NUTRITION EDUCATION PACKET

Client Name: _____

Date: _____

DIRECTIONS FOR SUBMITTING NUTRITION EDUCATION PACKET:

1. Complete the Client Information Page.
2. Complete the Nutrition and Physical Activity Assessments.
3. Complete the 3-day food log based on the examples provided.
4. Make sure your name is written in the lower left corner of each page of the packet.
5. Return the packet to the Wellness Suite with your payment. You may schedule your nutrition education appointment as soon as one week from the time of submission.

Nutrition Education
University of Miami

wellness center
UNIVERSITY OF MIAMI

Department of Wellness and Recreation
Wellness Center
1241 Dickinson Drive
Coral Gables, FL 33146
Wellness Suite, 305-284-LIFE (5433)
http://www.miami.edu/wellness/wellnessprograms

STAFF USE ONLY

Appointment Date: _____ **Time:** _____

Staff Member: _____ **Paid:** ☐

NUTRITION EDUCATION

CLIENT INFORMATION

Last Name	First Name	Middle Initial	DOB
Address	City	State	Zip code
( ) Home Phone	( ) Work Phone	( ) Cellular	E-mail
C# (if applicable)			Membership Type
M F Gender			Occupation

MEMBERSHIP TYPES:	Student (Spouse); Citizen's Board (Spouse); Alumni (Spouse); Retiree (Spouse); Faculty/Staff (Spouse); Trustee (Spouse)

Why would you like to schedule a nutrition education appointment?

Do you have any special medical conditions or concerns?

NUTRITION EDUCATION ASSESSMENT

ANSWER EACH QUESTION ACCORDING TO YOUR USUAL EATING HABITS. PLACE THE NUMBER CORRESPONDING TO YOUR ANSWER IN THE SPACE PROVIDED TO THE LEFT OF EACH QUESTION.

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1. _____ How much low fat or skim milk, yogurt, and cheese do you consume in a week?

a. Consume at least 16 ounces milk or yogurt, or 3 ounces cheese per week.
b. 8 ounces milk/yogurt or 1 ounce cheese per week.
c. Only use it in cereal or consume it occasionally.
d. Do not consume milk/yogurt/cheese at all.

2. _____ How often do you choose to eat potato chips, corn chips, taco chips, olives, nuts, or similar foods as snacks or with a meal?

a. None or rarely
b. Occasionally 1-2 times per week
c. 3-4 times per week
d. 5 or more times per week

3. _____ How many times do you eat fruit per day?

a. 7 or more
b. 4-6 times
c. 1-3 times
d. none

4. _____ How many whole grain breads and cereals, raw fruits and vegetables, and bran products do you eat each day?

a. 4 or more
b. 3-4 servings
c. 1-2 servings
d. none

5. _____ Which describes your consumption of vegetables?

a. Snack on raw vegetables and eat vegetables/salads with most meals.
b. Eat salads and vegetables at one meal a day.
c. Eat vegetables 2-3 times per week.
d. Rarely eat vegetables.

6. _____ How many glasses of water do you drink in a day?

a. 8 or more
b. 5-8 glasses
c. 2-4 glasses
d. one glass or none

7. _____ Which most closely describes the amount of food you eat at one time?

a. Select a reasonable portion, stop eating when full.
b. Eat what is served and clean the plate.
c. Eat additional helpings to satisfy taste.
d. Eat until full and then eat desserts.

8. _____ If you wanted to decrease caloric intake, which would you do:

a. Cut down on meat, sauces, gravy, desserts, salad dressings.
b. Limit portion sizes.
c. Leave off bread and potatoes.
d. Follow a crash diet for a few days.

9. _____ How many alcoholic beverages do you consume?

a. Rarely or never drink
b. 1-3 drinks per week
c. 1-2 drinks per day
d. 3 or more drinks on weekend days

10. _____ Do you ever eat until you are so full that you are uncomfortable?

a. Rarely or on special occasions
b. 1-2 times a month
c. Once a week
d. Every couple of days, or more

11. _____ How many sweets (candy, pastries, cookies, desserts, ice cream, sugar-based beverages) do you eat?

a. Only on special occasions or none
b. 1-2 servings per day
c. 3-4 servings per day
d. 5 or more servings per day

12. _____ Which pattern of eating typifies your style?

a. Regular meals at frequent intervals.
b. Occasionally skipping a meal.
c. Skipping breakfast or lunch.
d. Skipping meals during the day and eating only the evening meal.

13. _____ How often do you eat eggs for breakfast or another meal?

a. Once per week or none
b. 2-3 times per week
c. 4-6 times per week
d. 7 or more times per week

14. _____ How many times per week do you consume red meat (beef, steak, pork, bacon, lamb, ribs)?

a. 2 times
b. 3-4 times
c. 5-6 times
d. more than 7 times

15. _____ When you prepare or eat poultry (chicken, turkey, Cornish hen) which of the following plans do you most closely follow:

a. Chose white meat, remove skin and prepare by baking or broiling
b. Chose dark meat, remove skin and prepare by baking or broiling
c. Bake or broil, skin on and serve with gravy
d. Leave skin on and fry

16. _____ When selecting a salad or sandwich, which of the following "fillings" would you choose most often?

a. Lentils, kidney beans, peas, pinto, or garbanzo beans
b. Turkey, chicken, tuna, lean cuts of meats
c. Same as above with cheese
d. Ham, pastrami, hamburger, salami, frankfurter, bacon, with cream or hard cheese

17. _____ When you eat dairy products (milk, yogurt, ice cream, cheese) do you select:

a. Only skim or .5% products
b. Only look for lowfat products 1-2% fat
c. Choose regular ice cream and yogurt, but use lowfat milk
d. Only chose whole fat content dairy products

18. _____ If you were having potatoes would you choose:

a. Boiled or baked with no added fat (butter, margarine, sour cream)
b. Boiled or baked with polyunsaturated margarine/yogurt
c. Boiled or baked with margarine/butter and sour cream
d. French fried, hash browns

19. _____ How frequently do add salt to your food after it is served at the table?

a. Never
b. 1-2 times per week
c. About once a day
d. With almost all meals

20. _____ How many times do you eat at a "fast food" restaurant?

a. Rarely or always selecting a "salad bar" meal
b. Once a week
c. 2-3 times per week
d. 4 or more times per week

21. _____ How often do you eat any of the following foods: hot dogs, bologna, luncheon meat, bacon, ham, sausage?

a. Rarely or never
b. 1-2 times per week
c. 3-4 times per week
d. Daily

22. _____ In what form do you most frequently purchase food or meal preparations?

a. Fresh
b. Canned or frozen without salt
c. Canned without sauces
d. Canned, frozen, or dry with sauces and/or seasonings

23. _____ While preparing meals or when eating out, how frequently do you add any or all of the following items to your food: Mustard, pickles, relish, soy sauce, ketchup, meat tenderizer, MSG?

a. Rarely or never
b. 1-2 times per week
c. 3-4 times per week
d. Daily

PHYSICAL ACTIVITY ASSESSMENT

ANSWER EACH QUESTION ACCORDING TO YOUR USUAL PHYSICAL ACTIVITY BEHAVIOR. PLACE THE NUMBER CORRESPONDING TO YOUR ANSWER IN THE SPACE PROVIDED TO THE LEFT OF EACH QUESTION.

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1. _____ **How often do you perform structured cardiovascular exercise? (Example: treadmill, jogging, elliptical trainer, Stairmaster cycling, group exercise class)**

   a. I do not perform any structured cardiovascular exercise
   b. < 3 times per week
   c. 3-5 times per week
   d. > 5 times per week

2. _____ **How long is your typical exercise session?**

   a. < 20 minutes
   b. 20-30 minutes
   c. 30-45 minutes
   d. >45 minutes

3. _____ **How "difficult" would you consider your typical cardiovascular exercise session?**

   a. Not very difficult: my breathing rate barely goes up and I can easily carry on a conversation
   b. Somewhat difficult: my breathing rate increases slightly, but I can still maintain a conversation.
   c. Difficult: my breathing rate increases and it is somewhat difficult to carry on a conversation
   d. Very difficult: I cannot carry on a conversation.

4. _____ **How many day per week do you participate in a resistance (weight) training program?**

   a. I do not participate in a resistance training program
   b. < 2 days per week
   c. 2-4 days per week
   d. > 4 days per week

5. _____ **How much lifestyle activity would you say is incorporated into your daily routine? (Examples: steps instead of elevator, daily chores, walk around the office, walk to class etc.)**

   a. Sedentary (< 5,000 steps per day)
   b. Low Activity (5,001-7,500 steps per day)
   c. Somewhat Active (7,500-10,000 steps per day)
   d. Active (> 10,000 steps per day)

Do you have any weight management goals? + _____ lbs - _____ lbs

_____

_____

_____

STAFF USE ONLY

_____ lbs
Weight

_____ ft _____ inches
Height

_____
Body Fat % (Optional)

Client Name: _____

Nutrition Education University of Miami

3-DAY FOOD LOG

INSTRUCTIONS:

1. **Record all food and drink you consume over the three day period** (choose typical days).
2. **Foods or drinks with more than one item should be divided when recorded.**
   For example, a peanut butter and jelly sandwich would have the bread on one line, the jelly on one line, and the peanut butter on another line.
3. **Try to accurately estimate how much of each item was eaten** (tsp., cup, ounces, etc.).
4. **Review the examples of GOOD and BAD food logs at the end of the packet prior to beginning your own log**.

DAY 1 **DATE:**

Time	Meal	Item	Amount	Brand	Method Prepared

DAY 2 **DATE:**

Time	Meal	Item	Amount	Brand	Method Prepared

DAY 3 **DATE:**

Time	Meal	Item	Amount	Brand	Method Prepared

Three Day Food Log

Participant ID:_____

DAY (circle): 1 2 3 **DATE:** Is this log typical of your daily eating habits?(1 very -10 not at all)_____

Time	Meal	Item	Amount	Brand	Method Prepared
8 am	breakfast	Raisin Bran Cereal	1½cups	Kellogg's	
		2% Milk	¼cup	Hood	
		medium banana	1		
10 am	morning snack	strawberry yogurt	1	Yoplait	
12am	lunch	wheat bread	2slices	Healthy choice	
		light mayonnaise	2tbsps	Kraft	
		fat-free American cheese	1slice	Kraft	
		turkey breast	2slices	Tyson	
		Romaine lettuce	½cup		
		medium tomato	2slices		
		raw whole almonds	¼cup	Trader Joe's	

Three Day Food Log

articipant ID:_____

AY (circle): 1 2 3 **DATE:** Is this log typical of your daily eating habits?(1 very -10 not at all)____

Time	Meal	Item	Amount	Brand	Method Prepared
8am	breakfast	Cereal	1½ cups		
		Milk	¼ cup		
		banana	1		
10am	morning snack	yogurt	1		
12am	lunch	bread	2 slices		
		mayonnaise	2 tbsps		
		American cheese			
		Turkey	2 slices		
		lettuce			
		tomato			
		almonds	¼ cup		
3pm	afternoon snack	pretzels	1 bag		
6pm	dinner	rice	1 cup		
		black beans	¼ cup		
		mushrooms	3		
		chicken			
8pm	night snack	popcorn cakes	2		

BAD Example

Client Name: _____