



FLORIDA ATLANTIC UNIVERSITY
NUTRITION CONSULTATION FORM
STUDENT HEALTH SERVICES

Name: _____ Date of Birth: _____

Z Number: _____ Gender: (please circle) Male Female

Year (please circle) Freshman Sophomore Junior Senior Graduate Student

Home Phone: (_____) _____ Cell: (_____) _____

Permission to leave a message on answering machine (please circle): Yes No

Email address: _____

Reason for consultation: _____

Please list any medical conditions: _____

How would you rate your nutrition knowledge? (Circle 1-5)

| | | | | |
|------|---|------|---|--------------------|
| None | | Some | | Very knowledgeable |
| 1 | 2 | 3 | 4 | 5 |

What are your concerns about your eating habits? _____

What are your goals from a nutrition consultation? _____

Congratulations for taking the first step toward your optimal health!
Please fill out this packet and bring it to your nutrition consultation.
Take time to fill out the two day food journal accurately. If you do not
have an appointment but would like to make one, please contact Etty
Baker, RD at [561-297-3512](tel:561-297-3512) or email at bakere@fau.edu

Name: _____

Z number: _____

Nutrition Behavior Checklist

Often times our behaviors, choices, and circumstances can affect our food intake and potentially get in the way of achieving personal goals. Awareness is the first step in changing problem behavior patterns and in creating new ones. Please read the following statements and check off all of those that apply to you. I often.....

- _____ Eat in various places of my home other than at a table (ie, standing up, on the bed)
- _____ Eat while doing other activities (ie, watching TV, reading, emailing, texting, talking on the phone)
- _____ Eat all of the food on my plate, even when I am full
- _____ Eat when I am upset or nervous
- _____ Eat when I am bored
- _____ Eat when I am depressed
- _____ Eat when I am lonely
- _____ Eat when I am angry
- _____ Eat when I am happy
- _____ Eat when I am not hungry, but the food looks or smells good
- _____ Eat quickly
- _____ Reward myself with food
- _____ Shop for food when I am hungry
- _____ Do not pre-plan my meals or snacks
- _____ Eat randomly throughout the day
- _____ Snack late at night
- _____ Eat at fast food restaurants
- _____ Eat desserts
- _____ Eat sweet or sugary snacks
- _____ Eat salty snacks
- _____ Eat while driving in a car
- _____ Eat packaged and processed foods
- _____ Eat fried foods or add extra fat like butter, gravy, or mayonnaise
- _____ Eat at restaurants/on campus
- _____ Eat more frequently around certain people
- _____ Eat in secret/alone (*circle one, or both*)
- _____ Overeat on holidays or special occasions
- _____ Go for hours without eating
- _____ Check in with myself to determine if I am hungry, and how hungry I am before eating
- _____ Think about my body and what and how much I am eating
- _____ Go on crash diets
- _____ Am preoccupied with calorie counting
- _____ Weigh myself more than once a week
- _____ My weight determines my happiness
- _____ Feel that I don't have enough money to buy food
- _____ Other _____

Food Journal: Day One

Please record your food intake for 2 days and bring to your appointment. Do not change how or the amount that you eat for the diary! You will not be judged by your eating habits, therefore accuracy is important. Please document as you eat and include times.

Day of the week: _____

Name: _____

Z number: _____

| | Pre-Eating | During Eating | | |
|--|---|---|---|---|
| WHEN | Hunger (0= starving; 10=not hungry) | What and How Much? (Try to estimate amounts; include beverages) | Where? (Home, car, in front of TV, restaurant, etc.) | How do you feel? Please list any triggers such as lonely, sad, bored, etc. |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Other times eaten include on the reverse side. | | | | |

Food Journal: Day Two

Day of the week: _____

Name: _____

Z number: _____

| | Pre-Eating | During Eating | | |
|--------------|--|---|---|---|
| WHEN | Hunger (0=starving; 10=not hungry) | What and How Much? (Try to estimate amounts; include beverages) | Where? (Home, car, in front of TV, restaurant, etc.) | How do you feel? Please list any triggers such as lonely, sad, bored, etc. |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |

Other times eaten include on the reverse side.