



NUTRITION ASSESSMENT

QUESTIONNAIRE

Name: _____

Age: _____

Height: _____ cm

Weight: _____ kg

1. Please tell me something that you are doing well with in regards to your nutrition:

2. Are you active? What do you do and how often?

3. Please describe any health conditions you live with (e.g. hypertension, diabetes, etc.):

4. Please list 3 goals you have for your health related to nutrition:

5. What is your biggest perceived barrier to eating healthy?

Created March, 2020 by Natalie Diaz, RD, CDE



3-day Food Journal

Please complete this 3-day food journal to provide me with an insight into what a typical day looks like for you. Include a description of the item and portion sizes when able. Also include fluids and amount.

Day 1 _____:

Day 2 _____:

Day 3 _____: