

# Nutrition Assessment

<b>Name:</b>	<b>Date of Birth:</b>	<b>Phone:</b>
<b>Today's Date:</b>	<b>Select One:</b> Student Faculty Staff Private	<b>NetID:</b>
<b>If you are a student, what is your classification:</b> Freshman Sophomore Junior Senior Graduate Student		

**Please select your gender:**

Male	Female	Non-Binary/Third Gender	Prefer not to say
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**Which of the following best describes you?**

Black or African American
Asian or Pacific Islander
White or Caucasian
Hispanic or Latino
Native American or Alaskan Native
Multiracial or Biracial
A race/ethnicity not listed here

**Reason(s) for Nutrition Consult:**

**Food and Nutrition-Related Goals:**

**Do you have any of the following medical conditions?**

Diabetes
High Blood Pressure
High Cholesterol
Kidney Disease
Heart Disease
Other

**List any medications or vitamin/mineral supplements you take on a regular basis:**

## Weight History

Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Have you had any recent changes in your weight that you are concerned about? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Please answer yes/no to the following questions:

Do you make yourself sick because you feel uncomfortably full? ___ Yes ___ No
Do you worry you have lost control over how much you eat? ___ Yes ___ No
Have you recently lost more than 15 pounds in a three-month period? ___ Yes ___ No
Do you believe yourself to be fat when others say you are too thin? ___ Yes ___ No
Would you say food dominates your life? ___ Yes ___ No

For each statement, please tell me if it was often true, sometimes true, or never true:

Within the past 12 months I was worried about whether my food would run out before I got money to buy more.		
Often true	Sometimes true	Never true

Within the past 12 months the food I bought just didn't last and I didn't have the money to get more.		
Often true	Sometimes true	Never true

Please select the resources you are familiar with:

Bully's Closet and Pantry
Block by Block Meal Program
SNAP (Supplemental Nutrition Assistance Program)
Peter's Rock Food Pantry
St. Joseph Food Pantry

What food/nutrition concerns would you like to make sure the dietitian addresses during the visit: