

+

**Nutrition Assessment** - Patients will complete

• What 2 topics do you want to talk about today?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

• What vegetables do you eat? \_\_\_\_\_

• What fruits do you eat? \_\_\_\_\_

• Do you drink milk?  Yes  No What type? \_\_\_\_\_

• How Often:  Daily  4-5 x weekly  2-3 x weekly  1 x week or less

• How often do you eat sweets/desserts?  Daily  4-5 x weekly  2-3 x weekly  1 x week or less

• How many times each week do you eat away from home? \_\_\_\_\_

- a. Which meals are usually eaten away from home? \_\_\_\_\_
- b. Where? \_\_\_\_\_

• Do you drink alcohol?  Yes  No Type: \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

• Do you take vitamins, minerals, herbs, or any other food or nutritional supplement?  Yes  No  
If yes, please list: \_\_\_\_\_

• What do you snack on? \_\_\_\_\_

• Do you skip meals?  Yes  No  
If yes, list which meals you skip most often and why: \_\_\_\_\_

• What time of the day are you most hungry? \_\_\_\_\_

• What do you drink with meals or when you are thirsty? \_\_\_\_\_

• Do you work outside the home or attend school?  Yes  No Hours: \_\_\_\_\_ to \_\_\_\_\_

• Who usually prepares the meals? \_\_\_\_\_ Who does the shopping? \_\_\_\_\_

• Are your eating habits different on days off or weekends?  Yes  No How? \_\_\_\_\_

continued on Page 2 →

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

MSJ-00000-442-0317



**Health Education Center  
Nutrition Assessment**

Page 1 of 2



02357- 110



### Food Record

• Please write down what you typically eat and drink for one day. Include **MEALS, SNACK, and DRINKS**. Also, list the time you eat and the amount of food and beverage consumed.

	AMOUNT AND TYPE OF FOOD/BEVERAGE	MEDICATION/ACTIVITY
Time:		
Time:		
Time:		

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

#### PLEASE STOP HERE

Recommended Meal Plan: \_\_\_\_\_

B: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

L: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

D: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

#### SNACKS

AM: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

PM: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

HS: \_\_\_\_\_  
 \_\_\_\_\_ CHO Servings  
 \_\_\_\_\_ Grams CHO  
 \_\_\_\_\_ CHO to Insulin ratio  
 \_\_\_\_\_ Meat/Protein  
 \_\_\_\_\_ Fat

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

DO NOT WRITE IN MARGIN

MSJ-00000-442-0317



**Health Education Center  
 Nutrition Assessment**

Page 2 of 2



02357- 110

