Youth Nutrition and Activity Assessment

(Ages 8 - 19)

Provide additional information about your food, activity and habits:

Eating Habits

Do you eat or drink the following meals? Circle one answer per meal.

Breakfast	**Always**	**Usually**	**Occasionally**	**Never**
Morning snack	**Always**	**Usually**	**Occasionally**	**Never**
Lunch	**Always**	**Usually**	**Occasionally**	**Never**
Afternoon snack	**Always**	**Usually**	**Occasionally**	**Never**
Dinner	**Always**	**Usually**	**Occasionally**	**Never**
Evening Snack	**Always**	**Usually**	**Occasionally**	**Never**

Exercise/Physical Activity

How many hours a day do you?

Watch TV _____ hours/day
Use a smart phone _____ hours/day
Play video/computer games _____ hours/day
Use the internet _____ hours/day

Do you participate in physical education classes at school? **Yes** **No**

Circle all that you participate in:

Walking	Running	Bicycling	Swimming
Dance	Yoga	Martial Arts	Rollerblading
Basketball	Softball	Soccer	Volleyball

Other activities or team sports: _____

How often are you physically active?

_____ times/week _____ minutes/day

Weight/Body Image

Circle one. Are you trying to?

Stay the same Lose weight Gain weight Not concerned

Do you eat less to control your weight? **Yes** **No**

Explain: _____

Have you ever made yourself vomit? **Yes** **No**

If yes, how often? _____ When was the last time? _____

Do you ever "binge" eat? **Yes** **No**

If yes, how often? _____ When was the last time? _____

Circle any of the following that you use:

Diet pills	Laxatives		
Multivitamins	Calcium	Iron	Vitamin D
Protein powder	Nutrition supplements		Steroids

What, if any, other products do you use?

Explain: _____

Office use only

Complete assessment below using all information provided:

Eating Habits

Overall diet adequate	**Yes**	**No**
3 meals and snacks	**Yes**	**No**
High iron foods	**Yes**	**No**
Calcium foods	**Yes**	**No**
5 or more fruits/vegetables	**Yes**	**No**
Adequate fluids	**Yes**	**No**

Exercise/Physical Activity

Limits use of TV, phone, internet, video or computer games to ≤ 1-2 hours/day **Yes** **No**

Goal set: _____

Engages in physical activity (60 minutes/day or more) **Yes** **No**

Goal set: _____

Referral made **Yes** **No**

Referred to: _____

Weight/Body Image

BMI %ile _____ Date _____

☐ ***BMI between 5th and 85th %iles***
☐ ***BMI ≤ 5th %ile***
☐ ***BMI between 85th and 95th %iles***
☐ ***BMI ≥ 95th %ile***

Signs of eating disorder **Yes** **No**

Counseling given **Yes** **No**

Topics: _____

Goal set: _____

Referral made **Yes** **No**

Referred to: _____