

Nutrition Appointment Pre-Assessment Form

To Make an Appointment, please call 716-645-2837 between the hours of 9:00 a.m. to 5:00 p.m. to schedule an appointment, or stop by our office at 114 Student Union.

Personal Information

Name

Phone (include area code)

Email (@buffalo)

Date of Birth (MM/DD/YYYY)

Gender

Height (feet, inches)

Weight (pounds)

Nutrition Assessment Information

1. What are your reasons for making a nutrition appointment?
2. Were you referred for a nutrition appointment? If so, by who?
3. Do you desire weight change?
4. Have you had any recent change in weight (past year)? Please describe

5. Dieting History - Please list any previous diets or lifestyle changes

6. Medical Diagnosis

7. Past Medical History (relevant to nutrition)

7b. [Females] Any previous or recent changes in menstrual cycle?

8. Family Medical History (any cardiovascular disease, diabetes, high blood pressure, high cholesterol, or eating disorders in family?)

9. Medications – please list all prescribed

10. Supplements - please list all vitamins, minerals, herbs, protein powders, probiotics, etc.) that you take, and how often

11. Weight History - Since ~18 years or older, please indicate changes.

Weight (lbs.)	Approx. Date	Comments
Lowest:		
Highest:		
Usual:		

12. Rate your appetite (poor, fair, good, excellent). Comments _____

13. Any recent changes in your appetite? If so, please describe.

14. Food Allergies:

15. Food Intolerances (lactose, gluten, other):

16. Do you have any dietary restrictions or preferences (i.e. vegan, vegetarian, lactose intolerance, religious dietary observances, gluten sensitivity, etc.)?

17. Living situation – On or Off Campus? Please indicate your living situation:

On Campus – North

On Campus – South

Off Campus – by myself / with roommate(s)

Off Campus – with relatives

Other

18. Do you have a campus meal plan? If so, what type?

19. How many times do you eat per day? (how many meals, how many snacks. On average)

20. Do you eat breakfast? Yes No Sometimes (how often/week) Describe typical breakfast:

21. Meals from home _____ % (include meals made from home here)

Meals out _____ % (include meals from campus eateries here)

22. Do you do some food shopping?

23. Do you do some food preparation?

24. Do you smoke? If yes, how much daily or weekly (approx.)?

25. Do you drink alcohol? If so, how many standard* alcoholic drinks might you consume in a typical week? (*12 oz. beer; 1 shot; 5 oz. wine)

26. How would you rate your stress level on a scale of 1 to 10?

1 (very low)

10 (very high)

27. Do you feel you manage stress o.k.? Yes No Somewhat (Please describe what you currently do to manage stress. What stress support services do you access?)

28. Hours of sleep you get each night, on average?

Less than 4

Greater than 4, but less than 7

7+

29. How physically active are you in a typical week?

Activities

Frequency

Duration

30. Have you had any previous nutrition counseling?

31. Have you had any nutrition classes at UB?

32. Are you accessing Counseling Services at UB? If yes, counselor

33. a. How **motivated** do you feel to make a change? (Scale 1 to 10, 10=Very motivated)

b. How **able** do you feel to make a change? (Scale 1 to 10, 10=Very able)

Please List the FOODS YOU LIKE in each of the categories (may be easier to mark "All Except...")

Fruits and fruit juices

Vegetables, salads

Dairy products, dairy alternatives

Meat, poultry, fish, eggs

Beans (black beans, chickpeas, etc.), lentils, nuts, seeds, plant-based meats

Grains (breads, cereals, pasta, rice, etc.)

Desserts, snack foods

Beverages

Condiments, dressings, butter/margarine/oils

Are there any other foods you will not eat?

How much water do you drink daily, on average?

Please check any FACTORS that you feel most affect your eating habits:

Stress

Boredom

Anger

Late night

Watching TV

Studying

Parties/holidays

Eating out

Snacking

Overeating

Become “starving”

Erratic schedule

Lack of availability/access to “healthy” food

Vending machines

Other

What is your biggest concern about your food intake or eating behavior?

Do you tend to eat the same foods from one day to the next?

Is access to food or kitchen facilities a concern?

TYPICAL DAY OF EATING – please list what a typical day of eating looks like

(Example below)

Time	Food and drink (approx. volume or weight)	Activities	Comments
[9 or 10am	2 eggs, fried; 2 slices white toast w/1 tsp butter; 1 cup water	on phone	occas. banana]

TYPICAL DAY OF EATING

Time	Food and drink (approx. volume or weight)	Activities	Comments
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