**Nutrition Assessment Form**

Age:

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ­­­­­­\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Live with: [ ] Spouse [ ] Family [ ] Friend [ ] Alone

Employment: [ ] Full-Time [ ] Part-Time [ ] Retired [ ] Student [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen a dietitian before? [ ] Yes [ ] No

If yes, for what diet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_

Have you had any previous weight loss surgeries? [ ] Yes [ ] No

If yes, what type(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diets/Weight plans tried in the past:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Height: \_\_\_\_\_\_\_ Present Weight: \_\_\_\_\_\_\_ Highest Adult Weight/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lowest Adult Weight/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recent weight change? [ ] Yes [ ] No How many pounds lost? \_\_\_\_\_\_\_ Gained? \_\_\_\_\_\_\_What would you like to weigh? \_\_\_\_\_\_\_What age did you begin to gain excess weight? \_\_\_\_\_\_\_Looking back, what would you attribute the weight gain to at that time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the main reason you have been unable to lose weight (or maintain lost weight)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please check if you are currently taking any of the following:**[ ]  Multi-vitamins: brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[ ]  Single Vitamins (Vitamin C, E, etc): type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Calcium: type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Herbs: type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies/ Intolerances:

**Please check (✓) everything below that describes your eating pattern and/or lifestyle behaviors:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. I eat large portions, get seconds or overfill my plate
 |  | 11. I don’t take time to plan healthy meals  ahead |
|  | 1. I skip meals or go for longer than 5 hours between meals
 |  | 12. I am tempted by family/friends to eat  unhealthy foods |
|  | 1. I dine out (includes carry-out) more than 3 times a week
 |  | 13. I lack the knowledge to cook healthy |
|  | 1. I frequently eat fried foods, fast foods and high fat foods
 |  | 14. I never feel “full” or satisfied after eating |
|  | 1. I frequently eat sweets and desserts

(candy, cakes, cookies) |  | 15. When dieting, I go to extremes |
|  | 1. I graze (snack on food all day long while doing other things (reading, watching TV, computer work)
 |  | 16. I drink less than 64 ounces (8 cups) daily  (all fluids count) |
|  | 1. I eat too quickly
 |  | 17. I usually drink two or more alcoholic  beverages daily |
|  | 1. I am an emotional eater (I eat when I am stressed, bored, anxious…)
 |  | 18. My work schedule hinders my weight loss  efforts |
|  | 1. I am so busy, I forget to stop and eat
 |  | 19. I would have a difficult time reducing or  giving up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. I am a “picky” eater
 |  | Other: |

**Goals & Readiness Assessment**

1. I want to lose weight because:

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2. My nutrition-related goals are:

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3. If I could change 3 things about my health & nutritional habits, they would be:

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4. The biggest challenge(s) to reaching my nutrition/weight loss goals are:

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