

COMPLETED PACKET (INCLUDING DIET RECORD) TO BE TURNED IN AT TIME OF PAYMENT TO LeeAnne.
Attach a copy of receipt.

UNIVERSITY of
NORTHERN COLORADO



Campus Recreation

3 Day Diet Analysis & Consultation

-Confidential-

Please Read Carefully

Thank you for making a commitment to your health and wellness through UNC Campus Recreation; once we have received your completed paperwork (including payment), you will be contacted within one week by a Nutrition Consultant to schedule your appointment.

Nutrition Services Policies

In order to help make your experience a positive one, we ask that you observe the following policies:

For more detailed information and service descriptions please visit: www.unco.edu/campusrec

1. Payment and 3 Day Diet Analysis Packet must be received before appointment can be scheduled. Please pay for services at the Campus Recreation Entry Desk. Remember to keep your receipt for proof of purchase.
2. **All nutrition services must be used within the semester purchased (by the Friday of Finals Week).**
3. Call the Campus Recreation Entry Desk at 351-2062 if you know you will be late (Nutrition Consultant will wait 15 minutes and then that scheduled services will be forfeited). If you are late, the session will only last until the end of the hour for which that session was scheduled.
4. If needed, services must be rescheduled 24 hours in advance or session will be forfeited (Call the Campus Recreation Center at 351-2062 or (970)351-1893).

3 Day Diet Analysis Record Directions:

1. Please use the attached forms (pg. 5-7) (or submit electronically to LeeAnne Kosovich GA of Fitness and Wellness at leeanne.kosovich@unco.edu) to record all foods and beverages consumed, preferably including TWO days during the week and ONE weekend day. Try to eat as normally as possible to get the most accurate diet analysis possible.
2. It is best to record food immediately after eating and describe food in as complete detail as possible.
3. The more specific your food record, the more accurate your diet analysis will be. For example, include the **methods of preparation** (boiled, fried, baked, steamed, canned, frozen), **types of food** (2% milk vs. milk), **condiments** (ketchup, butter, cream in coffee), **brand names** (brand of granola bar, etc...) and **restaurant names** (Starbucks Non-fat Grande Mocha, Taco Bell Bean and Cheese Burrito).
4. When eating foods that are “mixes” or “casserole” type foods, please include all ingredients, especially if home-made.
5. Estimate serving size by using measuring cups/spoons, by weight (ounces/pounds) or by unit (1 medium apple, 1 small cookie) whenever possible. Otherwise do your best to estimate appropriate servings.
6. See sample food log below.

Meal	Food & Beverage	Amount	Additional Notes
<i>Breakfast</i>	<i>Whole Wheat Light Toast</i>	<i>2 Slices</i>	
	<i>Butter</i>	<i>1 teaspoon</i>	
	<i>Scrambled Egg</i>	<i>1 Egg</i>	<i>Fried w/ Cooking Spray</i>
	<i>Water</i>	<i>8 ounces</i>	
<i>Snack</i>	<i>Einstein’s Asiago Cheese Bagel</i>	<i>1 Bagel</i>	
	<i>Garden Veggie Reduced Fat Cream Cheese</i>	<i>1.5 Tablespoons</i>	
<i>Lunch</i>	<i>Whole Wheat Light Toast</i>		
	<i>Turkey-Lunch Meat Thinly Sliced</i>	<i>5 slices</i>	
	<i>Lettuce</i>		
	<i>Miracle Whip Mayo</i>	<i>1 Tablespoon</i>	
	<i>Baby Carrots</i>	<i>½ Cup</i>	
	<i>Low Fat Peanut Butter</i>	<i>2 Tablespoons</i>	
	<i>Diet Dr. Pepper</i>	<i>1 12 oz. Can</i>	

PERSONAL INFORMATION

Name: _____ DOB/Age: _____

Gender: M F Height: _____ Weight: _____

Campus/Current Information

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Campus Affiliation (please circle one): Faculty Staff Student Other _____

Emergency Contact Information

Name: _____ Phone: _____

How did you learn about the UNC Nutrition Services?

____ Campus Recreation Brochure ____ Campus Recreation Flier ____ Friend
____ Campus Recreation Website ____ Other (please explain) _____

HEALTH HISTORY

Do you follow a special dietary plan, such as low cholesterol, kosher or vegetarian? _____

IF YES, please explain: _____

Please list any known food allergies or intolerances: _____

Please list current medications, herbal or vitamin/mineral supplements:

Medication/Supplement	Dosage	For What?

SESSION PLANNING INFORMATION

What are your nutrition goals?

____ Weight Loss ____ Weight Gain ____ Weight Maintenance ____ Healthy Eating

Other nutrition goals/concerns (reasons for diet analysis): _____

What information would you like to learn about in addition to the diet analysis? (circle all that apply)

- Eating Out Grocery Shopping Organic Foods
- Calories Fiber Dietary Guidelines/MyPyramid
- Protein Eating Less Fat Healthy Food on a Budget
- Portion Sizes Exercise Food Preparation
- Food Labels Healthy Snacks Residence Hall Dining

Please select the following activity level that best describes you.

- ____ Sedentary: Minimal daily activity, little to no regular physical activity.
- ____ Very Light: Minimal daily activity, with some intermittent light physical activity.
- ____ Moderate: Regular light physical activity as part of employment or 30-60 minutes daily exercise.
- ____ Heavy: Regular moderate to heavy physical activity as part of employment or 60+ minutes daily exercise.

Diet Evaluation: Please answer the following questions as truthfully as possible.

