



# Dietary & Food Sensitivity Questionnaire

Student Name \_\_\_\_\_ Course # \_\_\_\_\_

During the enrollment process, you indicated you have a special diet requirement or food allergy. Please answer the following questions so we may understand your consideration. Please recognize that this form is not to make provisions for food preferences. Specialized diets such as wheat and gluten allergies, vegan or nut allergies may require a participant to bring supplemental foods. Outward Bound will contact you if you need to bring supplemental food items.

1. Do any of these apply to you? Please check any that apply:

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Lactose Intolerance              | <input type="checkbox"/> Vegan      | <input type="checkbox"/> Other (Please explain) |
| <input type="checkbox"/> Gluten Intolerance (Gluten Free) | <input type="checkbox"/> Kosher     |   |
| <input type="checkbox"/> Wheat Intolerance (Wheat Free)   | <input type="checkbox"/> Nut free   |   |
| <input type="checkbox"/> Vegetarian                       | <input type="checkbox"/> No Seafood |   |

2. Please describe what specific dietary needs you have? Please provide the reason for these considerations. Be specific (i.e. diabetes, allergies, personal choice).

3. Please list food(s) you do not or are not able to eat.

Food	Reaction if Eaten	Sensitivity (amount that causes reaction)

4. What would result if your diet is not followed?

5. Do you require a specialized schedule for meals and snacks?  No  Yes If yes, please describe.

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6. What food(s) are you allergic to?

7. What reaction do you have to this food(s)?

8. When did you last have a reaction? Why did it occur?

9. Do you react if:

You ingest the food?

Yes  No

You touch the food?

Yes  No

The food is in close proximity?

Yes  No

\*\*\*Please explain all "Yes" answers

10. Do you use any medications to treat the reaction or symptoms?  No  Yes If Yes, please describe.

11. What do you use as a substitute? Please include the brand name.

12. Are you willing to bring your own food(s) as a supplement?  No  Yes

13. Can one of our Program Staff contact you directly?  No  Yes

If yes:

Best day/time to reach you: \_\_\_\_\_

Most reliable phone number: \_\_\_\_\_