

# Nutrition Intake Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Height: \_\_\_\_\_

Current weight: \_\_\_\_\_

**Family history of (circle all that apply):**

Diabetes

Heart disease

High Cholesterol

High blood pressure

Weight problems

Cancer

Other: \_\_\_\_\_

**Activity Level:**

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

Describe: \_\_\_\_\_

At work, I am:      Sedentary (sit most of the day)      Lightly active (spend most of my day on my feet)

Moderately active (minimal sitting and lifting/moving objects, etc)      Very active (rarely sit, heavy lifting, etc)

Describe: \_\_\_\_\_

**Food Frequency:**

I eat breakfast:      rarely      occasionally      usually      always

On average, I eat out \_\_\_\_\_ days per week.      Where: \_\_\_\_\_

*Servings per day of each of the following:*

Vegetables (not including potatoes and corn):      0      1-2      3-5      5 or more

Fruit (fresh, frozen or canned):      0      1-2      3-5      5 or more

Processed meat (bacon, sausage, deli, etc):      0      1-2      3 or more

Sweetened beverages (soda, iced tea, etc):      0      1-2      3 or more

Water:      0 glasses      1-3 glasses      4 or more glasses

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

**Barriers to Healthy Living**

(Circle "agree" if the following statements are barriers that apply to you, "disagree" if they are not)

I don't have time to prepare healthy foods	Agree	Disagree
I can't afford healthy food	Agree	Disagree
I don't know how to prepare healthy food	Agree	Disagree
I have trouble making healthy foods my family will eat	Agree	Disagree
My co-workers eat out/bring in unhealthy foods	Agree	Disagree
Healthy food does not taste good	Agree	Disagree
I often have powerful cravings for "unhealthy" foods	Agree	Disagree
I don't know what healthy food choices are	Agree	Disagree
My significant other will not change his/her eating habits	Agree	Disagree
I eat when I feel sad/depressed/stressed/happy/other emotion	Agree	Disagree
I feel guilty when I eat something "bad"	Agree	Disagree
I get mad at myself for not making healthier choices or having more "willpower"	Agree	Disagree
I often eat past the point of feeling "full"	Agree	Disagree
I don't have time to exercise	Agree	Disagree
I think exercise is boring	Agree	Disagree
I don't have a place or equipment to exercise	Agree	Disagree
I don't know what to do when I exercise	Agree	Disagree
I feel self-conscious when I exercise	Agree	Disagree
I'm worried I will get hurt when I exercise	Agree	Disagree
I do not feel worthy of weight loss/improved health	Agree	Disagree

I feel ready to make lifestyle changes (0 = not ready; 5 = very ready)    0    1    2    3    4    5

**Personal Health and Fitness Goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Food Log

Please track all food and drinks consumed for one week, list serving sizes and times. Use an extra sheet if necessary.

Day	Time	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		