Nutrition Advising Client Assessment Packet

WELLNESS CENTER

www.umass.edu/campusrec/fitness-wellness
Congratulations on taking an important step towards reaching your health and wellness goals! We are excited that you have chosen to participate in our free Nutrition Advising services. Campus Recreation’s Wellness Center provides a variety of programs and services for our members to help them improve their wellbeing through healthy eating and lifestyle choices. All of our nutrition advisors are current UMass nutrition students who are highly knowledgeable and passionate about helping others make healthy changes. We understand that making choices about what to eat can be challenging and confusing. Nutrition Advising sessions provide a safe, confidential environment for participants to learn, set goals, and get motivation and support. This packet will provide your advisor with the information they need to guide you toward healthier eating habits and optimal health. Please take care to complete this packet as thoroughly and honestly as you can. The more information you are able to provide, the more we will be able to help.

Let food be thy medicine and medicine be thy food.

~Hippocrates
Nutrition Assessment

Name__________________________________________________________
Email__________________________________________________________
Age__________________________
Year in School______________________________
Living Situation (check one) □ dorms □ apartment □ house
Do you have access to □ kitchen □ refrigerator
What are your nutritional goals?____________________________________

Your Pronouns (He, She, They etc.)________________________________

Weight history (describe any weight gain or loss in the last 6 months)___________________________
___________________________________________________________________________________

Height___________

Do you know your current weight?______________

List any medications or supplements you are currently taking (are there any food interactions or foods that you need to avoid?) ________________________________
___________________________________________________________________________________

Please list all food allergies/sensitivities. _______________________________________

Do you have any dietary limitation/restrictions or prescribed diet orders? ______________________
___________________________________________________________________________________

Describe any significant nutrition-related medical issues that you have had in the past. __________
___________________________________________________________________________________

Is there any specific eating style that interests you?

☐ Vegetarian  ☐ Raw Diet
☐ Vegan  ☐ Gluten Free
☐ Paleo  ☐ Mediterranean Diet
☐ Weight Watchers  ☐ Blood Type Diet

Why is this important to you?____________________________________

___________________________________________________________________________________

How often do you eat in restaurants or eat take out?
Breakfast ________ X per week   Lunch _______ X per week   Dinner __________ X per week
Foods you crave most
5 Foods you eat most often
Do you currently exercise? □ Yes □ No   If yes, how long & how many times per week? ______________

How many hours of sleep do you usually get each night?
How would you describe the quality of your sleep? □ Restful  □ Somewhat restful  □ Disrupted/restless
Do you wake up feeling rested? □ Yes □ No
Do you have a hard time falling asleep? □ Yes □ No

Food/Meal distribution throughout the day:
What time do you usually wake up in the morning? ___________________________
Usual timing of:
Breakfast_________
Lunch_________
Dinner_________
Snacks_________ _________ ________ ________

For Students Only:
Do you have a meal plan? ______________
What meal plan do you have (YCMP, DC swipes, etc)? ______________
What other retail food vendors do you buy from on campus and what do you buy from them? ________

How would you describe your current nutrition knowledge? ______________
Food Frequency Questionnaire

Fruits and Vegetables
How frequently do you eat fruit? x/day @ B______/L______/D______/Snacks______
What fruits do you like/eat?________________________________________________________
How frequently do you eat vegetables? x/day @ B______/L______/D______/Snacks______
Which vegetables do you like/eat?____________________________________________________
How do you cook your vegetables?__________________________________________________

Carbohydrates
Simple Carbohydrates (white bread, pasta, white rice, refined/sugary cereals, table sugar)
Complex Carbohydrates (potatoes, sweet potato, legumes, oatmeal, quinoa, barley, rice, farrow, bulgar, millet, freekeh)

How frequently do you eat carbohydrates? x/day @ B_____/L_____/D_____/Snacks______
What types of carbohydrates do you like/eat?___________________________________________
How do you cook your carbohydrates?________________________________________________

Protein
How many times per week do you eat:
- Beef: B_________/L_________/D_________/Snacks________
- Poultry: B_________/L_________/D_________/Snacks________
- Fish: B_________/L_________/D_________/Snacks________
- Pork: B B_________/L_________/D_________/Snacks________
- Shellfish (shrimp, crab, lobster, mussels, clams, etc.): B_________/L_________/D_________/Snacks________
- Meat alternatives (such as tofu, seitan, tempeh): B_________/L_________/D_________/Snacks________
- Beans/Legumes: B_________/L_________/D_________/Snacks________

What types of protein do you like/eat?________________________________________________
How do you cook your protein?______________________________________________________

Beverages
How much water do you drink per day?
☐ 1 gallon of water (128 oz)
☐ 8-10 glasses (64-80 oz)
☐ 6-8 glasses (48-64 oz)
☐ 4-6 glasses (32-48oz)
☐ Less than 4 glasses (32 oz)

How often do you drink sodas, juices, or sports drinks?_____________________________
When you drink these beverages, how often are they diet? always sometimes never

How often do you drink alcohol? ____________________________
When you drink alcohol:
   What types do you consume (beer, wine, hard alcohol): ____________________________
   How many servings per week?____________________________________________________

How often do you drink coffee? _________________________________
Decaf or caffeinated? _______________________

Do you add anything to your coffee? Include sweeteners, dairy, and nondairy creamers. ______________

How often do you drink tea? ________________________________________
Decaf or caffeinated? _______________________

What do you add to your tea?____________________________________________________

Fats
How frequently do you eat fat(s)? x/day @ B_____/L_____ /D_____ /Snacks_____

What types of fats do you like/eat (oils, nuts and nut butters, avocado, olives etc.) ________________________

When you cook with fat, do you use (check all that apply)
   ☐ butter
   ☐ lard
   ☐ margerine
   ☐ olive oil
   ☐ coconut oil
   ☐ grapeseed oil
   ☐ avocado oil
   ☐ sesame oil
   ☐ Other __________________________
   ☐ I don't cook with fat

Which of the following do you use (check all that apply):
   ☐ creamy dressings like ranch, french, and blue cheese
   ☐ vinaigrette dressings
   ☐ oil and vinegar/lemon juice
   ☐ reduced fat dressings
   ☐ fat free dressings
   ☐ none of the above
   ☐ other __________________________

Dairy/Calcium
What type of milk do you drink (cow, soy, almond, etc)? ____________________________

How often do you drink milk? ____________________________

What other dairy products do you consume (yogurt, cheeses, milks): ____________________________

What dairy alternatives do you consume (soy and almond milks/cheeses/yogurts): ____________________________
**Convenience Foods**
How often do you consume “heat and eat” and “dinner-in-a-box” meals (hot pockets, canned soups, frozen pizzas, ramen, mac and cheese)? x/day @ B_____/L_____/D_____ /Snacks_____

What types of these foods do you eat? ____________________________________________________________

How often do you eat meal replacement bars/shakes? (cliff bars, pure protein bars, protein shakes, etc.)
___________________________________________________________________________________________

Do you eat these as snacks or in place of meals? ________________________________________________

**Sugar and Extras**
How frequently do you eat baked goods/pastries x/day @ B_____ /L_____ /D_____ /Snacks_____

What types of baked goods do you eat? __________________________________________________________

How frequently do you consume candy? x/day B_____ /L_____ /D_____ /Snacks_____
What types of candy do you eat? _________________________________________________________________

How frequently do you consume frozen treats (ice cream, frozen yogurt, etc)?
x/day B_____ /L_____ /D_____ /Snacks_____
What types of frozen treats do you eat? __________________________________________________________

**Supplements**
How often do you consume performance supplements? @ B_____ /L_____ /D_____ /Snacks_____
What type(s) of supplements do you consume? ____________________________________________________________

Why do you take these supplements? ________________________________________________________________

Is there anything else I should know? Do you have anything else you want to make sure is addressed during your sessions? ________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________