



Nutrition Assessment Form

Name:

Phone number:

Email address:

(Circle one) Student/faculty/Community

How did you hear about WKU Nutrition Services?

Sex:

M

F

Height:

Weight:

Age:

Occupation:

Hours at occupation:

Describe Activity Level:

Ex: desk work, working
with machinery

Any physical activity goals? (Example: Increase muscle mass, run a 5K, increase flexibility, etc.)

On average, how many hours of sleep do you get a night?

Medical History

Do you have...

(1) Heart disease	Yes	No
(2) Diabetes	Yes	No
(3) High blood pressure	Yes	No
(4) Other, please list		

Are you taking any medications? Yes No

If yes, please list:

Do you use dietary supplements? Yes No

If so, what type, in what situation and for reason?



Social History

Do you smoke? Yes No

Do you drink alcohol? Yes No

If yes, how many drinks per week? (1 drink = 1-12 oz beer, 5 ounces wine, 1 ½ ounce liquor)

Currently following any type of nutrition diet? Yes No

If yes, what?

Do you avoid any foods? Yes No

If yes, why?

Do you crave any foods? Yes No

If yes, what?

Do you have any food aversions or food intolerances? Yes No

If yes, what?

Have you tried diets in the past? Yes No

If yes, how many?

What types?

Have you had success in previous weight loss efforts? Yes No

How were you successful?

Do you usually follow a similar eating pattern throughout the week? Please describe.

(Example: you eat about the same time every day, you usually have meat with dinner and cereal for breakfast, you eat out at restaurants more on the weekends)

Who does the grocery shopping?

How many times a week do you eat foods that were prepared outside your home?

(Example: fast food restaurant, cafeteria at work, etc.)

What are the most frequented establishments you eat outside the home?

(Example: Taco Bell, St. Louis Bread Company)

Do you cook? Yes No

If yes, how often?

Does anyone else in your family cook for you?

Weight Assessment

Are you happy with your current weight? Yes No
If not, do you want to: Gain weight Lose weight

What is your usual body weight?

What was your weight:
6 months ago: _____ 1 year ago: _____ 5 years ago: _____

What was your highest adult body weight? **When?**

What was your lowest adult body weight? **When?**

What is your dream weight? (A weight you would choose if you could weigh whatever you wanted.)

What is your happy weight? (This weight is not as ideal as the first one. It is a weight, however, that you would be happy to achieve.)

What is an acceptable weight? (A weight that you would not be particularly happy with, but one that you could accept, since it is less than your current weight.)

How long would you expect to reach your acceptable weight? (1 month, 1 year...)

Are you attempting to follow a certain number of calories per day? If so, how many? Where did this number of calories come from? (ie: website, another dietitian)

Yes, _____ calories (source)

No

Nutrition for Training

How many times a year do you train for various events?

What type of events do you train for?

Do you use any training programs to guide your? (ie: Hal Higdon's Marathon guide for the novice)?

Do you attempt to follow various percentages for carbohydrates, proteins, and fats? If so, what are those percentages?

Yes

No

Do attempt to eat certain foods pre or post workouts? If so, describe the workout and the foods.

Do you ever eat during training sessions? If so, describe in what type of training and what you eat.

Is there a time of day that you notice being hungry the most?

How do you hydrate yourself during training sessions?

Do you use sports drinks? If so, what brands? Yes No

Do you have any reoccurring injuries?

Miscellaneous

Are there any nutrition issues/topics you wish to discuss or have clarified? Yes No
If yes, please state the topics.

Consent for Nutrition Counseling and Education

I hereby consent to receive nutrition education and counseling. I understand that any medical information maintained by the WKU Health & Fitness Lab and/or the registered dietitian will not be available to any person or entity without a current authorization for release of information signed by me, including my insurance company, employer health benefit plans, or any other third party payer. I further understand that any information regarding my health status shall be maintained confidentially and will not be disclosed except in aforementioned instance. Furthermore, I will not hold the WKU Health & Fitness Lab and/or the registered dietitian liable for any illness or injury that may occur as a result of carrying out any exercise or other prescribe health/nutrition programs.

Date: _____ Patient name :(PRINT) _____

Patient signature: _____ Witness: _____

Food Record (you have two options: online or handwritten)

Online Version:

Let me congratulate you on taking an interest in your health and well-being. We are going to use FoodProdigy™ to record the foods you have eaten and the activities you routinely perform for three days prior to our meeting. This will allow us to take a better look at your current habits and identify what changes we may need to make to your diet. Once you have entered your food record you will receive a summary report with the calories contained in your current diet and when we meet we will go over your food record in more detail. Please enter your information into Food Prodigy prior to our appointment.

To get started:

1. Go to <http://www.foodprodigyonline.com/ui/registration> and type in your email address.
2. Enter a unique Password. (you create this)
3. Enter this Subscription ID: f184-4097-49a2-8013
4. Once you have created an account, you can go to www.foodprodigyonline.com to track your food intake. Use the email and password you registered with to log in to this account.

Use the Food Prodigy™ program to enter your diet and exercise information for three days.

Please contact me with any questions.

Sincerely,

Brandi Breden, RD LD

WKU Campus Registered Dietitian

nutritionnow@wku.edu

(270)745-6531

Handwritten Version:

3-Day Food and Beverage Log

Record every single bite and drink you consume for three days.

