

Mindful Eating Workshop Questionnaire

UofL Health Promotion Office (502) 852-1914



louisville.edu/healthpromotion

Date: _____

Last Name: _____ First Name: _____ MI _____

Phone: (____) _____ Email: _____ Date of Birth: ____/____/____

Age: _____ Identify as Male _____ Female _____ Other _____

Undergrad ___ Graduate ___ Major _____ Year _____

1. Where do you live? Off campus ___ On Campus ___ Residence Hall: _____

2. Where do you eat most often?
 ___ On campus Where? _____
 ___ Restaurants Where? _____
 ___ Home/apartment
 ___ Other: _____

3. Referred by: Self ___ Healthcare provider _____

4. Why do you want to participate in the mindful eating workshop?

5. Height: _____ Current Weight: _____

6. Lowest Adult Weight: _____ What age? _____ Highest Adult Weight: _____ What age? _____

7. Describe changes, if any, you have recently made to your eating and/or physical activity routines. When did you implement these changes? _____

8. Describe your current regular Physical Activity:

Type of Activity	# times per week?	How many minutes each time?
Ex: Brisk walking	5	30 minutes

9. General Questions: Circle your responses	Circle:	
a. Does your eating feel out of control or chaotic?	Frequently Rarely Never	
b. Does your weight feel out of control or confusing?	Frequently Rarely Never	
c. Are you currently being treated for a medical condition?	Yes No	List:
d. Are you taking medications?	Yes No	List:
e. Are you taking any vitamin, mineral, herbal or nutritional supplements?	Yes No	List:
f. Do you have a history of diabetes, high blood pressure, high cholesterol, eating disorders or disordered eating?	Yes No	List:
g. Are you currently on a special diet i.e. vegetarian, low-carb, gluten-free, low-fat?	Yes No	Describe:
h. Do you drink alcoholic beverages?	Yes No	Describe use:
i. Do you smoke?	Yes No	Describe use:
j. How many hours do you sleep? ___ - ___ hrs per night	Yes No	
k. Do you sleep well?	Yes No	
l. Do you nap?	Yes No	# minutes or hours: ____

10. Rate how important mindful eating is to you (0 = not at all 10 = extremely important)

0 1 2 3 4 5 6 7 8 9 10

11. Rate your confidence in becoming a mindful eater (0 = not at all confident 10 = extremely confident)

0 1 2 3 4 5 6 7 8 9 10

12. What barriers, if any, stand in the way of you becoming a mindful eater?

Student signature

Date