

NUTRITION INITIAL ASSESSMENT INTAKE FORM

STUDENT NAME: _____ **PEOPLESOFT #:** _____

REGISTERED DIETITIAN NAME: _____

APPOINTMENT DATE: _____

- Average number of meals eaten each day: _____
- Do you skip meals frequently? ___ Yes / No ___
 - If yes, which meals. Please check all that apply.
 - Breakfast
 - Lunch
 - Dinner
- How much time out of your day do you spend thinking about food?
 - <10%
 - 10-25%
 - 25-50%
 - >50%

- Please elaborate on your snacking habits (i.e. how often, time of day, foods you choose)

- What meals and how frequently do you eat at restaurants or get take out each week?

- What kinds of restaurants do you usually eat at (i.e. Fast food, sit down, specific restaurants)?

- Please tell us about how your eating habits change weekday vs. weekend (if no change please put n/a):

- When you feel overwhelmed or life gets busy, do your eating habits change?
 - ___ Yes / No ___
 - If yes please describe:

- Please check below how you view your overall health:
 - ___ Excellent ___ Good ___ Fair ___ Poor

- Please check below how you currently feel about your body:
 - ___ Very satisfied ___ Satisfied ___ Slightly dissatisfied ___ Dissatisfied ___ Very dissatisfied

- Please share any other information you would like your Dietitian to know.

1-DAY FOOD RECORD

Directions:

Please record one day of your food intake. We are looking to see how you eat most frequently. You may choose to keep a 1-day record of food intake if it represents how you usually eat or you can just record how you would typically eat in one day.

1. Record the time of day in which you have your meals and snacks.
2. In the column labeled "Type of food," record what you ate. This includes any snack and/or meal items, even a piece of candy. Please be specific in describing the food. For example, instead of writing milk, please indicate the type- whole, 2%, 1%, skim, or chocolate. If you consumed bread, was it whole wheat, white, rye, pumpernickel, etc. If necessary, write down food items into different components. For instance, if you ate a turkey sandwich, write down rye bread, deli turkey, American cheese, mayonnaise, lettuce, and tomato. Also, please record brand names when possible. Don't forget to write down beverages such as water, coffee, soda, tea, juices, and alcohol.
3. In the column labeled "Amount," record the quantity of each food consumed, eg. 1 tsp, 1 slice, 1 tbsp. If you don't have access to measuring utensils, use objects such as the size of your fist, palm, deck of cards, etc. Please go to the link on the website where you found this form for the portion size guide to help fill in the amount of food or beverage.
4. In the column labeled "Location," record the restaurant (or dining hall, dorm room, kitchen, etc.) of where you are consuming the food.
5. In the column labeled "Emotion," if relevant record how you felt or any emotion felt while eating the meal or snack, or at different times of the day when you may not be eating.
6. Upload your food record and intake form to myhealth.uconn.edu/Document or email it to: shs-nutrition@uconn.edu

Date: <u> 1 </u> / <u> 2 </u> / <u> 19 </u>				
TIME	TYPE OF FOOD	AMOUNT	LOCATION	EMOTION
Breakfast 8:00am	Egg omelet with cheese and spinach Whole wheat toast with butter 2% milk	3 eggs, 1 slice cheese, 1 handful spinach 2 slices, 1 Tbsp butter 1 full dining hall cup	Towers	Neutral
Lunch 12:00pm	Caesar salad with grilled chicken and dressing Apple Iced tea	1 small salad 1 medium apple Small fountain drink cup	Union	Stressed
Snack 3:00pm	Sabra hummus and pretzel cup	3/4 package	Bookworms in Library	Overwhelmed
Dinner 6:30pm	Pasta with marinara sauce Meatballs Broccoli Chocolate chip cookie	2 cups pasta 3 meatballs ½ cup 1 cookie	South	
Snack 8:00pm	Chex Original cereal with 2% milk	1 cup of Chex 1 cup of milk	McMahon	Stressed about midterm tomorrow

NAME: _____

NAME OF DIETITIAN: _____

APPOINTMENT DATE: _____

Date: ___/___/___				
TIME	TYPE OF FOOD	AMOUNT	LOCATION	EMOTION (i.e. stressed, happy, overwhelmed, neutral)