PART 1: GOALS AND READINESS ASSESSMENT

1. I would like to visit with the dietitian, today because...
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. My food and nutrition-related goals are...
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. My overall health goals are...
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. If I could change three things about my health and nutritional habits, they would be...

1. ______________________________________________________________________________
_____________________________________________________________________________________

2. ______________________________________________________________________________
_____________________________________________________________________________________

3. ______________________________________________________________________________
_____________________________________________________________________________________
5. The biggest challenge(s) to reaching my nutrition goals is/are:
________________________________________________________________________________
________________________________________________________________________________

6. In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goals...
________________________________________________________________________________
________________________________________________________________________________

PART 2: LIFESTYLE ASSESSMENT

Does anything limit you from being physically active?
___________________________________________________________________________________

On average, how many hours of sleep do you get? Weekdays_______ Weekends_______

Do you smoke?  Never  In the past  Currently  How long? _________

Alcohol use?  Never  In the past  Currently  Type/amount/frequency______________________

PART 3: PAST MEDICAL HISTORY

1. List any supplements or medications currently taken:
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Any pertinent medical conditions to be aware of?
_____________________________________________________________________________________
_____________________________________________________________________________________

PART 4: WEIGHT HISTORY

Height _______  Current Weight _______  Desired Body Weight _______

Highest Adult Weight _______  When? _______  Weight 1 year ago _______

Have you had any recent changes in your weight that you are concerned about?  Yes  No
If yes, please explain:__________________________________________________________

PART 5: FOOD HISTORY/INTAKE INFORMATION

1. Do you follow any special diet or have diet restrictions or limitations for any reason (health, cultural, religious or other)?
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Who prepares the majority of your meals? ______________ Who shops for food? ______________

3. Where do you shop for food? ______________________________________________________

4. If you do, how much time do you spend cooking/preparing meals each day? ______________

5. Do you find cooking difficult? ______________________________________________________

6. The nutrition/eating habits that are most challenging for me: _____________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. The nutrition/eating habits that I am most pleased with: _______________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

PART 6: EATING STYLE

Check all that may apply to you based on your eating style or habits:

- Fast Eater
- Erratic Eater
- Emotional Eater
- Late night eater
- Time constraints
- Dislike “healthy” foods
- Travel frequently
- Rely on convenience items
- Do not plan meals/menus
- Family members have different tastes
- Love to eat
- Eat too much
- Eat because I have to/no appetite
- Negative relationship with food
- Struggle with eating issues
- Confused about food/nutrition
- Frequently eat fast food
- Poor snack choices

PART 7: CALCULATIONS

- Calorie needs:

- Protein needs:

- Fiber:

- Specific micronutrients: