

Ht: _____
 Wt: _____
 BMI: _____
 Waist Circumference
 OR Waist:Hip Ratio

 BP: _____
 TC: _____
 HDL: _____
 LDL: _____
 Office Staff Only

Fitness Center Nutrition Assessment
Department of Recreational Services
Georgia State University

Name: _____ Date: _____

Age: _____ Gender: _____ DOB: _____ Height: _____ Weight: _____
 Goal Weight: _____

Phone: () _____ - _____ GSU email: _____

Freshman Sophomore Junior Senior
 Graduate Student Faculty Staff Other: _____

Have you ever worked with a dietitian? Yes, where? _____ No

Have you worked with a GSU personal trainer? Yes, when _____ No

Describe any current medical condition(s) you may have:

How long have you had this condition? _____

Describe any significant past medical history or surgeries:

When was your last cholesterol test and what was the result?

When was your last blood pressure check and what was your reading?

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***Please schedule at least 1 week out

Do you have a family history of any of the following: high blood pressure, diabetes, heart disease, or high cholesterol? If yes please describe.

List current treatment and/or medications (name/dose): _____

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List current supplements (vitamins, mineral as well as any protein drinks or bars):

Have you changed your diet to lose weight? If so, describe:

Have you experienced any recent weight change? If yes, how much have you gained/lost and how fast?

Have you been prescribed a specific diet by a physician or other health professional? If so, please describe (approximate date and length of time):

Please consider the following questions or statements:

It's hard for me to stop eating when full.

_____ Often _____ Sometimes _____ Rarely _____ Never

I go through long periods of time without eating.

_____ Often _____ Sometimes _____ Rarely _____ Never

I eat to avoid dealing with problems.

_____ Often _____ Sometimes _____ Rarely _____ Never

I have determined that there are "safe" foods that are okay for me to eat and "bad" foods that I refuse to eat.

Yes No

Have you ever had or been diagnosed with an eating disorder? Yes No

If yes, what eating disorder was it and when were you diagnosed? _____

Do you any food allergies/intolerances? Yes No

If yes, please describe:

Physical Activity Profile: Do you currently exercise? Yes No

Type of exercise? _____

How often? _____ How long ? _____ (min/hr)

Barriers to exercise:

- Lack of time Cost Lack of energy
 Illness/Injury Lack of motivation Do not feel comfortable

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List 3 goals you now hope to achieve while working with the nutritionist.

1. _____
2. _____
3. _____

Eating Pattern History:

Who shops/prepares food at your home? _____

I cook: Always Most of the time Sometimes Never

I prepare my food: Mixed Broiled/baked Fried

I eat on campus: < 1x/ week 1x/week 2 – 3x/week >3x/week

Where: _____

I eat out: < 1x/ week 1x/week 2 – 3x/week >3x/week

I eat: Every 3 – 4 hours during the day 3x/day 2x/day varies

I skip meals: Always Often Sometimes Rarely Never

I skip this meal most often: None Breakfast Lunch Dinner

I have alcoholic beverages: Never <1x/ week 1-3x/week >3x/week Daily

How many per week: _____ liquor _____ beer _____ wine

How many 8-ounce cups of water do you drink in a day? _____

List foods you **enjoy and eat regularly** in the spaces provided below:

A. Dairy (Includes milk (skim, 1%, 2%), yogurt, puddings made with milk):

B. Fruit:

C. Non-Starchy Vegetables (everything but corn, potatoes, beans, and peas):

D. Grains (bread, cereal, rice, pasta, crackers, granola, corn, potatoes, beans, peas):

E. Protein (Eggs, cheese, fish, chicken, beef, pork, tofu, meat analogues):

F. Fat (Oils, nuts, peanut butter, avocado, salad dressings, sour cream, margarine):

List any foods you dislike or will not eat/cannot eat (i.e. food allergies):

Food Record

Please fill out a 2-day food record, including **1 week day** and **1 weekend day**. The information you record will help you get the most out of your nutrition session by providing a true picture of what you eat each day. Please aim at being accurate and descriptive with the types and amounts of food eaten.

Helpful Hints:

- Record your meals as you go rather than relying on memory.
- Be specific! Describe to the best of your ability the ingredients in your meal (What was in your turkey sandwich?).
- List all snacks and beverages, including water and alcohol, which were eaten and drunk throughout the day.
- Be sure to record sauces, condiments, and dressings.
- Keep your eating habits normal and true to you!

Please use this Portion Size Guide to properly record the amount eaten:

<i>WebMD Portion Size Guide</i>		
<p>BASIC GUIDELINES</p> <p>1 cup = baseball </p> <p>1/2 cup = lightbulb </p> <p>1 oz or 2 tbsp = golf ball </p> <p>1 tbsp = poker chip </p> <p>3 oz chicken or meat = deck of cards </p> <p>3 oz fish = checkbook </p>	<p>GRAINS</p> <p>1 cup of cereal flakes = baseball </p> <p>1 pancake = compact disc </p> <p>1/2 cup cooked rice = lightbulb </p> <p>1/2 cup cooked pasta = lightbulb </p> <p>1 slice bread = cassette tape </p> <p>1 bagel = 6 oz can of tuna </p> <p>3 cups popcorn = 3 baseballs </p>	<p>DAIRY & CHEESE</p> <p>1 1/2 oz cheese = 3 stacked dice </p> <p>1 cup yogurt = baseball </p> <p>1/2 cup of frozen yogurt = lightbulb </p> <p>1/2 cup of ice cream = lightbulb </p> <p>FATS & OILS</p> <p>1 tbsp butter or spread = poker chip </p> <p>1 tbsp salad dressing = poker chip </p> <p>1 tbsp mayonnaise = poker chip </p> <p>1 tbsp oil = poker chip </p>
<i>WebMD Portion Size Guide</i>		
<p>FRUITS & VEGETABLES</p> <p>1 medium fruit = baseball </p> <p>1/2 cup grapes = about 16 grapes </p> <p>1 cup strawberries = about 12 berries </p> <p>1 cup of salad greens = baseball </p> <p>1 cup carrots = about 12 baby carrots </p> <p>1 cup cooked vegetables = baseball </p> <p>1 baked potato = computer mouse </p>	<p>MEATS, FISH & NUTS</p> <p>3 oz lean meat = deck of cards </p> <p>3 oz fish = checkbook </p> <p>3 oz tofu = deck of cards </p> <p>2 tbsp peanut butter = golf ball </p> <p>2 tbsp hummus = golf ball </p> <p>1/4 cup almonds = 23 almonds </p> <p>1/4 cup pistachios = 24 pistachios </p>	<p>MIXED DISHES</p> <p>1 hamburger (without bun) = deck of cards </p> <p>1 cup fries = about 10 fries </p> <p>4 oz nachos = about 7 chips </p> <p>3 oz meatloaf = deck of cards </p> <p>1 cup chili = baseball </p> <p>1 sub sandwich = about 6 inches </p> <p>1 burrito = about 6 inches </p>

1 Day Food Record (Weekday)

An Example is provided for you.

Time	Food Item/ Beverages	Amount Eaten	Brand/Type	How Prepared	Location
Example: 8:00 AM	Omelet: cheese, tomato, spinach Potatoes Ketchup Toast Margarine OJ	3 eggs, 1 slice of cheese, ½ cup of spinach and tomatoes ½ cup 1 Tbsp 1 slice 1 tsp 1 cup	Egg whites Cheddar Cheese, 2% reduced fat N/A Heinz Whole Wheat I can't believe it's not butter Regular, no pulp	Pan-fried Roasted Toasted	Home

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1 Day Food Record (Weekend day)

Time	Food Item	Amount Eaten	Brand/Type	How Prepared	Location

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Please read the statements below regarding Nutrition Services provided at the Georgia State University Student Recreation Center. Please also sign and date.

The nutrition services offered at the Georgia State University Student Recreation Center are intended to provide general nutrition recommendations based on the nutritional needs of the client and within the scope of practice of the nutrition practitioner.

We reserve the right to make referrals out rather than provide services to clients when the issues exceed the scope of available services and/or scope of practice of the practitioner, as determined in the sole discretion of the nutrition practitioner

Client Signature: _____ Date: _____

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