**NUTRITION SCREENING FORM**

Date of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

**ANTHROPOMETRIC MEASUREMENTS**

Weight (kg): \_\_\_\_\_\_\_\_ Height (cm): \_\_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Body Mass Index (BMI)\*** | **Nutritional status** |
| Below 18.5 | Underweight |
| 18.5–24.9 | Normal weight |
| 25.0–29.9 | Pre-obesity |
| 30.0–34.9 | Obesity class I |
| 35.0–39.9 | Obesity class II |
| Above 40 | Obesity class III |

Waist Circumference (cm): \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Men** | **Women** | **Risk of Metabolic Complications\*** |
| >94 cm | >80 cm | Increased |
| >102 cm | >88 cm | Substantially Increased |

**DIETARY HABITS**

1. How often do you consume fruits and vegetables?

A. Daily B. 3-4 times a week C. Rarely

2. How often do you consume processed or fast food?

A. Daily B. 3-4 times a week C. Rarely

**HYDRATION**

1. How many glasses of water do you typically drink in a day?

A. Less than 8 glasses B. 8 glasses or more

**PHYSICAL ACTIVITY**

1. On average, how many minutes per week do you engage in physical activity?

1. Less than 150 minutes B. 150-300 minutes C. More than 300 minutes

**SLEEP**

1. On average, how many hours of sleep do you get per night?

A. Less than 7 hours B. 7 hours or more

**BASIC HEALTH HISTORY**

1. Do you have any existing medical conditions?

A. None B. Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you currently taking any medications or supplements?

A. No B. Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL COMMENTS OR CONCERNS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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