

Nutrition Assessment

The Lifestyle Center

Name: _____ Date of Birth: _____ Date: _____

Height: _____ Weight: _____ Pt's goal weight: _____

When were you last at this weight? _____

Are you following a special diet now? Or have you made recent changes in your eating habits? If so, please describe:

Food allergies/ intolerances: _____

Any other special practices (cultural or religious observances) that require a special diet/foods or fasting?

Who plans your meals? Self _____ Spouse _____ Other _____

Who cooks your meals? Self _____ Spouse _____ Other _____

Who buys the groceries? Self _____ Spouse _____ Other _____

On average, how many meals do you eat in a restaurant or eat take-out each week?

Breakfast _____ Lunch _____ Supper _____

OFFICE USE: Diet Recall	
Time	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How many servings of the following foods do you get each day?

Low-Carb. (Non-fried) vegetables and vegetable juice (1/2 cup)	0	1	2	3	4	5+
Fruit (1 piece or 1/2 cup)	0	1	2	3	4	5+
Fruit juice (8 oz cups)	0	1	2	3	4	5+
Milk and yogurt (8 oz cups)	0	1	2	3	4	5+
Meat/fish/poultry (3 oz, the size of a deck of cards)	0	1	2	3	4	5+
Starches/grains: bread, cereal, pasta, rice, potatoes, beans (1/2 cup or 1 sl)	0	1	2	3	4	5+



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NAME: _____

How many servings of the following foods do you eat/drink in a week?

Cheese (1oz) or peanut butter (2 Tablespoons)	0-1	2-3	4-5	6-7	8+
Fried foods (1 piece meat/fish or 1/2 cup other)	0-1	2-3	4-5	6-7	8+
Snack foods (chips, popcorn, pretzels, nuts, crackers, etc)	0-1	2-3	4-5	6-7	8+
Desserts or sweets (cookies, pies, cakes, candy, ice cream, etc)	0-1	2-3	4-5	6-7	8+

Are most of your dairy foods: regular low fat fat free

Are most of your snack foods: regular low fat fat free salted unsalted

Which of the following seasonings do you use on your foods?

Salt _____

Margarine: _____ What type? (circle all that apply)

stick whipped liquid spray regular low fat fat free

Butter: _____

Mayonnaise: _____ What type? regular low fat fat free

Salad dressing: _____ What type? regular low fat fat free

Fatback: _____

Sour cream: _____ What type? (Circle one) regular low fat fat free

Vegetable oil: _____ What type? Corn Safflower Canola Olive Other

How many servings of the following drinks do you get each day?

Water	0-1	2-3	4-5	6-7	8+
Regular soda, sugar sweetened tea or coffee, sports drinks, fruit-flavored drinks juice blends, etc.	0-1	2-3	4-5	6-7	8+
Unsweetened tea or coffee diet soda Crystal Light, sugar-free flavored drinks	0-1	2-3	4-5	6-7	8+
Caffeine-containing coffee, tea, sodas	0-1	2-3	4-5	6-7	8+

OFFICE USE: Comments

Reviewed by (staff): _____ Date: _____ Time: _____ am/pm

_____ Date: _____ Time: _____ am/pm

