation.

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- Full name:
- Date of birth:
- Address (including country):
- Phone number:
- Email:
- Skype ID no.:
- Occupation - underline (school student/student/employed/unemployed/retired)
- Weight:
- Height:
- Waist (the smallest circumference measured around the natural waist, just above the belly button):

- Hips (around the widest part of your hip area):

- Physical activity in your free time

Describe any physical activity you are engaged in during the day/week. Please include type, duration & frequency (if applicable). This information is necessary for the assessment of your current physical activity level and the choice of proper diet.

- Physical activity at work

Describe any physical activity you are engaged in during the day/week at work.

- What are your main goals in working with me? How can I help?

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- Supplements: (include manufacturer, dosage and type, if known). You can also include links.

- Medications: (include brand names, dosage and reasons for taking)

- Do you suffer from any disease? Please describe (if applicable)
- Do any chronic diseases and health conditions run in your family? (atherosclerosis, diabetes, cancer, hypothyroidism etc.)?
- Question for women: Have you ever given birth? If so, how many times? Please describe the labor.
- Was it cesarean section or natural childbirth?
- Were you breastfed or formula fed as a baby?
- Do you suffer from any allergies?
- Do you follow any special diet?
- Have you ever tried to lose weight and been on a strict diet? Please describe.
- Do you smoke?

- Do you deal with any signs and symptoms of any part of your body that concern you? Please specify:
    - head -
    - hair -
    - mouth -
    - eyes -
    - nose -
    - muscles -
    - skin -
    - mood -
    - Mind/concentration -
    - Chest -
    - Genitals -
    - Hands -
    - Nails -
    - Thighs -
    - Feet -
  
  - How often do you pass a bowel movement? Is it regular?
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- What is your current physical activity level? Please rate it on a scale of 1-10.
  
- What is your current vital energy level? Please rate it on a scale of 1-10.
  
- What is the condition of your nails?
  
- How do you rate your appetite, sense of taste and smell?

- Question for non-pregnant women: Do you have periods? Are they regular and painful? If not applicable, please specify.
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- What are your favourite foods?
- What foods make you feel worse and why?
- Do you drink alcohol? If so, what type?
- Do you drink coffee and/or tea? If so, please specify the type and frequency.
- Do you take sugar or any artificial sweeteners in coffee or tea? How much?
- What else do you drink apart from coffee and tea?
- Do you eat out?
- How much do you drink a day (please include all beverages)?
- When do you feel like eating the most?

- Do you use any fats in your food (vegetable oil, margarine, cream, olive oil, no fat, etc.) ?
- Please specify the days and hours of your work. Can you heat up your food at work? Is it possible to have a lunch at work in peace and quiet?
- How much time a day can you spend on cooking? Do you like it?
- How many meals a day do you usually have?
- What time do you go to sleep? What time do you get up?
- What do you hope to achieve by obtaining nutritional consulting?
- What difficulties you encounter in meal prep or making changes?

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- Do you recall any situations that affected your diet?

- How did you find about Wegecentrum-Iwona Kibil?

Zgodnie z art. 13 ust. 1-2 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (ogólne rozporządzenie o ochronie danych) (dalej „RODO”) informujemy, że:

Administratorem Pani/Pana danych osobowych jest firma Wegecentrum - Iwona Kibil, z siedzibą w Warszawie, ul. Gwarków 37a, 04-459 Warszawa, NIP 822-21-36-939, REGON 360541085.

Administrator będzie przetwarzać Pani/Pana dane wyłącznie w celu świadczenia oferowanych usług.

Wszelkie dane osobowe i adresowe podane przez Państwa na stronie [www.wegecentrum.pl](http://www.wegecentrum.pl) nie będą w jakikolwiek sposób udostępniane ani odsprzedawane osobom trzecim.

W każdej chwili przysługuje Państwu prawo do wycofania zgody na przetwarzanie danych

- PLEASE SIGN HERE

Wyrażam zgodę na przetwarzanie informacji podanych w niniejszym formularzu zgłoszeniowym.

Zdaję sobie sprawę, że w każdym czasie mogę wycofać zgodę na przetwarzanie szczególnej kategorii danych, a wycofanie zgody będzie równoznaczne z usunięciem mnie z listy pacjentów poradni.

Oświadczam, że informacje podane w kwestionariuszu na temat stanu zdrowia a także przyjmowanych leków i suplementów. są zgodne z prawdą.

**Please describe in detail your usual days (describe 1-3 days of a week)**

**Please indicate the day and hours of any physical workout.**

Day of week:

Hour	Meal	Ingredients	Portion size



Day of week:

Hour	Meal	Ingredients	Portion size

Day of week:

Hour	Meal	Ingredients	Portion size