

# Nutrition Assessment

Name \_\_\_\_\_ Purdue ID # \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Year in school: \_\_\_\_\_ Major: \_\_\_\_\_

Job: \_\_\_\_\_

Campus Address: Residence Hall \_\_\_\_ OFF campus \_\_\_\_ Living Alone: Yes \_\_\_\_ No \_\_\_\_

Referred by: \_\_\_\_\_

1. Have you been seen by a PUSH physician? Yes \_\_\_\_ No \_\_\_\_ If yes, when: \_\_\_\_\_

Who did you see? \_\_\_\_\_ Was blood work done? Yes \_\_\_\_ No \_\_\_\_

2. Have you ever worked with a dietitian/nutritionist? Yes \_\_\_\_ No \_\_\_\_

3. Height: \_\_\_\_\_ Age: \_\_\_\_\_ Current weight: \_\_\_\_\_ Goal weight: \_\_\_\_\_

4. What was your highest adult weight? \_\_\_\_\_ What was your lowest adult weight? \_\_\_\_\_

5. Women: When was your last menstrual period? \_\_\_\_\_ Is it regular? \_\_\_\_\_

6. List any medication you are currently taking: \_\_\_\_\_

7. List any herbal and/or vitamin/mineral supplements you are taking: \_\_\_\_\_

8. List any food allergies/intolerances (foods that don't "agree" with you): \_\_\_\_\_

9. Are you currently engaged in a regular exercise program? Yes \_\_\_\_ No \_\_\_\_

Current activities: \_\_\_\_\_

Past: \_\_\_\_\_

10. Have you ever had an eating disorder? Yes \_\_\_\_ Still active? \_\_\_\_ No \_\_\_\_

11. Please indicate if you use any of the following for weight loss:

\_\_\_\_\_ diet pill \_\_\_\_\_ laxatives \_\_\_\_\_ diuretics \_\_\_\_\_ exercise

12. Please list any diets that you have previously been on? \_\_\_\_\_

13. Is there any family medical history that we should be aware of? (i.e. Diabetes, Heart Disease, Hypertension, Cancer, etc.) \_\_\_\_\_

14. Do you smoke? Yes or No How many hours of sleep/night do you get? \_\_\_\_\_

15. Is there any other medical information concerning you that we should be aware of? \_\_\_\_\_

16. What do you hope I will do for you? \_\_\_\_\_

## Food Frequency Questionnaire

17. Name the five foods you eat most often.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

18. Please check which of the following trigger overeating/undereating for you:

- |                       |                                 |
|-----------------------|---------------------------------|
| _____ depression      | _____ happiness                 |
| _____ anger           | _____ tired of depriving self   |
| _____ loneliness      | _____ dissatisfaction with self |
| _____ boredom         | _____ uselessness of dieting    |
| _____ tension         | _____ fatigue                   |
| _____ academic stress | _____ other. Explain _____      |

Please record what you eat and drink on a “typical day.”

	Time	Food eaten (Describe)
Breakfast		
Lunch		
Dinner		
Snacks		

Tx: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_