Ankieta podstawowa

Dane ogólne:

|  |  |
| --- | --- |
| Imię i nazwisko: |  |
| Data urodzenia: |  |
| Telefon kontaktowy: |  |
| e-mail: |  |
| Preferowane godziny kontaktu telefonicznego: |  |

Udostępniony przez Państwa email będzie służył jedynie do przesłania diety, kontaktu z Państwem, przesłania informacji odnośnie pomiarów i wizyt kontrolnych oraz przesłania informacji o organizowanych przez nas wydarzeniach, nowościach i promocjach. Zgodnie z ustawa z dn. 18.07.2002r. (Dz.U. nr 144, poz.1204) o Świadczeniu usług drogą elektroniczną, wyrażam zgodą na otrzymywanie powyższych informacji na mojego e-maila. Jednocześnie zapewniamy, że Twój adres e-mail nie zostanie udostępniony bądź odsprzedany osobom trzecim. Udzielona zgoda może być przez Ciebie w każdej chwili wycofana poprzez przesłanie emaila na adres [okon.dietetyk@gmail.com](mailto:okon.dietetyk@gmail.com) z takową informacją.

Podpis:…………………..

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| Informacje ogólne (proszę podkreślić właściwe, można dopisać komentarz) | | | | | | | | | | | | | | | |
| Cele wizyty u dietetyka (poprawa zdrowia, schudnięcie, przytycie, zwiększenie energii, zmiana nawyków, poprawa kondycji, koncentracji, dla siebie/innych, inne powody) | |  | | | | | | | | | | | | | |
| Skąd Pan/Pani dowiedział/a się o moim gabinecie? | | Gazeta | | strona WWW | | fanpage na Facebooku | | | | znajomi | | ulotki | | inne (jakie?) | |
| Oczekiwania wobec dietetyka: | |  | | | | | | | | | | | | | |
| Co skłoniło Panią/Pana do wizyty u dietetyka? | |  | | | | | | | | | | | | | |
| Jaka wg Pani/Pana powinna być idealnie ułożona dieta? | |  | | | | | | | | | | | | | |
| Czy czuje się Pan/i dobrze ze swoją wagą? | |  | | | | | | | | | | | | | |
| Z jaką wagą czułaby się Pani/Pan lepiej? | |  | | | | | | | | | | | | | |
| Jak szybko i ile kg chce Pan/i schudnąć lub przytyć? | |  | | | | | | | | | | | | | |
| PRACA | | | | | | | | | | | | | | | |
| Status zawodowy (proszę zaznaczyć właściwe)  Wykonywany zawód: | Uczeń | | Student | | | | Osoba pracująca | | Osoba niepracująca | | Emeryt | | | | Rencista |
|  | | | | | | | | | | | | | | |
| Charakter wykonywanej pracy: | Siedząca | | | | Stojąca | | | Umiarkowany ruch | | | | | Intensywny ruch | | |

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| **Godziny pracy** proszę o wpisanie godzin pracy i zajęć dodatkowych w ciągu tygodnia, a także o wpisanie godzin wstawania i snu, gdzie: w-wstaję, s-sen | Poniedziałek | | | | Wtorek | | | | | | | | | | | Środa | | | | | | | | | | | | | | Czwartek | | | | | | | | | | | | | | Piątek | | | | | | | | | | | | | Sobota | | | | | | | | | | | | | | Niedziela | | | | | | | |
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| **W** | | **S** | | **W** | | | | | **S** | | | | | | **W** | | | | | | | | **S** | | | | | | **W** | | | | | | | **S** | | | | | | | | **W** | | | | | | | **S** | | | | | **W** | | | | | | | **S** | | | | | | | **W** | | | | | | **S** | |
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| **Zmiany** (w przypadku pracy zmianowej proszę o wpisanie godzin oraz czasu wstawania i snu | **Ranna :** | | | | | | | | | | | | | | | **Popołudniowa :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nocna :** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | | | S | | | | | | | | | | | W | | | | | | | | | | | | | | | | | S | | | | | | | | | | | | | | | | | | | W | | | | | | | | | | | | | | | | | S | | | | | | | | | |
| **Zdrowie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Obecna masa ciała** | |  | | | | | | | | | | | | | | | | | | **wzrost** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy w ostatnim czasie nastąpiły zmiany w masie ciała?** (jakie, od kiedy? Oczekiwane?) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy stosował/a Pan/i jakieś diety,** jakie? Jak długo? | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jakie były rezultaty diet?** (schudnięcie, przybranie masy, efekt jojo) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co powodowało rezygnację z diety?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy Pana/i obecny sposób odżywiania opiera się na jakichś zasadach lub zaleceniach? Jeśli tak to jakich?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alergie** (proszę zaznaczyć i wypisać jeśli istnieją)  jakie badania były wykonywane pod kątem alergii? | | Astma | | | | | | Pyłki/grzyby | | | | | | | | | | | | | | | | | | Pokarmy | | | | | | | | | | | | | | | | Sierść/kurz | | | | | | | | | | | | | | | | | | | | Leki/inne | | | | | | | | | | | | | | | | |
| **Nietolerancje pokarmowe** | | Mleko (laktoza) | | | | | | Inne? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ciąże** (jeśli były) | | Ilość: | | | | | | Karmienie piersią: | | | | | | | | | | | | | | | | | | | Przybrana masa ciała w każdej ciąży: | | | | | | | | | | | | | | | | | | | | | | | Zrzucanie kilogramów po ciąży (ile i w jakim czasie): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy w ciąży pojawiła się cukrzyca?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy jest Pani w połogu/ karmi piersią?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miesiączka: (**proszę zaznaczyć prawidłowe) | | **Regularna:** | | | | | | | | | | | TAK/NIE | | | | | | | | | | | | | | | | | | | | **Bolesność:** | | | | | | | | | | | | | | | | | | | | | | | | | | | TAK/NIE | | | | | | | | | | | | | | | | | | |
| **Czy planuje Pani w najbliższym czasie zajść w ciążę?** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zdiagnozowane choroby przez lekarza (proszę zaznaczyć oraz wpisać datę stwierdzenia):** | | | Cukrzyca/podwyższony cukier | | | | | | | | | | Miażdżyca/za wysoki cholesterol/ nadciśnienie | | | | | | | | | | | | | | | | | | | Choroby serca/ przebyte zawały | | | | | | | | | | | | | | | | | | | | tarczyca: niedoczynność/nadczynność/ Hashimoto, Graves-Basedov/inne | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nerki: kamienie/niewydolne, wycięte | | | Wątroba: otłuszczona, niewydolna, marskość, wcyięty pęcherzyk żółciowy/ inne | | | | | | | | | | | | | | | | | | Żołądek: Refluks/zgaga/ H. pyl lori/ wrzody/inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kości/stawy: RZS/ osteoporoza/ dna moczanowa/reumatyzm inne | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nowotwory (jakie?) | | | Inne: Depresja/migreny/bezsenność/inne | | | | | | | | | | | | | | | | | | Skóra: AZS/ łuszczyca/ łojotok/ wypadanie włosów/inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Jelita: wrzody, nadwrażliwe/resekcja/wzdęcia/uchyłki/inne | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy zna i stosuje Pan/i zalecenia związane z Pana/i chorobą?** | | | Tak | | | | | | | | | | Nie | | | | | | | | | | | | | | | | | | | Nikt mi ich nie przedstawił | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy któreś z tych chorób (lub inne) występowały w rodzinie? Jakie?** | | | Matka | | | | | | | | | | Ojciec | | | | | | | | | | | | | | | | | | | Rodzeństwo | | | | | | | | | | | | | | | | | | | | Dziadkowie | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Przepisane i zażywane leki:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Zażywane suplementy, witaminy, preparaty odchudzające** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jaki był sposób Pani/a urodzenia?** | | | naturalny | | | | | | | | | | | | | | Cesarskie cięcie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nie wiem | | | | | | | | | | | | | | | | | | | |
| **Czy był/a Pan/i karmiony/a piersią i jak długo?** | | | Tak | | | | | | | | | | | | | | Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nie wiem | | | | | | | | | | | | | | | | | | | |
| **Czy często Pan/i chorował/a jako dziecko?** | | | Tak | | | | | | | | | | | | | | Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nie wiem | | | | | | | | | | | | | | | | | | | |
