Student Health Services

Nutrition Assessment Screening Tool

Name_____ Gender (**circle**): Male Female

Age_____ Height_____ Current Weight_____

Physical Activity Level

1. Please **circle** your current physical activity level.

Sedentary
Little or no physical activity. Most of your time is spent standing or sitting.

Lightly Active
Physical activity includes 3 hours of light activities such as walking, cleaning, cooking, etc. and 1 hour of moderate activity such as running or walking briskly.

Moderately Active
Physical activity includes 1 ½ - 2 hours of moderate exercise such as weight lifting, running, elliptical machine, etc. 3 or more times a week.

Very Active
Physical activity includes doing very strenuous activities on a daily basis.

2. If you circled lightly, moderately or very active, please describe what types of activities you engage in:

_____

_____

_____

_____

Nutrition Information

3. What concerns do you have regarding your eating habits or weight?

_____

_____

_____

_____

4. If your concerns include weight change, what is your desired body weight? _____

5. Are you currently on any type of diet? If yes, what type? _____

_____

_____

6. Have you gained or lost weight recently? If yes, how much have you gained/lost (in what time period)?_____

_____

_____

7. Who prepares most of your meals? _____

8. How many times a week do you eat out? _____

9. Do you normally eat breakfast? _____

10. Are you currently taking any prescription medications? If yes, please list and be specific.

_____

_____

11. Are you currently taking any vitamin or mineral supplements? If yes. please list and be specific. What brand? How much? _____

_____

_____

12. Please list any medical problems you have (diabetes, high blood pressure, high cholesterol, et.) _____

_____

13. Please list any other concerns you may be having regarding your health. _____

_____

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_____

3 Day Food Diary

Use this food diary to record all foods and drinks you consume for 3 days. Try to be as specific as possible with the brand names of food and drink items and with the amounts consumed. Use the **portion size visual guide** below to help you when recording portion sizes of items. The more accurate your entries, the more helpful we can be in helping you reach your desired health goals.

Portion size visual guide

1/2 teaspoon = Fingertip (Butter, oil, margarine)
1 teaspoon = Tip of thumb (Peanut butter, butter)
1 tablespoon = 3 thumb tips (Peanut butter)
1 ounce = Tip of thumb (Cubed meat, cheese)
3 ounces = Palm of hand (Meat, fish)
1/4 cup = 1 layer on palm of hand (Mixed nuts)
1/2 cup = Rounded handful (Cooked pasta, rice, ice cream)
1 cup = Tight fist (Vegetables, berries)
1 cup = 2 cupped hands, two handfuls (cereal, popcorn, fruit)

Sources: "The Portion Teller" by Lisa R. Young, Ph.D., R.D.; USDA dietary guidelines

Day 1:

Time	Food or Drink Item (Be specific and use brand names)	How much (Cups,ounces,tablespoons, etc.)

Day 2:

Time	Food or Drink Item (Be specific and use brand names)	How much (Cups,ounces,tablespoons, etc.)

Day 3:

Time	Food or Drink Item (Be specific and use brand names)	How much (Cups,ounces,tablespoons, etc.)