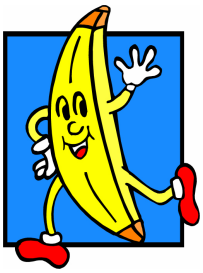

Nutrition 101 KIDS, LLC
"Nutrition Made Simple"
Client Assessment Questionnaire

Demographic Data

Name_____ Date_____
Address_____ Home #_____
_____ Sex: M F Age:_____ Birth date_____ Height_____ Weight_____

Health History

1. What medical concerns, if any, do you have at the present time?

---

2. Indicate with you have any of the following problems:

3. Do you have complaints about any of the following?

_____Appetite	_____Diarrhea	_____Sudden Weight Change
_____Chewing or Swallowing	_____Edema	_____Stress
_____Constipation	_____Indigestion	

4. Family Health History:

Mother:

Father:

Brothers:

Sisters:

Other:

5. Do you buy the school lunch? ___yes ___no If yes, how many times per week? _____

6. Do you find that you may eat in response to stress? (Before a big test or when doing a difficult homework assignment) ____yes ____no

7. Do you enjoy physical activity? ___yes ___no Explain: _____

Activity Level ____sedentary ____moderately active ____very active

If you participate in regular physical activity, please complete the table below:

List your activities	How many times a week do you do this activity?	How much time do you spend in this activity in a typical week?
1.		
2.		
3.		
4.		
5.		
6.		

7. List any food allergies or intolerances.

Drug History

List any prescribed, over-the-counter, herbal, or vitamin/mineral supplements you take.

Diet History

1. Do you follow a special dietary plan, such as low cholesterol, kosher, or vegetarian? _____
2. Have you ever followed a special diet? _____ Explain:_____
3. Are there certain foods that you do not eat? _____
4. Do you eat at regular times each day? ___yes___no How often?_____
5. Identify any foods you particularly like._____
6. Have you tried to lose weight in the past? _____yes _____no
   If yes, please describe.

Did you lose weight?

____ no ____yes If yes, _____ lbs over this period of time:_____

How much of this weight, if any, did you gain back? _____lbs

What worked best for you and why?

7. What changes would you like to make?

Improve my eating habits____ Improve my activity level____
Learn to manage my weight____ Other____

8. Please add any additional information you feel may be relevant to understanding your nutritional health.

Socioeconomic History

1. Circle the last year of school attended:

1 2 3 4 5 6 7 8 9 10 11 12
Grade School High School

2. Who prepares most of the meals in the home? _____ Shopping? _____

4. Do you use convenience foods daily? _____ yes _____ no

5. How often do you eat out? _____ Where? _____

Parent's
Signature_____Date:_____