| **Czy jako dziecko miał/a Pan/i jakieś alergie?** Jakie? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy stosowane były antybiotykoterapie,** jak często? Kiedy ostatnia? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy obecnie często Pan/i choruje?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jaki jest rytm snu?** | | | Śpię całą noc | | | | | | | Wybudzanie 1 raz | | | | | | | | | | | | | | | | | | | Wybudzanie kilka razy | | | | | | | | | | | | | | | | | | | Bezsenność | | | | | | | | | | | | | | | Podjadanie w nocy | | | | | | | | | | | | | | | |
| **Jak często się Pan/i wypróżnia?** | | | 1x dziennie | | | | | | | | 2xdziennie | | | | | | | | | | | | Częściej/dzień | | | | | | | | | | | | | | | | | 1x/2 dni | | | | | | | | | | | | | | | | 1x/3 dni | | | | | | | | | | | | rzadziej | | | | | | | | | | |
| **Czy stosowane są środki przyspieszające wypróżnianie?** Jakie? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy pojawiają się wzdęcia/gazy/ biegunki?** Kiedy? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ile posiłków dziennie Pan/i zjada?**  Ile głównych, ile przekąsek? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy zjada Pan/i śniadanie,** ile czasu od wstania, w domu czy w pracy? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co zjada Pan/i zazwyczaj na śniadanie?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co zjada Pan/i na kolację/ ile godzin przed snem?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Z ilu dań składa się obiad?** Zupa, drugie danie, sałatka, kompot, deser | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy je Pan/i zupy? Jakie najchętniej? Jak często?** | | | Lubię / nie lubię/ gotuję dla rodziny / nie gotuję | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zaciągane- zagęszczane : mąka / śmietana / śmietanka / zasmażka / inne…………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pomidorowa/ ogórkowa/ rosół / grochówka/ fasolowa/ inne………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **O jakich godzinach zjada Pan/i posiłki/przekąski?** | | | Śniadanie | | | | | | | | 2 śniadanie | | | | | | | | | | | | Przekąski | | | | | | | | | | | | Obiad | | | | | | | | | | | | Deser | | | | | | | | | | | | | | | Kolacja | | | | | | | | | | | | | Przekąski | | | |
| **Jaki posiłek jest dla Pana/i najważniejszy i dlaczego?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Który posiłek jest największy i o której godzinie?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy jada Pan/i o regularnych porach?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy planuje Pan/i co zjeść na kolejny posiłek?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy zdarzają się napadowe chęci na zjedzenie czegoś słodkiego/słonego? O jakich godzinach?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kiedy pojawia się największa ochota na jedzenie?** | | | Rano | | | | | | | | | | Po południu po pracy | | | | | | | | | | | | | | | | | | | | | | | Wieczorem | | | | | | | | | | | | | | | | | | | | | Podczas oglądania TV, przed komputerem, z nudy | | | | | | | | | | | | | | | | | | | | | |
| **Jak reaguje Pan/i na stres?** | | | Wzmożony apetyt | | | | | | | | | | | | | | | Brak apetytu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nie ma wpływu | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy po posiłku pojawia się zmęczenie?** | | | Tak | | | | | | | | | | | | | | | Nie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Czasami (kiedy?) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy są produkty/ dania, które szczególnie Pan/i lubi?** Np. pizza, drożdżówki, pierogi, chipsy, batony, czekoladę?Do jakich produktów ma Pan/i słabość? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kto w domu gotuje/przygotowuje posiłki?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kto robi zakupy spożywcze?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gdzie najczęściej zjada Pan/i posiłki?** | | | Dom | | | | | | | | Praca | | | | | | | | | | | | | | Szkoła | | | | | | | | | | | | | | Samochód | | | | | | | | | | | | | | | | Restauracja | | | | | | | | | | | | Fast-food/bar | | | | | | | | | | | |
