



Kidney Donor Nutrition Questionnaire

Name: _____ Date: _____

Please answer the following questions as part of your donor evaluation:

1. **What is your height?** _____ feet _____ inches

2. **What is your weight?** _____

3. In the last **6 months** have you gained or lost more than 10 pounds?

Yes _____ No _____

If **yes**, what do you think caused the weight change? _____

4. **Do you take any vitamin, mineral, herbal or protein supplements?**

If yes, please list: (attach additional list as needed)

6. **Please list all food allergies and intolerances:**

7. **Do you drink alcoholic beverages?** _____ Yes _____ No

If yes, how much? _____ per day _____ per week _____ per month

(One drink = 12 ounces beer, 1 ½ ounces liquor or 5 ounces wine)

8. **Do you often (weekly or daily) experience any of the following?**

Diarrhea _____ Yes _____ No

Nausea _____ Yes _____ No

Vomiting _____ Yes _____ No

Constipation _____ Yes _____ No

Heartburn _____ Yes _____ No

