



## ASSESSMENT FORM & 2-DAY FOOD RECORD

NAME:

MEDICAL RECORD:

|          |            |            |
|----------|------------|------------|
| ADDRESS: | TELEPHONE: |            |
| DOB:     | AGE:       | PHYSICIAN: |

|  |
|--|
| Date:  |
| Total cholesterol:                               |
| LDL-cholesterol:                                 |
| HDL-cholesterol:                                 |
| Triglycerides:                                   |
| A1c  |
| Blood sugar                                      |
| Blood pressure:                                  |
| Ht:      Wt:      Recent Change?                 |
| BMI:              Waist Circumference:           |
| Medical Conditions: (specialists)                |
| Medications:                                     |
| Vitamins, herbal supplements, weight loss aides: |

Number of meals eaten in restaurants per week is:

Type is mostly: fast food      *not* fast food

Tobacco use:

Alcohol use:

Exercise:              Limitations?

Do you exercise?

Type:

Minutes each time:              # times per week:

Highest education level:

Employment: FT PT retired no work

Type of work:

Work is: physically active      not active

How ready are you to change your behaviors?

low=0 moderate=5 high=7 very high=10

Things in your life that would make behavior change more difficult

(Examples: lost my job, living situation has just changed):

What do you want to get out of the conversation today?

| Day 1              | Amount | Food Consumed |
|--------------------|--------|---------------|
| BREAKFAST<br>Time: |        |               |
| SNACK<br>Time:     |        |               |
| LUNCH<br>Time:     |        |               |
| SNACK<br>Time:     |        |               |
| DINNER<br>Time:    |        |               |
| SNACK<br>Time:     |        |               |

| Day 2              | Amount | Food Consumed |
|--------------------|--------|---------------|
| BREAKFAST<br>Time: |        |               |
| SNACK<br>Time:     |        |               |
| LUNCH<br>Time:     |        |               |
| SNACK<br>Time:     |        |               |
| DINNER<br>Time:    |        |               |
| SNACK<br>Time:     |        |               |