

NUTRITION APPOINTMENTS

NOTE: All appointments are at Wellness Education Services. Please call 645-2837 ext. 0 to schedule.

Hello! To better serve you, it's helpful to learn more about your current eating habits. Complete this cover page and three food records: any two weekdays and one weekend day that reflect your *usual food intake*. Instructions are on the back of this page. Bring the forms with you to your appointment. I look forward to meeting with you!

Janice Cochran, RD
Dietitian/Nutritionist

Wellness Education Services
114 Student Union

						(circle) M F
Name	Phone	email	Height	Weight	D.O.B.	Sex

1. **Your nutrition concern:** _____ Are you Vegetarian? Y N Lactose Intolerant? Y N
2. Please list all vitamins, minerals, herbs or other supplements (protein powders, etc.) you take, and how often.

3. List the foods you LIKE in each of the following categories: (o.k. to say "all except ...")

Fruits and fruit juices _____

Vegetables, salads _____

Dairy products/Alternates _____

Meat, poultry, fish, eggs _____

Beans (red, etc.), lentils, nuts, seeds _____

Grains (breads, cereals, pasta, rice, etc.) _____

Desserts, snack foods _____

Beverages _____ Soups _____

Condiments, dressings, butter/marg/oils, etc. you use _____

- 3a. Any foods you will not eat? _____

- 3b. How much water do you drink daily, on average? _____

4. Please check any factors that you feel MOST affect your eating habits:

<input type="checkbox"/> Stress	<input type="checkbox"/> Boredom	<input type="checkbox"/> Anger
<input type="checkbox"/> Late night	<input type="checkbox"/> Watching TV	<input type="checkbox"/> Studying
<input type="checkbox"/> Parties/holidays	<input type="checkbox"/> Eating out	<input type="checkbox"/> Snacking
<input type="checkbox"/> Overeating	<input type="checkbox"/> Become "starving"	<input type="checkbox"/> Erratic schedule
<input type="checkbox"/> Availability (or lack of) "healthy" food	<input type="checkbox"/> Vending machines	<input type="checkbox"/> Other _____

5. What is your biggest concern about your food intake or eating behavior?

6. Do you tend to eat the same foods from one day to the next? Y N

7. Are you on the Meal Plan? Y N Do you do some food shopping? Y N ..some food preparation? Y N

8. List regular physical activities you do _____

INSTRUCTIONS

Please record everything you eat and drink for any 2 days during the week and 1 weekend day (they do not have to be consecutive). The days you choose should be pretty typical for you—not a day you're sick or eat at a restaurant you don't normally go to. The more SPECIFIC you are in describing what you ate, the better analysis you'll get.

Description of food: what did you eat? Include brands and restaurant names. Also note how food was prepared (e.g. stir-fried, breaded and fried, boiled, etc.) Include snacks, condiments, beverages, even water...everything you eat and drink at a meal and in between meals.

Amount: how much did you eat? The most accurate way is to measure, but since we can't carry around measuring cups, give your best estimate. At home, measure the bowl and cup you use one time so you know the volume for future reference. For packaged foods, you can list the weight in ounces or grams of the portion you ate. More detail gives a better (but still imperfect) analysis.

	<u>UNCLEAR</u>	<u>CLEAR</u>
Breakfast:	bowl of cereal glass of juice toast	1-1/2 cup Wheaties 1/2 cup 2% milk 12 ozf. Minute Maid orange juice 2 slices Pepperidge Farm white bread, toasted 2 tsp. Promise margarine
Lunch:	hamburger and fries Coke	McDonald's hamburger + 1 pack ketchup Small french fries Medium Coke
Dinner:	plate of spaghetti 2 pieces chicken Snack bar Orange drink	½ box (8 oz. dry) spaghetti, cooked 1 cup mushroom spaghetti sauce, Prego 1 tsp. Grated Parmesan cheese 2 baked chicken legs, with skin 2.5 oz. Quaker Oats chewy cinnamon cereal bar 20 oz. Sunny Delight

If you are unsure about any amounts, it is better to overestimate (most people tend to underestimate what they eat).