- 1) **The majority of my meals/snacks:**
 - a. Are eaten at the dining halls on campus
 - b. Are prepared myself (10+ minutes preparation)
 - c. Are prepared myself, but are "quick & easy" or premade meals (frozen dinners) (<10 minutes preparation)
 - d. Are eaten at restaurants
- 2) **I eat most of my meals/snacks (select all that apply):**
 - a. At a table, with no other distractions
 - b. In front of the TV or computer (doing homework, reading the paper etc.)
 - c. Very quickly (less than 10 minutes), with little time to enjoy my food
 - d. Throughout the day (regular snacks and meals intermittently)
- 3) **The following is true regarding grocery shopping (select all that apply):**
 - a. I do not buy groceries (eat at residence halls or someone else purchases groceries)
 - b. I regularly check food labels while shopping
 - c. I shop from a grocery list and primarily only purchase what is on the list
 - d. I look for foods that are inexpensive and convenient
- 4) **The top barriers to sticking to a healthy diet for me are (select your top 3):**
 - a. Lack of knowledge (do not know what are and are not healthy choices)
 - b. Lack of time to prepare healthy foods
 - c. Expensive health foods
 - d. Lack of discipline (hard to control myself)
 - e. Social pressure/Lack of support (eating out with friends/going to parties)
 - f. Other: _____
- 5) **How many glasses (8 ounces) of water do you drink in a typical day?**
 - a. 0 to 3
 - b. 4 to 5
 - c. 6 to 7
 - d. 8+
- 6) **How many sweetened and/or caffeinated beverages do you drink a day (soda, coffee, fruit juices, etc.)?**
 - a. 0
 - b. 1 to 2
 - c. 3 to 4
 - d. 5+
- 7) **My breakfast eating habit is:**
 - a. I eat breakfast almost every day
 - b. I sometimes eat breakfast
 - c. I rarely/never eat breakfast
- 8) **My meat/protein eating habit is:**
 - a. Eat regular cuts of red meat, hamburger, hot dogs and lunch meat
 - b. Eat a mixture of red meats and some poultry or fish
 - c. Eat very little red meat, mostly white meat (poultry or fish)
 - d. Seldom or never eat meat – I eat mostly vegetables
- 9) **My dairy product eating habit is:**
 - a. Nearly always eat high fat (ice cream, butter, cheese, etc.)
 - b. Eat both high fat and low fat (skim milk, yogurt, etc.) about the same
 - c. Eat only/primarily low fat products or none at all
- 10) **My cooking fats/food preparation is:**
 - a. Nearly always cook/eat high fat (fry, shortening, butter creams)
 - b. Food cooked both high and low (broil, bake, boil, no added fat)
 - c. Food cooked primarily the low fat way
- 11) **My bread/grain eating habit is:**
 - a. Nearly always eat refined (white bread, rolls, crackers cereal)
 - b. Eat a mixture of refined and whole grain products
 - c. Eat primarily whole grain products
- 12) **My fruits/vegetables eating habit is:**
 - a. 5+ servings per day
 - b. 3-4 servings per day
 - c. 1-2 servings per day



Informed Consent

I _____, have voluntarily enrolled for nutritional services and I hereby affirm that I am in good health and do not suffer from any disability or medical condition that would prevent or limit my participation.

I fully understand that services are provided by University of Northern Colorado students with an educational background in nutrition, and services are not associated with the Nutrition Department. I will be advised to change my eating habits and incorporate foods that will benefit my health goals and objectives. I understand that when dietary habits are changed the reactions of the body and digestive system cannot always be predicted. I hereby release the State of Colorado, the University of Northern Colorado, its Trustees, officer employees and agents from any liability now or in the future including, but not limited to vomiting, diarrhea, indigestion, heart burn and other such conditions however caused, occurring during or after my participation in the nutrition services. I also understand that weight loss/gain is not guaranteed. The amount and degree of benefits experienced directly relates to my adherence to the nutritional program based on amounts of portions, substances, frequency and proper exercise.

In consideration of my participation with the Nutrition Services program at the Campus Recreation Center of the University of Northern Colorado, I, _____, for myself, my heirs, and assigns, hereby release the Nutrition Services Program of the University of Northern Colorado (its employees and staff), from and claims, demands and causes of action arising from my participation in the program.

Signature: _____ Date: _____

Terms & Conditions

Before I, _____, meet with a UNC Campus Recreation Nutrition Consultant, take part in nutrition services, I certify that I have answered all health, fitness and nutrition questions honestly and to the best of my ability. I understand the importance of providing complete and accurate responses. I recognize that my failure to do so could lead to possible unnecessary harm to myself. I understand that I may have to provide a medical clearance from my doctor prior to participating in any UNC Campus Recreation services.

I understand that full payment is due upon registration. I recognize that services are non-refundable, non-transferable and expire at the end of the semester in which services were purchased. I agree to adhere to all UNC Campus Recreation Nutrition Services policies and procedures.

I also understand that if I need to cancel an appointment, I must call the Recreation Center at least 24 hours prior to my scheduled session/appointment, if I do not call 24 hours prior, that session will be forfeited. I am fully aware that if I consistently cancel/reschedule my workouts, my Consultant has the full right to release me as a client, and forfeit any remaining workouts

As my signature indicates, I affirm that I have read and fully understand the above.

Signature: _____ Date: _____

Client Confidentiality

Information will not be released without the individual's permission, except in emergency situations. All information regarding your diet analysis, recommendations and progress will be kept confidential and remain in UNC Campus Recreation files for 4 years following the cessation of your participation in the program.

Regular evaluation of your Consultant's performance and your progress will be completed using written and verbal communication with your Consultant and staff. If you have any feedback regarding your Consultant of the program, please contact LeeAnne Kosovich Graduate Assistant for Fitness and Wellnes at (970)351-1893 or leeanne.kosovich@unco.edu.