

Birth & More Nutritional Profile

Name: _____ Date: _____

Please fill out the information below to help us get a general idea of your eating habits.

I Usually Eat:	Every Day	Almost Every Day	3-4 Times a Week	Once or Twice a Week	Almost Never	Never
Breakfast						
Lunch						
Dinner						
Snacks						
Canned Vegetables						
Frozen Vegetables						
Fresh Vegetables						
* Leafy Green						
*Yellow or Orange						
Fresh Fruit						
Cheese or Yogurt						
Eggs						
Red Meat						
Fish						
Fish						
Chicken						
Beans, Dried Peas, or Lentils						
Tofu or Tempeh						
Nuts, Peanut Butter, Tahini, Etc.						
Other Sources of Protein?						
Whole Grains, Whole Wheat Noodles, Corn Tortillas, Brown Rice						
White Rice, Spaghetti, Noodles						
Items With Refined Sugar (Candy, Cake, Cookies, Etc.)						
Soda						
Caffeinated Beverages						
Milk or Soymilk						
Prenatal Vitamins With Folic Acid						
Iron Supplements						
Type:						
Calcium/Magnesium						

I smoke about _____ cigarettes a day.

I drink about _____ servings of alcohol a day/week/month (circle one, if applicable).

I smoke marijuana _____ times a day/week/month . (circle one, if applicable).

On the back of this sheet, please write down what you have eaten in the past 24 hours. Be as specific as possible, stating amount and type of food. (e.g. "1/2 cup brown rice" instead of just "rice").