



## Student Affairs

### Wellness and Recreation Center—MMC

#### Nutrition Assessment

The assessment of nutrition involves looking at four key dietary factors.

1. Sensible diet habits to general nutritional balance.
2. Calorie control habits referring to weight loss and gain.
3. Dietary fat referring to habits that affect blood cholesterol levels.
4. Sodium (salt) control which may affect blood pressure.

*All four key dietary factors have an influence on your health and well-being.*

*Complete the questionnaire below to get an idea of where you stand.*

#### PRUDENT DIET SCALE

\_\_\_\_\_ How much low fat or skim milk, yogurt, and low fat cheese do you consume in a typical day?

1. Consume at least 16 ounces of low fat milk or yogurt, or 2 ounces of low fat cheese per day.
2. 8 ounces of low fat milk/yogurt or 1 ounce of low fat cheese per day.
3. Only use milk on cereal, seldom eat low fat cheese or yogurt.
4. Do not consume low fat milk/yogurt/cheese at all.

\_\_\_\_\_ How often do you choose to eat potato chips, corn chips, taco chips, olives, nuts, or similar foods as snacks or with a meal?

1. Never or rarely
2. Occasionally
3. 3-4 times per week
4. 5 or more times per week

\_\_\_\_\_ How many servings of fruit do you eat per day?

1. 4 or more
2. 2-3
3. 1-2
4. none

\_\_\_\_\_ How many servings of whole grain breads and cereals, rice, and pasta do you eat each day?

1. 6 or more
2. 5
3. 3-4
4. less than 3

\_\_\_\_\_ Which describes your consumption of vegetables?

1. Snack on raw vegetables and eat vegetables/ salads with most meals
2. Eat salads and vegetables when served with a meal
3. Only eat vegetables when served with a meal
4. Rarely eat vegetables

\_\_\_\_\_ How many 8 ounce glasses of water do you drink in a day? (you may count other beverages as water, provided they do not contain caffeine or alcohol).

1. 8 or more glasses
2. 5-7 glasses
3. 2-4 glasses
4. One glass or more

\_\_\_\_\_ **TOTAL - PRUDENT DIET**

### **CALORIE CONTROL**

\_\_\_\_\_ What most closely describes the amount you eat at a time?

1. Stop eating when full, even if there is still food on the plate
2. Select a small amount and clean the plate
3. Eat what is served and clean the plate
4. Take second helpings, especially when it tastes good

\_\_\_\_\_ If you want to decrease caloric intake, which would you do?

1. Cut down on meat, sauces, gravy, desserts, salad dressings
2. Limit portion sizes
3. Leave off bread and potatoes
4. Follow a crash diet for a few days

\_\_\_\_\_ How many alcoholic beverages do you consume?

1. 0-2 drinks per week
2. 3-5 drinks per week
3. 6-12 drinks per week
4. More than 12 drinks per week

\_\_\_\_\_ Do you ever eat until you're so full that you're uncomfortable?

1. Rarely or never
2. Periodically, 1-2 times a month
3. Regularly, once a week
4. Often, every couple of days or more

\_\_\_\_\_ How many sweets (candy, pastry, cookies, desserts, ice cream, sugar based beverages) do you eat?

1. Once a week or less
2. A few servings per week
3. 1-2 servings per day
4. More than 2 servings per day

\_\_\_\_\_ Which pattern of eating typifies your style?

1. Regular meals at frequent intervals
2. Occasionally skipping a meal/ or bingeing
3. Eating regularly for a few days, then bingeing when there is time to relax
4. Skipping meals during the day and eating all evening

## \_\_\_\_\_ **TOTAL – CALORIE CONTROL**

### **FAT CONTROL**

\_\_\_\_\_ How many eggs (including yolks) do you eat per week?

1. 2 or less
2. 3-5
3. 6-8 times per week
4. More than 8

\_\_\_\_\_ How many times per week do you consume red meat (beef steak, Canadian bacon, lamb, ribs)?

1. 0-2 times
2. 3-4 times
3. 5-6 times
4. 7 or more

\_\_\_\_\_ When you prepare or eat poultry (chicken, turkey, Cornish hen) which of the following plans do you most closely follow?

1. Choose white meat, remove skin and prepare by broiling or baking
2. Choose dark meat, skin removed and baked or broiled
3. Bake or broiled, skin on and served with gravy
4. Leave the skin on and fry

\_\_\_\_\_ When selecting a salad or sandwich, which of the following “fillings” would you choose most often?

1. Lentils, kidney beans, peas, pinto or garbanzo beans
2. Turkey, chicken, tuna, other lean meats, low fat cheese
3. Same as below, but without cheese
4. Ham, pastrami, hamburger, salami, frankfurter, bacon, with cream or hard cheese

\_\_\_\_\_ When you eat dairy products (milk, yogurt, ice cream, cheese) which of the following do you select?

1. Only skim or low fat products
2. Only look for low-fat products except when selecting ice cream
3. Are not aware of the differences
4. Only enjoy whole milk/high fat dairy products

\_\_\_\_\_ If you were having potatoes, which would you choose?

1. Boiled or baked with non added fat
2. Boiled or baked with liquid polyunsaturated margarine or yogurt
3. Boiled or baked with hard margarine/butter/ and sour cream

4. French fried, hash browns

       **TOTAL – FAT CONTROL**

**SODIUM (SALT) CONTROL**

       How frequently do you add salt to your food after it is served at the table?

1. Never
2. 1-2 times per week
3. Once a day
4. With almost every meal

       How many times do you eat at a fast food restaurant?

1. Rarely or always select a “salad bar” meal
2. Once a week
3. 2-3 times per week
4. 4 or more times per week

       How often do you eat any of the following foods: hot dogs, bologna, bacon, ham, sausage?

1. Rarely or never
2. 1-2 times per week
3. 3-4 times per week
4. daily

       In what form do you most frequently purchase food for meal preparation?

1. Fresh
2. Canned or frozen w/out salt
3. Canned without sauces
4. Canned, frozen or dry with sauces and/or seasonings

       While preparing meals or when eating out, how frequently do you add any or all of the following items to your food? (mustard, pickles, relish, soy sauce, ketchup, meat tenderizer, MSG)

1. Rarely or never
2. 1-2 times per week
3. 3-4 times per week
4. Daily

       How often do you use canned soups or dry soup/broth mixes?

1. Rarely or never
2. 1-2 times per week
3. 3-4 times per week
4. Daily

       **TOTAL – SODIUM (SALT) CONTROL**

Client's Name \_\_\_\_\_

**Nutrition Assessment Profile**

<b>Rating</b>	<b>Prudent Diet (score)</b>	<b>Calorie Control (score)</b>	<b>Fat Control (score)</b>	<b>Sodium Control (score)</b>
<b>Excellent</b>				
<b>Good</b>				
<b>Fair</b>				
<b>Poor</b>				
<b>Very poor</b>				

**Score Results for Each section**

Excellent..... 6 – 8

Good..... 9 – 12

Fair..... 13 – 16

Poor..... 17 – 20

Very poor ..... 21 - 24