Biological sex and/or Gender identity:

Year in School:

1  2  3  4  Grad

What nutrition information would you like to learn today? Please specify:

What changes are you willing to make to your meal plan in order to improve your health?

Please specify:

- Eat more fruits and vegetables
- Eat less fat
- Eat more whole grains
- Read nutrition labels
- Balance calories with activity
- None of the above

Do you have any health, medical or injury problems? Please specify:

Are you currently on any special diet (such as vegetarian, low fat, low calorie, low sodium)?

What medications/vitamin/mineral or other supplements do you take regularly?

Have you consulted a dietitian/nutritionist in the past

If so, why?

What is your current height? Weight Goal Weight

Have you had any recent weight change?

- Yes
- No
- Increase – Amount
- Decrease – Amount

Where do you eat most of your meals? (Check no more than two boxes):

- Apartment/House
- Fast Food Restaurants (Specify)
- Residence Hall
- Other Restaurants (Specify)
- Other (Please specify)

Which meals/snacks do you usually eat?

- Breakfast
- Snack
- Lunch
- Snack
- Dinner
- Snack

What is your favorite snack food?

How many times per week do you exercise? How many minutes each time?

List any physical activities that you do:

Do you smoke cigarettes

- Yes
- No

Do you drink alcohol

- Yes
- No

If yes, how much and how often?

Please indicate which best describes you:

- I experience much stress and often feel unable to cope with it.
- I experience much stress and feel I am usually able to cope with it.
- I experience average or low levels of stress and cope with it well.

(Please see the reverse side)
Please write down what you eat on a normal day.

<table>
<thead>
<tr>
<th>Meals/Snacks</th>
<th>Food</th>
<th>Amount Consumed</th>
<th>Beverage</th>
<th>Amount Consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
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<td>(Time)</td>
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<tr>
<td>Snack/Dessert</td>
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<td>Lunch</td>
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<td>Dinner</td>
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<td>(Time)</td>
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</tbody>
</table>

Please list any other food/beverage that you consume often: ____________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Reviewed by ___________________________ Date ___________________________ Reviewed 3/3/12