

Note: This is Online Appendix 1 of Trapp CD, Miller K, Walters P, Hall A. Outcomes at a metabolic health clinic: A medical audit. J. metab. health. 2026;9(1), a139. <https://doi.org/10.4102/jmh.v9i1.139>

Patient Food Questionnaire



Name: _____

Date of birth: _____

Metabolic Health Intake Form

Thank you for taking the time to complete this form.

Who referred you for a metabolic consultation? _____

Who is your primary care provider? _____

What are your goals for your health? _____

What concerns or conditions motivated you to schedule a metabolic consultation? _____

How ready are you to make lifestyle changes? 1 2 3 4 5
not ready-----let's go!

Current eating/drinking habits

How many meals per day? 1 2 3 more than 3

How many snacks per day? 1 2 3 4 5 more than 5

What do you drink each day? _____
(water, regular soda/pop, diet soda/pop, juice, smoothies, sweetened coffee/coffee drinks, energy drinks, protein shakes)

How often do you drink alcohol? Never rarely monthly 1-3 days per week 4-6 days per week daily

How many alcoholic drinks do you have each time you drink? 1 2 3 more than 3
(A drink is defined as 12 ounces of beer, 1 ounce of hard alcohol or 4 ounces of wine)

What do you typically drink when having alcohol? _____
(beer, wine, mixed drinks, hard alcohol, alcoholic seltzers)

List any food that you cannot eat or chose not to eat: _____
(Beef, pork, chicken, turkey, fish, shellfish, nuts, eggs)

Please specify reason _____
(allergy, intolerance, religious/personal belief, dislike, have been advised to avoid)

List any foods that you crave, find difficult to avoid or frequently overeat: _____
(pizza, chips, cookies, ice cream)

<p><i>Sweets* can be any carbohydrate such as pasta, bread, desserts, cookies, soda, icecream, pizza, cereal, potatoes, rice, sweeteners, with or without fat etc.</i></p>	Sweets*		Alcohol	
	Yes	No	Yes	No
<p>1. U= Unplanned Use In the past year, have you ever eaten more sweets*/drank more alcohol than you intended or have you spent more time eating, <i>using sweets*/drinking alcohol</i> than you intended to?</p>				
<p>2. N = Neglected Have you ever neglected some of your usual daily responsibilities due to using sweets*/overeating/ drinking alcohol?</p>				
<p>3. C= Cut down Have you felt that you wanted or needed to cut down on eating sweets*/drinking alcohol in the last year?</p>				
<p>4. O= Objected Has anyone objected to you overeating sweets*/drinking alcohol, has your family, a friend, or anyone else ever told you they objected to your eating / drinking habits?</p>				
<p>5. P = Preoccupied Have you ever found yourself preoccupied with wanting sweets*/drinking alcohol or found yourself thinking a lot about sweets*/alcohol?</p>				
<p>6. E = Emotional discomfort Have you ever used sweets/food* /alcohol to relieve emotional discomfort, such as fatigue, irritation, sadness, anger, tiredness or boredom etc?"</p>				

**Please mark YES or NO for each question
 for SWEETS and for ALCOHOL**

Patient name: _____ DOB _____

Yes	No	
		Do you have episodes of excessive overeating? (for example, eating within a 1-2 hour time period significantly more than most people would eat in that same time)

If you answered NO to the first question, you do not need to answer any additional questions.

Always	Often	Sometimes	Never or rarely	
				During episodes of excessive overeating, do you have a sense of lack of control over your eating, feeling that you cannot stop eating or do not have control how much you are eating?
				During episodes of excessive overeating, do you feel like you are eating much more rapidly than normal?
				During episodes of excessive overeating, do you eat until you feel uncomfortably full?
				During episodes of excessive overeating, do you eat large amounts of food when you are not physically hungry?
				During episodes of excessive overeating, do you eat alone because you feel embarrassed about how much you are eating?
				After episodes of excessive overeating, do you feel disgusted with yourself, depressed or very guilty about the episode?
				After episodes of excessive overeating, do you compensate by making yourself vomit, taking laxatives/diuretics or exercising excessively to make up for the food you ate?
Yes	No			
		Do you feel distressed or are significantly bothered by these episodes of overeating?		
		Do you have these episodes at least once per week?		
		Have these episodes been happening for at least 3 months?		

Name:

Date of birth:

Meal time	Foods eaten /Cooking methods	Beverage
What is a typical BREAKFAST for you?		
If you snack between breakfast and lunch, what do you typically SNACK on?		
What is a typical LUNCH for you?		
If you snack between lunch and supper, what do you typically SNACK on?		
What is a typical SUPPER for you?		
If you snack before bed, what do you typically SNACK on?		