**FSU University Health Services Nutrition Clinic**  
Date: __________Sem_________  

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<tr>
<th>Year in School:</th>
<th>Sex: □F □M Age: ______ Ht: ______ Wt: ______</th>
<th>Member of fraternity or sorority? □No □Yes</th>
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How did you hear about the Nutrition Clinic?  
Website                         Word of mouth           Referral   Flyers   Other ________________

Check your nutrition-related concerns:

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

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 and 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:
   For Males: live or more alcoholic drinks in a row?
   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.

14. 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.

15. Medications, nutrition/sports supplements, herbals, weight loss aids, laxatives:
<table>
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<th>Medication/Supplement/ctc.</th>
<th>Amount</th>
<th>How often</th>
<th>Reason for taking?</th>
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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) □ A □ B □ C □ D □ F □ don't know

H:/Forms/HP/Nutrition Intake Form.doc 11/08, Rev 10/12
For Women Only: Do you take oral contraceptives?  □ No  □ Yes
Are your menstrual cycles:   □ regular  □ irregular  □ stopped (date of last cycle_____)