FSU Thagard Student Health Center Nutrition Clinic

Date: __________ Sem ______

Year in School: __________ Sex: □ F □ M Age: ______ Ht: ______ Wt: ______ Race________________________

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

Check your nutrition-related concerns:

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

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 per day to lose weight
   □ Consume 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: (one drink is: 1.5 ounces of hard liquour, 12 ounces of beer, or half a glass of wine)
   - □ For Males: live or more alcoholic drinks in a row? ______ times
   - □ 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.

15. 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, herbas, 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)
    For Women Only: □ 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 each item, please circle the answer that best characterizes your attitudes or behaviors.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I try to avoid certain foods high in fat, carbohydrates, or calories.</td>
<td>1</td>
<td>2</td>
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<td>2. I stop eating when I feel full (not overstuffed).</td>
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<td>3. I find myself eating when I’m feeling emotional (e.g., anxious, depressed, sad), even when I’m not physically hungry.</td>
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<td>4. If I am craving a certain food, I allow myself to have it.</td>
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<td>5. I follow eating rules or dieting plans that dictate what, when, and/or how much to eat.</td>
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<td>6. I find myself eating when I am bored, even when I’m not physically hungry.</td>
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<td>7. I can tell when I’m slightly full.</td>
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<td>8. I can tell when I’m slightly hungry.</td>
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<td>9. I get mad at myself for eating something unhealthy.</td>
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<td>10. I find myself eating when I am lonely, even when I’m not physically hungry.</td>
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<td>11. I trust my body to tell me when to eat.</td>
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<tr>
<td>12. I trust my body to tell me what to eat.</td>
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<td>13. I trust my body to tell me how much to eat.</td>
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<td>14. I have forbidden foods that I don’t allow myself to eat.</td>
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<td>15. When I’m eating, I can tell when I am getting full.</td>
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<td>16. I use food to help me soothe my negative emotions.</td>
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<td>17. I find myself eating when I am stressed out, even when I’m not physically hungry.</td>
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<td>18. I feel guilty if I eat a certain food that is high in calories, fat, or carbohydrates.</td>
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<td>19. I think of a certain food as “good” or “bad” depending on its nutritional content.</td>
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<td>20. I don’t trust myself around fattening foods.</td>
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<td>21. I don’t keep certain foods in my house/apartment because I think that I may lose control and eat them.</td>
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