Nutrition Navigator Intake form
UofL Health Promotion Office
502.852.5429
louisville.edu/healthpromotion
nutritionnavigators@louisville.edu

Date_________ Time_________
Name________________________________________
First Last
Phone (   )_________________________     (   )______________________
        Cell Other
Email____________________________________________
Best way to contact (cell, email)____________________________
Best time to contact_______________________________________
Preferred Meeting location (Ville Grill, Office of Health Promotion) _____________
Year in school and Major_________________________________________
Age______ Identify as M__F__ Other __
Where do you live? ___________________ if on campus where?__________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Name of Location</th>
<th>Frequency of visits</th>
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<td>On campus</td>
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<td>Restaurants</td>
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<td>Home/apartment/residence hall</td>
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<td>Other</td>
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Describe your typical eating patterns______________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
How did you hear about Nutrition Navigators?_________________________________

tells the reasons for your interest in having a Nutrition Navigator appointment:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What goals would you like to achieve? Check all that apply:
__Want to gain nutritional knowledge
__Want to lose weight
__Want to gain weight / muscle
__Find resources for vegetarian or vegan/plant-based eating
__Other __________________________

Please answer the following questions
Are you currently on a special diet? _________________________________
Do you drink alcoholic beverages? _________________________________
Do you smoke? _________________________________________________
How many hours do you sleep? _____________________________________

Describe your physical activity

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Days per week</th>
<th>How much time per day</th>
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Describe changes, if any, that you have recently made to your eating and/or physical activity routines. When do you make these changes?

__________________________________________________________________________

Rate how important this change is to you (0 not at all, 10 extremely important)

0 1 2 3 4 5 6 7 8 9 10

Rate your confidence in making this change (0 not at all, 10 extremely important)

0 1 2 3 4 5 6 7 8 9 10

What barriers, if any, stand in the way of you achieving your nutrition goals?
Would you be interested in taking photos of your food to post to Instagram or Twitter (#hungrycards)?

Do you currently participate in U-fit? ______ Yes ______ No

Would you like to be contacted about joining U-Fit? ______

Rate the accessibility of nutrient dense foods on campus (0 not at all accessible, 10 very accessible)

Rate the accessibility to be physically active on campus (0 not at all accessible, 10 very accessible)

What strengths do you have that will help you reach your nutrition goals?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Student Signature               Date               Navigator Initial

This meeting is confidential and will not be shared with anyone, unless there is suspicion that the students is a threat to themselves or others.

Navigator Notes

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________