



Center For Diabetes
Nutrition Education Assessment

Eating Habits:

How many meals per day do you eat? _____

I like to snack

Times I like to snack:

- Mid-morning, Mid-afternoon, Evening, Bedtime, Middle of the night

I eat out a lot

Types of places where I like to eat out:

- Fast food places, Family style restaurants, Ethnic food places, Food Bars, Other

If you are being seen for weight loss, please complete this section:

Weight loss methods/programs you have used in the past: _____

Which ones were successful? _____

Have you ever seen a Registered Dietitian for weight counseling? Y N

If so, how long ago? _____

How long have you been overweight? _____

What has prompted you to lose weight now? _____

- I have used/am using "diet foods" (Supplements, Diet frozen Entrees)
I have used/am using pills to suppress my appetite

PLEASE DO NOT WRITE IN THIS BOX - OFFICE USE ONLY
Weight: Date:
CHOL: Date: TRIG: Date: BP: Date:
LDL: Date: HDL: Date:
ASSESSMENT:
RD Name (Print):
RD Signature: Date: Time:

