

Client Assessment Questionnaire

Name: _____ Phone (cell): _____ Phone (other): _____

Current Address: _____

Best time and place to reach you _____ E-mail: _____

Sex: M F Age: _____ Height: _____ Current Weight: _____ Today's Date: _____

Current Physical Activity Level (circle one): low moderate heavy

Describe typical activity during week: _____

Health History

Indicate whether you have had blood relatives with any of the following problems:

Cancer yes no High Blood Pressure yes no Diabetes yes no High Cholesterol yes no

Osteoporosis yes no Heart Disease yes no Thyroid disorder yes no

List any known food allergies or intolerances: _____

List all prescribed, over-the-counter, herbal, or vitamin/mineral supplements you take: _____

Diet History

Do you follow a special dietary plan, such as low cholesterol, kosher, or vegetarian? yes no

If yes, please explain: _____

Is the **attached 3-day diet history** typical of the past 2 years _____? New in the past ___ months? A bad week _____?

Have you ever followed a weight loss diet? _____ Explain: _____

Are there certain foods that you do not eat? _____

What change(s) would you like to make?

Improve my eating habits Learn to manage my weight Improve my activity level Other _____

What information would you like to gain from your one-on-one session?

Weight Management

Eating Out

Exercise

Supermarket Shopping Tour

Portion Size

Alcohol Calories

Food Labels

Residence Hall Dining

Meal Planning

Fiber

Eating Less Fat

Healthy Food Preparation

Other specify _____

Thank you for your willingness to share this information and to take part in the Recreation Services Nutrition Program.

We look forward to working with you.

3-day Diet Analysis Intake Form.

Fill out the following information as accurately as possible. Include one weekend day and 2 other days to provide a record that reflects day-to-day variability in your food consumption. Our analysis will average these 3 days. Incomplete forms **cannot** be analyzed. Use the example given as a guide to develop your detailed food intake record. Use additional pages as necessary.

The information in this packet is helpful to me when preparing for your wellness session. The better we know your nutritional patterns and goals the more productive your session will be. The depth and detail you provide will also be of benefit when preparing your session. I want to learn about what you are interested in and how to meet your goals. It is very important to return the information to the front desk of the Recreation Services so that we have plenty of time to prepare for your visit. Please understand that we are your fellow students and also have a busy schedule with many deadlines to meet.

Day of week and meal eaten	Food or Beverage Give a detailed description including type of food, brand name, or restaurant	Amount Eaten Give as tsp, tbsp, cups, oz, weight or portion	How Prepared? Provide description, product label or recipe if available.	Where eaten?	Added fat, salt or sugar?
<i>Example: Mon 1/9 breakfast</i>	<i>Scrambled eggs</i>	<i>1 whole large egg</i>	<i>Scrambled in 1tsp butter with 1tbsp 1% milk added</i>	<i>In front of TV</i>	<i>Dash of salt & pepper</i>
<i>Mon 1/9 breakfast</i>	<i>Bread with margarine and jelly</i>	<i>1 slice 1tsp of each</i>	<i>Toasted</i>	<i>Same as above</i>	<i>1 tsp marg (butter or marg) + 1 tsp jelly (regular or lite)</i>
<i>Mon 1/9 breakfast</i>	<i>Orange Juice</i>	<i>16 oz</i>	<i>Jewel-Osco brand</i>	<i>Same as above</i>	<i>100% juice; not sweetened</i>

