



Diet Analysis— Instructions

Important! Please ensure that all instructions are followed properly or your appointment may need to be rescheduled.

Complete the following food record by writing down everything you **eat and drink** during any three-day period prior to your appointment. For best results, include at least **one weekend day**.

- Complete the entire personal information section (date of birth, height, weight, and biological sex)
- Indicate whether your everyday activity level is very light (majority of college students fall under this category) or moderately heavy (this is for individuals who are full-time professional athletes, construction workers, etc.)
- Report your daily physical activity for a typical week, with specific durations for **each** workout/activity.
- Record your food immediately after eating and describe food/beverages in as complete detail as possible. Include the time of your meal or snack.
- **The more specific you can be, the more accurate your diet analysis will be.** Include:
 - The method of preparation (boiled, fried, baked, steamed, canned, frozen)
 - Type of food (whole milk, 2% cheddar cheese, skinless chicken, whole wheat bread)
 - Condiments (ketchup, butter, mustard, cream in coffee)
 - Brand names (brand of cereal, yogurt, etc.)
 - When recording restaurant foods, include the restaurant and menu item (Starbucks non-fat grande mocha, Round Table pepperoni pizza, Taco Bell bean and cheese burrito)
 - Remember to record everything you consume, including liquids (water, juice, soda, herbal teas, coffee, etc.)
- **Estimate the serving size** by using measuring cups or spoons, by weight (ounces, pounds) or by unit (1 apple, 1 slice of bread, 1 cookie). Or use the enclosed portion tip sheet to help estimate portion sizes.
- Include any supplements such as vitamins, sports or herbal supplements you are taking.

*** If you have any questions, please call Health and Wellness Promotion at 916-278-5422**

Alcohol Awareness Table: Circle one answer for each row.

Scoring System	0	1	2	3	4	Your Score
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 Times Per Month	2-3 Times Per Week	4+ Times Per Week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10+	
How often have you had 6 or more units (if female) on a single occasion in the last year? How often have you had 8 or more units (if male) on a single occasion in the last year?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
TOTAL						

1. When was the last day you drank alcohol?

I never drink alcohol 1-7 days ago 8-14 days ago 15-30 days ago 1 month-1 year

2. Do you currently use tobacco products (cigarettes, e-cigs, hookah, cigars, smokeless tobacco)?

Yes No

3. Are you interested in cessation resources to quit or reduce consumption of tobacco products?

Yes No

4. Are you knowledgeable about Sac State’s drug and alcohol policies?

A lot Some Not much Not at all

5. Within the past 12 months I worried whether my food would run out before I got money to buy more.

Often True Sometimes True Never True

6. Within the past 12 months the food I bought just didn’t last and I didn’t have money to get more.

Often True Sometimes True Never True

7. Are you interested in food insecurity resources?

Yes No

May Student Health and Counseling Services contact you?

Yes No

Name:

Phone:

Email:

Class/Individual
 WIN
 Registered Dietitian

Appointment
 Date: _____
 Time: _____
 With: _____



Diet Analysis — Food Record

Personal Information:

Name: _____ Phone: _____
 Email (optional): _____ Age: _____
 Biological Sex: M F (Pregnant ___ Nursing ___) Height: _____ Weight: _____

Day to Day Activity Level (What you do at work or school):

 Very Light: most office jobs that require desk work and sitting most of the day, students sitting in class most of the day.

 Moderately Heavy: work that involves heavy work such as construction, heavy laborers, farm workers, etc.

What are your nutrition goals?

Weight maintenance _____
 Lose weight: _____
 Gain weight: _____
 Healthy eating: _____
 Other nutrition concerns _____

Are you following a special diet? If so, please explain _____

Would you like to see the Registered Dietitian?

Yes No

Any special accommodations we can make for your appointment?

_____ No

Physical Activity Log—Typical Week

Day	Activity (run, walk, bike, swim, weights, etc.)*	Duration (minutes)*
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

* Please identify specific durations for EACH activity.

Example: running (30 min), weights (40 min), Aerobics (45 min)

For Office Use Only

SF + ___YES ___NO

___1 ___2 ___3 ___4 ___5

