FSU Thagard Student Health Center Nutrition Clinic **Date: _________Sem________**

Year in School: ______ **Sex:** □F □M Age: _____ **Ht**: ________ **Wt**: _____ Member of **fraternity or sorority?** □No □Yes

How did you hear about the Nutrition Clinic? - Website Word of mouth Referral Flyers Other___________________

Check your nutrition-related concerns (please check up to 3 concerns):

□ aesthetic reasons
□ anemia
□ anorexia nervosa
□ binge (indulge in excess) on food
□ bulimia nervosa
□ constipation
□ cravings
□ desire weight gain
□ desire weight loss
□ diarrhea
□ diabetes
□ disordered eating
□ emotional eating
□ fatigue/low energy
□ food allergies
□ general healthy eating
□ GI disorder (Indigestion, GERD, etc)
□ high blood pressure
□ high cholesterol
□ high triglycerides
□ hyperglycemia
□ hypoglycemia
□ irritable bowel
□ nutrition education
□ purge (vomit) on food
□ sports nutrition
□ vegetarian

Other concerns: ____

Of the items you checked above, please write your top 3 concerns (1 item per line):

1) ____
2) ____
3)____

1. In an average day, how many servings of fruits do you have?
   (1 serving = 1 medium piece of fruit, 1 cup chopped, cooked, or canned fruit, 1 cup of 100% fruit juice, or 1/2 cup dried fruit)

   _______ servings

2. In an average day, how many servings of vegetables do you have?
   (1 serving = 1 cup chopped, cooked, or canned vegetables, 1 cup of 100% vegetable juice or small bowl of salad greens)

   _______ servings

3. How would you describe your weight? *(Select One)*

□ Very underweight
□ Slightly underweight
□ About the right weight
□ Slightly overweight
□ Very overweight

4. How comfortable are you with your body? *(Select One)*

□ Very comfortable
□ Comfortable
□ Neutral
□ Uncomfortable
□ Very uncomfortable

5. Within the last 30 days, did you do any of the following? *(Select all that apply)*

□ Exercise more than 10 hours per week (regardless of weather, injury or illness) to lose weight
□ Consume less than 3 meals and less than 1200 calories per day to lose weight
□ Vomit to lose weight
□ Take laxatives to lose weight
□ Take diet pills to lose weight
□ Spend an excessive amount of time thinking and/or worrying about food, weight and dieting
□ I didn't do any of the above

6. Do feelings about your weight, body and/or body image contribute to: *(Select all that apply)*

- □ Feeling things are hopeless
- □ Feeling overwhelmed
- □ Feeling exhausted
- □ Feeling very sad
- □ Feeling depressed
- □ None

7. Within the last 30 days, on how many days did you drink alcohol? ________

8. During the past 2 weeks, how many times have you had:
For Males: five or more alcoholic drinks in a row?
For Females: four or more alcoholic drinks in a row? _______ times

9. How many days per week do you participate in vigorous exercise
(aerobics, running, cardio machine) for at least 20 minutes? (Consider the past 2 weeks) _______ days

10. How many days per week do you participate in moderate exercise
(walking, biking) for at least 30 minutes? (Consider the past 2 weeks) _______ days

11. Do you use tobacco products? □ No □ Yes

If yes, how often do you use tobacco products?

□ daily □ 1-2 days/week □ 3-5 days/week □ 6-7 days/week

12. Are you vegetarian? □ No □ Yes If yes, then what type? ____

13. Food allergy? □ No □ Yes If yes, list foods: ____

Food intolerance? □ No □ Yes If yes, list foods: ____

14. Please indicate which ONE statement best represents you:

- □ I don't give too much consideration to nutrition when I make food choices.
- □ I want to eat healthy, but am not ready to make the change at this time.
- □ I am thinking about eating healthy and plan to begin in the next 6 months
- □ I eat healthy and have been for less than 6 months.
- □ I eat healthy and have been for more than 6 months and feel no temptation to stop.

14. Please indicate which ONE statement best represents you:

- □ I don't give too much consideration to being physically active.
- □ I want to be physically active, but am not ready to make the change at this time.
- □ I am thinking about being physically active and plan to begin in the next 6 months
- □ I am physically active and have been for less than 6 months.
- □ I am physically active and have been for more than 6 months and feel no temptation to stop.

Medications, nutrition/sports supplements, herbals, weight loss aids, laxatives:

Medication/Supplement/etc.	*Amount*	*How often*	*Reason for taking?*
__________________	______	_________	___________
__________________	______	_________	___________
__________________	______	_________	___________

15. Any current medical problems: ____

Any past medical problems: ____

16. Major: ____

17. My cumulative GPA is:

□ A □ B □ C □ D □ F □ N/A (first year)

18. My semester GPA is:

□ A □ B □ C □ D □ F □ don't know

For Women Only: Do you take oral contraceptives? □ No □ Yes
Are your menstrual cycles: □ regular □ irregular □ stopped (date of last cycle______)

FOR OFFICE USE ONLY

Medical/Social Information:

Pertinent Family History: ____

____

Previous Diets/Wt HX: ____

____

____

Highest Wt: ___________ / Lowest Wt: ___________ / BMI: ___________ / Goal Wt: ____________

Environmental: ____

____

Diet Information: ____

____

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____

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Available in Alternative Format
G Drive/NutritionClinic\forms\nutritionintakeforms
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