

Laura Hartung, RD
Nutrition, Activity & Health Assessment

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Birthday: _____ Age: _____ Weight: _____ Height: _____
Body Composition: _____ Type of Analysis: _____ Goal Body Fat: _____

GOALS

What are your nutrition goals? _____
What are your exercise/fitness goals? _____
Have you ever been on any type of weight loss program? ____ Type: _____
Length: _____ Pounds lost: ____ Year: _____
Years at present weight: _____ Highest weight: _____ Year: _____
Desired weight: _____ Last time you were at desired weight: _____
Longest time desired weight maintained: _____
Hardest aspect of maintaining your weight loss? _____

DAILY EATING HABITS

How many meals do you eat? _____
How many snacks do you eat? _____
How many hours do you go between meals and snacks? _____
Do you eat breakfast consistently? _____
What do you eat? _____
Do you drink coffee? ____ How many oz & what do you add: _____
Do you drink alcohol? ____ How many oz per week: _____
How much water do you drink: _____ Do you drink soda? _____
Do you cook for yourself or family members? _____
Do you enjoy cooking from scratch? _____ Favorite dish? _____
Where do you eat? (please breakdown by percentage)
home ____% fast food ____% restaurants ____% in the car ____% work/school ____% other ____
Do you use meal replacement drinks or nutrition bar? _____

OTHER HEALTH QUESTIONS

Vitamins/Minerals: _____ Other Supplements: _____
Medications: _____
Pertinent Medical Conditions: _____
Past Injuries: _____
Are you allergic or intolerant to any foods? _____
Hours of sleep per night: _____ Any Sleep issues? _____
Total Cholesterol Level: ____ HDL: ____ LDL: ____ Do you smoke? _____
Amount: _____
Blood Pressure: ____ Minutes of Cardio Exercise per week: _____
How often do you lift weights? _____
Have you ever worked out with a personal trainer? _____
What was the best thing about having a trainer? _____
Menstrual Status: _____
Stress Level: _____ Job activity: sedentary? _____

Additional Comments:

3-Day Diet Record

Record everything you eat and drink for 2 week days and 1 weekend day. Please record typical eating patterns! Don't change because you know I'll be reviewing your intake! Be honest and specific. I want to get an accurate view of how you eat!