

## Nutrition Assessment

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

### Please complete the following:

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ Birth date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: (W) \_\_\_\_\_ Cell: \_\_\_\_\_

Have you ever worked with a dietitian/nutritionist? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What brings you here today? \_\_\_\_\_

List any medications that you are currently taking: \_\_\_\_\_

List vitamin/mineral or other supplement you may be taking: \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

### The following questions relate to your eating and exercise patterns and your weight history. Please complete to the best of your ability.

1. Describe what hunger feels like to you: \_\_\_\_\_  
\_\_\_\_\_

2. Describe what fullness feels like to you: \_\_\_\_\_  
\_\_\_\_\_

3. How do you know when to quit eating? \_\_\_\_\_

4. Do you usually eat when you get hungry? \_\_\_\_\_

5. Do you often eat when you are not hungry? \_\_\_\_\_

6. Have you lost or gained weight over the past year? Yes \_\_\_\_ No \_\_\_\_

7. What was your highest weight? \_\_\_\_\_ Age \_\_\_\_\_. What was your lowest weight? \_\_\_\_\_

What is your desired weight? \_\_\_\_\_

8. How often do you weigh yourself? \_\_\_\_\_

**Questions 9-13 are for women; men skip to #14**

9. Are you on birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Approximate date of last menstrual period? \_\_\_\_\_

11. What is your average weight fluctuation during your cycle? \_\_\_\_\_

12. Age when you first started your menstrual cycle? \_\_\_\_\_ Your weight then? \_

13. If you lose weight do your cycles become irregular or stop? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is that weight? \_\_\_\_\_

14. What physical activities do you like to do? \_\_\_\_\_

How often do you do these activities? \_\_\_\_\_

For how long? \_\_\_\_\_ minutes.

15. Do you consider yourself a compulsive exerciser? Yes \_\_\_\_\_ No \_\_\_\_\_

16. List any nutrition/eating pattern/exercise goals you hope to achieve as a result of nutrition counseling:

Jean Hoppe, RD  
Nutrition Consultant