



Fitness Center Nutrition Assessment
Department of Recreational Services
Georgia State University

Ht: \_\_\_\_\_
Wt: \_\_\_\_\_
BMI: \_\_\_\_\_
Waist Circumference OR Waist:Hip Ratio
BP: \_\_\_\_\_
TC: \_\_\_\_\_
HDL: \_\_\_\_\_
LDL: \_\_\_\_\_
Office Staff Only

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?
\_\_\_\_\_

Office Use Only: Schedule with SJ \_\_\_\_\_ / MP \_\_\_\_\_
\*\*\*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): \_\_\_\_\_

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

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

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

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

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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? \_\_\_\_\_

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Do you any food allergies/intolerances?  Yes  No

If yes, please describe:

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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

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**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><b>BASIC GUIDELINES</b></p> <p>1 cup = baseball </p> <p>½ 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><b>GRAINS</b></p> <p>1 cup of cereal flakes = baseball </p> <p>1 pancake = compact disc </p> <p>½ cup cooked rice = lightbulb </p> <p>½ cup cooked pasta = lightbulb </p> <p>1 slice bread = cassette tape </p> <p>1 bagel = 8 oz can of tuna </p> <p>3 cups popcorn = 3 baseballs </p>	<p><b>DAIRY &amp; CHEESE</b></p> <p>1 ½ oz cheese = 3 stacked dice </p> <p>1 cup yogurt = baseball </p> <p>½ cup of frozen yogurt = lightbulb </p> <p>½ cup of ice cream = lightbulb </p> <p><b>FATS &amp; OILS</b></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><b>FRUITS &amp; VEGETABLES</b></p> <p>1 medium fruit = baseball </p> <p>½ cup grapes = about 18 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><b>MEATS, FISH &amp; NUTS</b></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>¼ cup almonds = 23 almonds </p> <p>¼ cup pistachios = 24 pistachios </p>	<p><b>MIXED DISHES</b></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	<b>Omelet:</b> cheese, tomato, spinach  <b>Potatoes</b> <b>Ketchup</b> <b>Toast</b> <b>Margarine</b>  <b>OJ</b>	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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