

The Fertility Center of Las Vegas

Optimal Fertility and Pregnancy Questionnaire

Name _____

Date _____

Current Weight _____

Height _____

Current medications _____

Current vitamins and herbal products _____

How many meals per day do you consume _____

How many snacks per day do you consume _____

What is your primary beverage _____

How much water do you consume per day? _____ oz

How much caffeine per day (coffee, tea, soda) _____ oz

How many times per week do you dine out for breakfast _____

How many times per week do you dine out for lunch _____

How many times per week do you dine out for dinner _____

What are your favorite Dining out spots

Food Intake

How many servings of each food group do you eat per day
Servings sizes are in parentheses

Milk

(1-cup milk or yogurt or 1.5 oz cheese)

Meat/Protein

(1 oz meat or tofu, 1 egg, 1/3 c nuts, 2 Tbsp PB)

If you have protein with 1 meal/day -write 1

If you have protein with 2 meals/day- write 2

If you have protein with 3 meals/day -write 3

If you have protein with 3 meals and 1 snack write- 4

If you have protein with 3 meals and 2 snacks write-5

Fruit

(1 piece, 1/2 cup chopped, 1/4 cup dry 3/4 c juice)

Vegetables

(1-cup lettuce, or 1/2 cup cooked or raw)

Grains/Bread/Starch

(1 slice bread, 1 cup cereal, 1/2 cup cooked cereal, 1/2 cup rice., 1/2 cup pasta, 1/2 cup potato, 1 toaster waffle, 1/4 bagel)

Caffeine

6 oz coffee, 6 oz tea, 8oz soda

Deserts

(cake, ice cream, brownies, cookies)

Lifestyle Habits

Alcohol (How much)

(12oz beer, 5 oz wine, 1.5 oz spirits)

_____ per day
_____ per week

Cigarettes

_____ Cigs per day

_____ Packs per week

Activity Level

Check off your current activity level

- | | |
|--|-----|
| _____ Sedentary (little to no exercise) | 1.2 |
| _____ lightly active (light exercise/sports 1-3 days/week) | 1.3 |
| _____ Moderately active (moderate exercise/sports 3-5 days/week) | 1.6 |
| _____ Very active (hard exercise/sports 6-7 days per week) | 1.7 |
| _____ Extra Active (Very hard exercise/sports or physical job) | 2.0 |

What activities do you do on a regular basis?

Do you have any physical condition that prevents you from exercising?

_____.

Are you on physical restrictions from your physician?

_____.

What do you expect to learn from this class?

Please complete this questionnaire prior to meeting with the Dietitian.

Return by email/scan: Lory@FertilityCenterLV.com

Return by fax: 702 684-6706 Cover sheet: Attention Lory