



# Hunterdon Health

Center for Nutrition & Diabetes Management

Wescott Medical Arts Building

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## Nutrition Self-Assessment

Please fill out all of the information on this form and bring it to your nutrition appointment.

(Please use a pen. Do not use pencil.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

### The most important things I want to learn or discuss today:

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

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

Have you had previous nutrition education?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

List your vitamins/supplements \_\_\_\_\_

List any food and/or drug allergies \_\_\_\_\_

### Exercise:

Do you exercise regularly?  Yes  No Type of exercise: \_\_\_\_\_ How often? \_\_\_\_\_

List any limitations with exercise: \_\_\_\_\_

### Intake History:

Do you feel constantly concerned about eating or fell uncomfortable in social situations related to food?  Yes  No Please explain: \_\_\_\_\_

Do you drink alcohol?  Yes  No If so, how much? \_\_\_\_\_

Who prepares your meals? \_\_\_\_\_

How many times a week do you eat away from home? \_\_\_\_\_

Fast Food  Restaurant  Take Out  Other \_\_\_\_\_

### Based on one day:

How much dairy do you consume? \_\_\_\_\_ How many vegetables? \_\_\_\_\_ Fruits? \_\_\_\_\_

What are your main beverages and how much? \_\_\_\_\_

Please list any trigger foods that make you overindulge: \_\_\_\_\_

### Please answer these statements below about your household in the last 12 months:

We worried that our food would run out before we got money to buy more. Often Sometimes Never

The food we bought just didn't last, and we didn't have money to get more. Often Sometimes Never

Please fill out a Food Diary on the next page. 

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Usual Body Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

**Please record your food intake. What kind of food? How much food?**

<b>BREAKFAST</b> <span style="float: right;">TIME: _____</span>	<b>MORNING SNACK</b> <span style="float: right;">TIME: _____</span>
<b>LUNCH</b> <span style="float: right;">TIME: _____</span>	<b>AFTERNOON SNACK</b> <span style="float: right;">TIME: _____</span>
<b>DINNER</b> <span style="float: right;">TIME: _____</span>	<b>EVENING SNACK</b> <span style="float: right;">TIME: _____</span>

\_\_\_\_\_ RD DATE: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

Daily Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_