What do you eat?

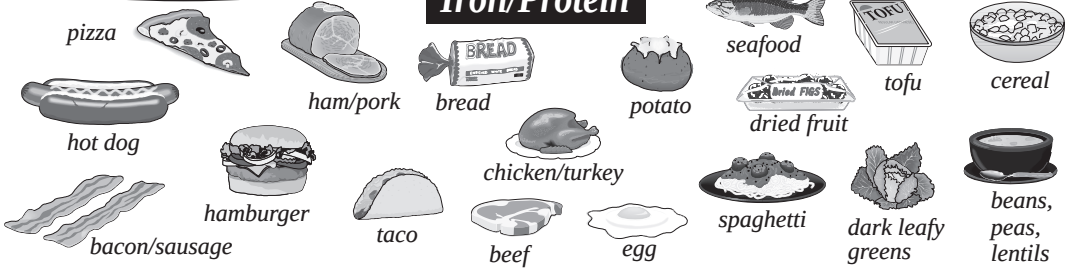
What did you eat yesterday? List everything you ate and drank. How much? What time?

Time	*Amount*	*Food or Drink*
10:00 a.m.	*½ cup*	*Carrots*

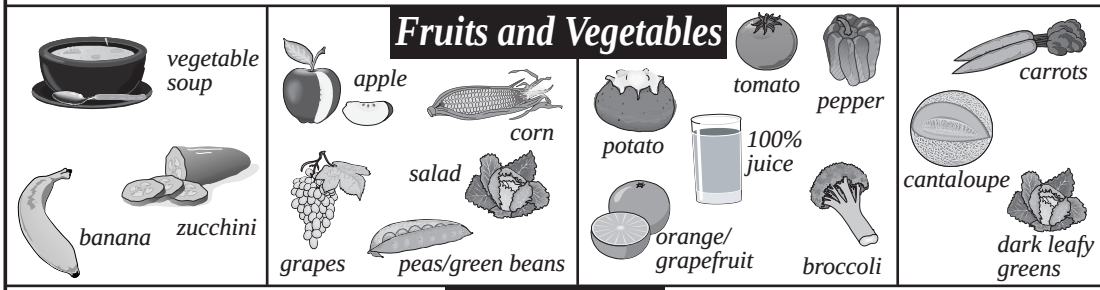
Was yesterday a typical day? _____Yes _____No

Circle the foods you eat often.

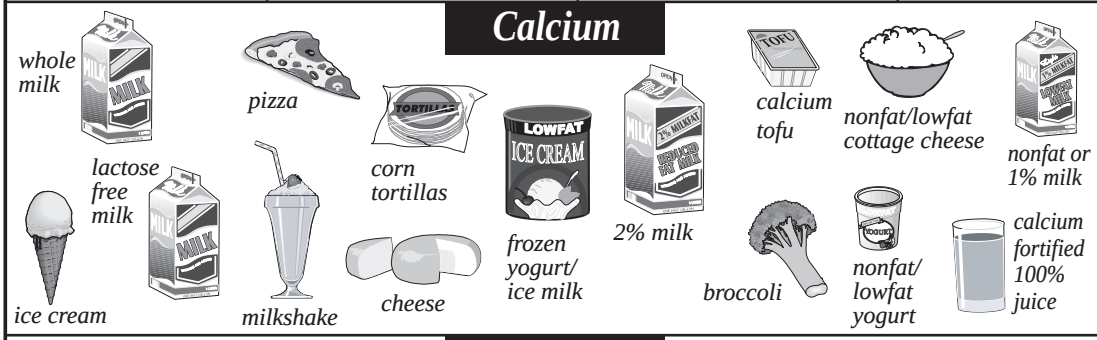
Iron/Protein



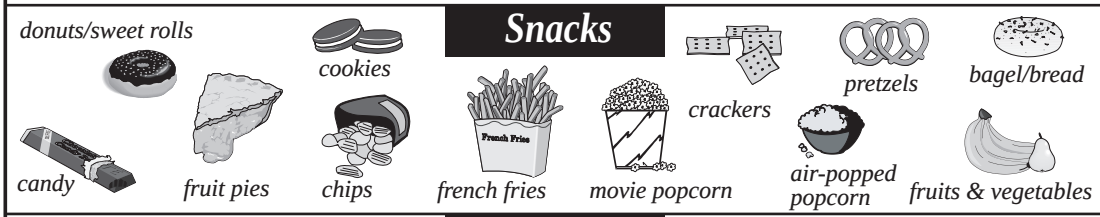
Fruits and Vegetables



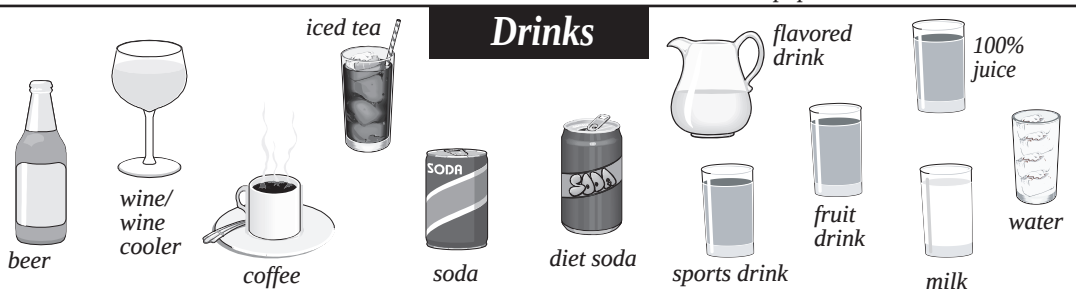
Calcium



Snacks



Drinks



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(Check (✓) topics discussed)

- ❑ Continue eating healthy
- ❑ ⬆ regular meals/snacks
- ❑ Encourage breakfast
- ❑ Inadequate food supply
- ❑ Encourage lower fat
- ❑ Encourage lower sugar
- ❑ Weight management
- ❑ Disordered eating
- ❑ Other_____

Iron/Protein

- ❑ 2 - 3 servings daily
- ❑ ⬆ high iron foods
- ❑ ⬆ alternate protein sources for vegetarian diets
- ❑ ⬆ beans, lentils, peas
- ❑ Limit high fat meats

Fruits and Vegetables

- ❑ 2 - 4 Fruits daily or more
- ❑ 3 - 5 Vegetables daily or more
- ❑ Vitamin C sources
- ❑ Vitamin A sources

Calcium

- ❑ 3 - 4 servings daily
- ❑ Encourage nonfat or 1% milk
- ❑ ⬇ high fat choices
- ❑ ⬆ low lactose alternatives
- ❑ ⬆ calcium-fortified foods

Snacks

- ❑ ⬇ high sugar snacks
- ❑ ⬇ high fat snacks
- ❑ ⬆ fruit/vegetable snacks
- ❑ ⬇ fast food

Drinks

- ❑ Limit juice: 1/day (4-8 oz. total)
- ❑ Drink 100% juice
- ❑ Drink 8-12 glasses water/day (8 oz. each)
- ❑ Discourage fruit drinks
- ❑ Discourage soda/caffeine
- ❑ Discourage alcohol

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Name_____**Age**_____**Date of Birth**_____**Date**_____

Don't Stop! Please turn me over. . .

Youth Nutrition and Activity Assessment
(Ages 8-21)

Provide additional information on your food, activity and health habits.

Health professionals: Complete assessment in the shaded boxes below using all information provided.

Eating Habits:

Do you eat or drink:	Yes	No	Examples/Comments
◗ breakfast?	❑	❑	_____
◗ morning snack?	❑	❑	_____
◗ lunch?	❑	❑	_____
◗ afternoon snack?	❑	❑	_____
◗ dinner?	❑	❑	_____
◗ evening snack?	❑	❑	_____
◗ milk?	❑	❑	_____
◗ soda, coffee, tea?	❑	❑	_____
◗ beer, wine or other alcohol?	❑	❑	_____

Eating Habits:

Yes	No	
❑	❑	Is the overall diet adequate? Does it include:
		❑ 3 meals/2 snacks
		❑ high iron foods
		❑ calcium foods
		❑ 5 or more fruits and vegetables
		❑ adequate fluids
❑	❑	Is hgb/hct within normal limits?
❑	❑	Has there ever been a lead test?_____
❑	❑	Counseling given (topics):_____
		_____
❑	❑	Further counseling needed (topics):_____
		_____
❑	❑	Referral made to:_____

Exercise/Physical Activity:

◗ How many hours per day do you:
- ◗ watch TV? _____hours per day
- ◗ play video/computer games? _____hours per day
- ◗ surf the internet/chat rooms? _____hours per day

◗ *(Circle all that apply)* Do you walk, run, bicycle, rollerblade or dance? Do you play basketball, softball, soccer, volleyball, other team sports?

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

◗ Other activities_____

◗ How often are you physically active?
_____times per week _____minutes each time

Yes	No	
❑	❑	Limit use of TV/computer/video/internet (1-2 hours/day or less) Goals set?_____
		_____
❑	❑	Encourage activity (60 minutes/day or more) Goal set?_____
		_____
❑	❑	Referral made to:_____
		_____

Weight/Body Image:

◗ Are you trying to:
❑ lose weight ❑ gain weight ❑ stay the same?

◗ 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?_____

◗ Are you currently using diet pills, laxatives, supplements, steroids, protein powders? ❑ Yes ❑ No

◗ Other products used_____

BMI_____Date_____

❑ Acceptable Range	BMI between 5th and 85th percentile
❑ At risk of overweight	BMI for age > 85th percentile, < 95th percentile
❑ Overweight	BMI for age ≥ 95th percentile
❑ Underweight	BMI for age ≤ 5th percentile

Yes	No	
❑	❑	General signs of an eating disorder?
❑	❑	Understands healthy eating?
❑	❑	Counseling given?
		Topics:_____
		_____
❑	❑	Referral made to:_____
		_____

Completed by Name/Title:_____Date:_____

Developed by the CHDP Nutrition Sub-Committee in cooperation with Department of Public Health, Human Services System, County of San Bernardino and Department of Public Health, Community Health Agency, County of Riverside 0306-224.ai MDS Rev 10/01

DHCS 4466 (09/07)