

Initial Nutrition Assessment:

Please answer all questions as honestly as you can. You may leave blank any questions you do not feel comfortable answering. Write "N/A" for any question that does not apply to you.

GENERAL INFORMATION

Name: _____

Date of Birth: _____

Current Height: _____

Current Weight: _____

Highest Adult Weight: _____ Date _____

Lowest Adult Weight: _____ Date _____

Desired Weight: _____ (if applicable)

How often do you weigh yourself? _____

How would you describe your current weight:

How satisfied are you with the way you look at this weight (circle one):

Completely Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

How often do you use the following:

HABIT	DAILY	WEEKLY	MONTHLY	PREVIOUSLY	NEVER
Cigarettes					
Regular Coffee or Tea					
Caffeine Soda					
Alcohol					
Marijuana					
Tranquilizers					
Barbituates/Sleeping Pills					
Amphetamines					

Have you ever:

Restricted food intake for a long period of time

YES NO

Purged after eating meals/snack

YES NO

Binged with food intake

YES NO

Used laxatives, diuretics, and/or enemas, to control weight

YES NO

Do you currently experience any indigestion, bloating, cramping after eating?

YES NO

How many times a day do you eat currently? _____

How often do you have a bowel movement? _____

List foods you choose most often to eat here: _____

A number of different ways of losing weight are listed below. Please indicate:

DIET	Age	How Long	#lost or gained	Comments	
Weight Watchers					
Jenny Craig					
Overeaters Anonymous					
Nutrisystem					
Optifast					
Slimfast					
Diet books					
Cabbage Soup diet					
High protein, low carbs					
High carbs, low fat					
Starvation-fasting					
Juicing					
Redux diet pills					
Fen/phen					
Meridia					
Xenical					
Dexatrim					
Ephedram, Ma Haung					
Metabolite					
Acutrim					
Physician-supervised diet					
Registered Dietitian					
PsychoTherapy					
Hypnosis					
Exercise Programs					
Surgery					
Other:					

Do you currently have any food allergies, intolerances and/or strong dislikes? _____

Occupation (if retired, note previous occupation) _____

Employer

Marital Status

Who lives in your household?

Circle the last year of school attended, and degree if appropriate:

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Master Doctorate Other_____