NUTRITION ASSESSMENT

The information presented in this form is intended to help provide a profile of your past and present nutritional health. Please fill out completely to the best of your knowledge. We will review this form in your consultation.

PERSONAL INFORMATION

Name: Date:

Street Address: Birthdate:

City: Gender:

Phone #: Height:

Email: Weight (pounds):

LIFESTYLE

Diet

1. Please list the foods you commonly eat for each meal. Don't worry about looking good here… we will start where you are and move on from there. It is helpful to get a realistic look at your day.
   Breakfast (usual time eaten:) _____
   _____
   Dinner (usual time eaten:) _____
   _____
   Snack (usual time eater:) _____
   _____
2. What types of food do you eat most often? ____ fresh ____ canned ____ fast food ____ frozen ___fried
3. How often do you eat the following foods: 1= once or more daily, 2= weekly, 3= occasionally, 4= never
   ___artificial sweeteners ___lunch meats ___dairy ___breads, crackers, pasta, etc… ___fresh fruits
   ___red meat ___white meat ___fish, seafood ___fresh vegetables ___dessert ___candy bars, candy, etc…
4. List any foods you are allergic to: _____
5. Check the statement(s) that best describes your typical eating experience:
   ___I eat quickly and often do not chew my food thoroughly ___I chew my food slowly and relax
   ___I eat most meals while standing, driving or attending to other matters ___I don't eat 3 meals per day
6. Check the works that best describes your experience 30-60 minutes after eating:
   ___bloated ___gas ___diarrhea/cramping ___headache ___tired ___congested ___burning sensation
   ___filled/satisfied ___itching/hives ___wheezing ___nausea/vomiting ___pain (location)_____
7. Most foods I eat cause me to feel: ___energized ___guilty ___sick ___tired ___uncomfortable
8. Which types of foods do you crave frequently? ___salty ___sweet ___protein ___chocolate ___caffeine
   ___carbohydrates ___fried ___alcohol
9. Please complete this statement: No meal is complete without:

FLUID INTAKE:

1. Which phrase best describes your water drinking habits:
   ___I drink water throughout the day ___I rarely drink water because I am rarely thirsty
   ___I drink water infrequently ___I drink water frequently because I am always thirsty
2. How many glasses (8 oz.) of water do you drink daily?
3. Which type(s) of beverages do you drink in addition to water: ___coffee ___juice ___diet drinks ___milk
   ___tea (hot/cold) ___sports drinks ___non-dairy ___caffeinated ___alcoholic
4. Have you ever dieted? ___yes ___no If so, what has been your experience?