| **Jak często jada Pan/i poza domem, w restauracji?** | | | codziennie | | | | | | | | Raz na kilka dni | | | | | | | | | | | | | | | | | Raz w tygodniu | | | | | | | | | | | | | | | | | | | | | Raz w miesiącu | | | | | | | | | | | | | | | w ogóle | | | | | | | | | | | | | | |
| **Jak często jada Pan/i w barach typu Fast food?** | | | codziennie | | | | | | | | Raz na kilka dni | | | | | | | | | | | | | | | | | Raz w tygodniu | | | | | | | | | | | | | | | | | | | | | Raz w miesiącu | | | | | | | | | | | | | | | w ogóle | | | | | | | | | | | | | | |
| **Czy w pracy/szkole może pani zjeść o dowolnej porze?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy w pracy/szkole może Pan/i podgrzać posiłek?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jakie napoje i ile pije Pan/i w ciągu dnia? (**proszę podkreślić jakie i wypisać ilość szklanek lub litrów) | | | Woda mineralna/źródlana/ z kranu/ smakowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Szklanki: | | | | | | | | | | | | | | | | | | | | Litry: | | | | | | | | | | | | | | | | | Brak |
| Herbata czarna/zielona/ owocowa/ ziołowa/ biała/ czerwona/ inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | szklanki | | | | | | | | | | | | | | | | | | | | Litry | | | | | | | | | | | | | | | | | Brak |
| Kawa ekspres/ rozpuszczalna/ parzona/ zbożowa/ inna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Szklanki: | | | | | | | | | | | | | | | | | | | | Litry: | | | | | | | | | | | | | | | | | Brak |
| Soki jednodniowe/ z kartonu/ warzywne/ multiwitamina/ Kubuś/ inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Szklanki: | | | | | | | | | | | | | | | | | | | | Litry: | | | | | | | | | | | | | | | | | Brak |
| Cola/ fanta/ sprite/ mirinda/ energetyki/ inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Szklanki: | | | | | | | | | | | | | | | | | | | | Litry: | | | | | | | | | | | | | | | | | Brak |
| Kakao/mleko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Szklanki: | | | | | | | | | | | | | | | | | | | | Litry: | | | | | | | | | | | | | | | | | Brak |
| **Czy dodaje Pan/i cukier, miód, słodziki do kawy, herbaty lub napojów?**Ile łyżeczek? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy dodaje Pan/i mleko lub śmietankę do kawy?** Ile i jaką? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co stosuje Pan/i do słodzenia?** | | | Cukier | | | | | | Słodziki | | | | | | | | | | Miód | | | | | | | | | | | | | | | Ksylitol/erytrytol | | | | | | | | | | | | Stewia | | | | | | | | | | | | Inne | | | | | | | | | | | | | | | | | | Nie stosuję | | |
| **Ile łyżeczek cukru zużywa Pan/i w ciągu dnia do potraw?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy potrafi Pan/i żyć bez słodyczy?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy po posiłku pojawia się chęć na coś słodkiego?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jak często zjada Pan/i słodycze?** Jakie? | | | Batony,czekolada | | | | | | | | | | | Drożdzówki | | | | | | | | | | | | | | | | | Ciasta | | | | | | | | | | | | | | | Żelki | | | | | | | | | | | | Cukierki | | | | | | | | | | | | | | | | | | Inne | | |
| **Czy stosuje Pan/i używki? Jaki i jak często** | | | Alkohol (jaki?) | | | | | | | | | | | Codziennie | | | | | | | | | | | | | | | | | Kilka razy w tyg | | | | | | | | | | | | | | | | | | | | | | Okazjonalnie | | | | | | | | | | | | | | | | | Nie stosuję | | | | | | | | |
| Papierosy (od kiedy?) | | | | | | | | | | | Codziennie | | | | | | | | | | | | | | | | | Kilka razy w tyg | | | | | | | | | | | | | | | | | | | | | | Okazjonalnie | | | | | | | | | | | | | | | | | Nie stosuję | | | | | | | | |
| **Czy stosuje Pan/i dietę wegetariańską? Jakiego typu?** | | | Wegańska | | | | | | | | | | | Z jajami | | | | | | | | | | | | | | | | | Z nabiałem | | | | | | | | | | | | | | | | | | | | | | Z rybami | | | | | | | | | | | | | | | | | Nie stosuję | | | | | | | | |
| **Czy używa Pan/i mleka i produktów mlecznych?** | | | Tak | | | | Nie | | | | | | | | Rodzaje (mleko, ser, jogurty itp., %tłuszczu, smakowe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/dzień | | | | | |
| **Czy występuje po nich pogorszenie samopoczucia?** Wzdęcia, zmęczenie, niestrawność | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Czy spożywa pan/i rośliny strączkowe?** | | | Tak | | | | Nie | | | | | | | | Jakie? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/tydzień | | | | | |
| **Czy występuje po nich pogorszenie samopoczucia?** Wzdęcia, zmęczenie, niestrawność | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Czy spożywa Pan/i mięso?** | | | Tak | | | | Nie | | | | | | | | W jakiej postaci? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/dzień | | | | | |
| **Jakie mięso najbardziej Pan/i lubi?** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy jada Pan/i wędliny i wyroby wędliniarskie? Jakie?** (szynka, kiełbasa, parówki, kabanosy…) | | | | Tak | | nie | | | | | | Jakie? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/dzień | | | | | | |
| **Czy spożywa Pan/i ryby?** | | | | Tak | | Nie | | | | | | Jakie? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/tydzień | | | | | | |
| **Czy spożywa Pan/i jaja?** | | | | Tak | | Nie | | | | | | W jakiej postaci? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość porcji/dzień | | | | | | |
| **Jaką obróbkę cieplną mięsa i ryb najczęściej Pan/stosuje?** | | | | Smażenie bez panierki / w panierce / pieczenie w folii / pieczenie w piekarniku / duszenie/ gotowanie /na parze/inne (jakie?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jakie pieczywo Pan/i spożywa?** | | | | Jasne/tostowe / ciemne / razowe /graham / pełnoziarniste / mieszane / Inne : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Czym kieruje się Pan/i przy zakupie pieczywa: | | | | Cena | | | | | | | | Skład | | | | | | | | | | | | | | | | | | | | | | | | | | Kolor | | | | | | | | | | | | | | | | | | | | | | | | | | | | inne | | | | | | | | | | | | |
| **Jak często spożywa Pan/i kasze, makarony, ryż, płatki musli, owsiane?**  **(proszę napisać jakie)** | | | | Kasza jęczmienna/ gryczana/jaglana/manna/ amarantus/ quinoa inne jakie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Jak często? | | | | | | | | | | | | | | | | | | | | | | | Lubię/ nie lubię | | | | |
| Makaron biały/pełnoziarnisty/orkiszowy/ryżowy/ inny……………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Ryż biały/basmati/jaśminowy/paraboiled/  dziki/brązowy/inny……………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| ziemniaki | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| bataty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| płatki owsiane/orkiszowe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Nesquik i inne słodzone/musli kupne/crunch/ granola/inne…….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Jak często spożywa Pan/i produkty mączne?** | | | | Pyzy, pierogi, kluski, knedle, pizza, inne.. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ilość | | | | | | | | | | | | | | | | | | | | | | | Jak często | | | | |
| **Czego używa Pan/i do smarowania pieczywa** | | | | Masło, margaryna, twarożek, ser topiony, smalec, ketchup, inne…. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grubo/ cienko smarowane | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Używany tłuszcz do smażenia i na zimno** | | | | Używany tłuszcz do smażenia : kujawski/ rzepakowy / słonecznikowy/palma itp./oliwa/smalec/masło/masło klarowane/ kokosowy/ inne:……………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Używany olej na zimno do sałat itd. : ten sam co do smażenia / tłoczony na zimno nierafinowany: rzepakowy / oliwa virgin / inny………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i produkty typu light? Jakie i jak często?** | | | | Rodzaj: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość/ dzień | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i owoce?**  **Jakie i jak często?** | | | | Rodzaj: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość/ dzień | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i warzywa?**  **Jakie i jak często?** | | | | Rodzaj: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ilość/ dzień | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jak często występują orzechy, nasiona, owoce suszone ?** | | | | Orzechy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lubię/nie lubię/ nie spróbuję/ spróbuję | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orzeszki solone / w czekoladzie / laskowe / pistacje / włoskie / nerkowce / migdały / arachidowe / brazylijskie / inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Codziennie / 1x na 2 dni /1x w tyg. / 2x w tyg. / częściej / rzadko / 1 xmies. / 2x mies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pestki dyni / słonecznika /chia/ inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lubię/nie lubię/ nie spróbuję/ spróbuję | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Codziennie / 1x na 2 dni /1 w tyg. / 2 w tyg. / częściej / rzadko / 1 mies. / 2 mies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owoce suszone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lubię/nie lubię/ nie spróbuję/ spróbuję | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Śliwki / morele / żurawina / daktyle / figi / gruszki / banany / jabłka / owoce goji /jagody acai / inne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Codziennie / 1x na2 dni /1 w tyg. / 2 w tyg. / częściej / rzadko / 1 mies. / 2 mies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferowany smak potraw:** | | | | słodki/słony/ostry/ziołowy/ mocno doprawione / słabo doprawione / delikatny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy dosala Pan/i przy stole?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jakich przypraw Pan/i używa w kuchni?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy stosuje Pani ziarenka smaku/Vegetę/ maggi/ rosołki? Jak często?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy stosuje Pan/i kupne sosy:** | | | | | | | | | | | | | | | | | | | | | | Ketchup/ majonez/ musztarda/ sos tatarski/ inne podobne  Jak często? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i zupki chińskie, gorące kubki itp.?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i gotowe sosy w proszku/ dania w proszku/ dania do zalania? Jak często?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy spożywa Pan/i gotowe dania do odgrzania w mikrofali/ piekarniku?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy używa Pan/i mrożonek?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Aktywność fizyczna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy uprawia Pan/i na co dzień jakąś aktywność fizyczną?**  Jaką i od kiedy?  Ile godzin tygodniowo? | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jak ocenia Pan/i swoją codzienną aktywność?** | | | | Siedząco-leżąca (siedzenie w pracy, odpoczynek w domu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mało aktywna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Umiarkowana (lekki ruch przez cały dzień) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aktywna (uprawianie sportu 3x w tygodniu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bardzo aktywna, jestem sportowcem: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jaka forma aktywności najbardziej Panu/i odpowiada?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gdzie najbardziej lubi Pan/i ćwiczyć?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Czy istnieją przeciwwskazania do uprawiania sportu?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Proszę wypisać produkty, które koniecznie muszą się znaleźć w jadłospisie, takie które mogą być wprowadzone oraz takie, których Pan/i bardzo nie lubi

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| **Produkty, które bardzo lubię** | **Produkty, których nie lubię, ale zjem jeśli trzeba** | **Produkty, których nie lubię i nie zjem** |
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Inne dolegliwości zdrowotne: