Nutrition Assessment

BASTYR CENTER FOR NATURAL HEALTH | *the teaching clinic of Bastyr University*

Patient name: _____ Date of Birth ____/____/____

Please check all of the following statements, being careful to use the appropriate box related to the frequency of your personal habits.

Daily	3-5 per week	1-2 per week	1-2 per month	Less than monthly	Never	
☐	☐	☐	☐	☐	☐	Cook meals at home
☐	☐	☐	☐	☐	☐	Eat with others
☐	☐	☐	☐	☐	☐	Eat at restaurants
☐	☐	☐	☐	☐	☐	Eat at fast food restaurants
☐	☐	☐	☐	☐	☐	Pastries, cookies, candies, ice cream, other sweets
☐	☐	☐	☐	☐	☐	Add sugar to coffee, tea, cereals or other foods
☐	☐	☐	☐	☐	☐	White bread or white flour products
☐	☐	☐	☐	☐	☐	Colas or other soft drinks
☐	☐	☐	☐	☐	☐	Artificial sweeteners (saccharin, Nutrasweet, Splenda...)
☐	☐	☐	☐	☐	☐	Canned foods
☐	☐	☐	☐	☐	☐	Cold breakfast cereals; list brands: _____
☐	☐	☐	☐	☐	☐	Caffeine drinks (coffee, tea, cola, chocolate)
☐	☐	☐	☐	☐	☐	Deep fried foods (chips, chicken nuggets, fish fillets, French fries)
☐	☐	☐	☐	☐	☐	Margarine of any type
☐	☐	☐	☐	☐	☐	Red meat (beef, pork, lamb)
☐	☐	☐	☐	☐	☐	Processed meat (bologna, bacon, sausages, salami, etc.)
☐	☐	☐	☐	☐	☐	Chicken or turkey
☐	☐	☐	☐	☐	☐	Fish
☐	☐	☐	☐	☐	☐	Shellfish
☐	☐	☐	☐	☐	☐	Milk ☐ Whole ☐ 2% ☐ 1% ☐ Nonfat ☐ Soy ☐ Rice ☐ Almond ☐ Coconut ☐ Flax ☐ Other: _____
☐	☐	☐	☐	☐	☐	Cheese
☐	☐	☐	☐	☐	☐	Yogurt ☐ Whole milk ☐ Lowfat ☐ Plain or flavored ☐ Greek ☐ Soy ☐ Coconut ☐ Other: _____
☐	☐	☐	☐	☐	☐	Eggs
☐	☐	☐	☐	☐	☐	Nuts and seeds (almonds, walnuts, cashews ...) ☐ Raw ☐ Roasted
☐	☐	☐	☐	☐	☐	Whole grain hot cereals (oatmeal, Wheatena, etc.)
☐	☐	☐	☐	☐	☐	Fruit ☐ Raw ☐ Frozen
☐	☐	☐	☐	☐	☐	Vegetables ☐ Raw ☐ Cooked
☐	☐	☐	☐	☐	☐	Green leafy vegetables ☐ Raw ☐ Cooked
☐	☐	☐	☐	☐	☐	100% whole grains or whole grain breads
☐	☐	☐	☐	☐	☐	Beans and legumes (lentil, kidney, chickpea, etc.)
☐	☐	☐	☐	☐	☐	Herbs, fresh and dried, or spices
☐	☐	☐	☐	☐	☐	Drink adequate water ☐ Tap ☐ Filtered ☐ Bottled
☐	☐	☐	☐	☐	☐	Alcohol
☐	☐	☐	☐	☐	☐	Buy organic food and produce

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Patient name: _____ Date of Birth ____/____/____

Dietary Intake

Do you have enough money to buy the food you need? ☐ Yes ☐ No

Do you have adequate kitchen facilities to store and prepare foods? ☐ Yes ☐ No

Are there foods you avoid? _____

Are there foods you crave? _____

Do you have any allergies or intolerances to food? _____

Do you have an Epi Pen for severe allergic reactions? ☐ Yes ☐ No ☐ N/A Expiration date: _____

Have you ever been diagnosed with an eating disorder? ☐ Yes ☐ No ☐ Unsure

Please describe: _____

Do you have concerns about your relationship with food? ☐ Yes ☐ No

If yes, please describe: _____

Check all that apply:

- ☐ Rushed at meals
- ☐ Eat excessively if bored or emotional
- ☐ Sneak or hide food
- ☐ Feel out of control around food
- ☐ Eat at my desk
- ☐ Eat in front of the TV
- ☐ Get sick after eating
- ☐ Feel stuffed after meals
- ☐ Skip meals frequently
- ☐ Feel satisfied after eating

Dietary Diary and Instructions

Date: Write in the date of the diary entries. Record for 3-5 days.

Time: Write down, as accurately as possible, the time you eat.

Foods Eaten: Be sure to include fluids, vitamins, and medications, as well as foods.

Write in the amount of food you eat, like "1 cup of Cheerios with 4 ounces of milk and medium size banana." Among the measurements you may use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), slice (bread), tablespoon, gallon, liter, or milliliters.

If you list something as a "cup" (as in coffee or tea), a "glass" (milk, beer, water, etc.), or a "bottle" or "can," estimate the size of the container (usually listed in fluid ounces). You may also write in just the quantity of the food when the amount is obvious, like "1 small hamburger with bun, 2 medium apples, 3 small cookies," or a "serving of McDonald's fries" (but write in whether it was a small or large order).

It is also important that you write in brand names of foods that you eat, as nutrient content will vary by manufacturer.

And finally, write in the contents of foods where appropriate. For example, instead of writing "vegetable soup," write in "soup with carrots, vegetable broth, onion, garlic, etc." for foods with multiple ingredients.

Feelings: Write in your emotions, as well as energy and physical stress levels. This is the place to chart your ups and downs during the day. Typical entries might include: "sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner." Do not limit yourself to just these entries. What is important is that you give us an idea of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

Bowel, Urine Habits, Gas: List your bowel movements, urine voids and any flatulence (gas). Again, try to correlate these entries with the times. Also, note any changes or abnormalities in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.

Major Activities: List your activity level (i.e., whether you are sedentary or active). Typical listings might include, "short walk, worked in the garden, ran three miles, sat in the office all day."

Diet Diary

Name

Date	Time	Foods Eaten - Include also fluids, vitamins and medications	Feelings - Emotions, Physical Stress Levels	Bowel/Urine Habits Gas	Major Activities

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