



Nutrition Intake Form

Name: _____ Date: _____

Height: _____ Current Weight: _____ Goal Weight: _____

Current Medical/ Physical Conditions (*circle all that apply*):

Diabetes Heart Disease High Cholesterol High Blood Pressure Obesity
Cancer Other: _____

Family History (*circle all that apply*):

Diabetes Heart Disease High Cholesterol High Blood Pressure Obesity
Cancer Other: _____

Current Medications (*please list them*): _____

Activity Level

I exercise: never occasionally 1-2 days/ week 3-4 days/ week 5 or more days/ week

Explain: _____

At work, I am: Sedentary Lightly Active Moderately Active Very active

Explain: _____

Nutritional Behavior

On average, I eat _____ times per day.

Which meals (*breakfast, lunch, dinner, dessert, snacks*)? _____

On average, I dine out _____ times per week.

Where? _____

I normally make the following entree choices: _____



Servings per day of the following:

Vegetables (<i>not including potatoes and corn</i>):	0	1-2	3-5	5 or more
Fruit (<i>fresh, frozen, or canned</i>):	0	1-2	3-5	5 or more
Starches & Grains (<i>cereal, bread, pasta, etc.</i>):	0	1-2	3 or more	
Beans & Legumes:	0	1-2	3 or more	
Processed Meat (<i>bacon, sausage, deli, etc.</i>):	0	1-2	3 or more	
Meat & Seafood:	0	1-2	3 or more	
Sweetened Beverages: (<i>juices, soda, etc.</i>):	0	1-2	3 or more	
Water:	0 glasses	1-3 glasses	4 or more glasses	

In my home, _____ does most of the grocery shopping.
_____ does most of the meal planning.
_____ does most of the cooking.

My family and I sit down to eat meals together _____ times per week.

Where (dining table, couch, restaurant)? _____

I would describe my current relationship with food as: _____

I feel my overall diet is: poor fair good very good