



Nutrition Navigator Intake form

UofL Health Promotion Office

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nutritionnavigators@louisville.edu

General Information- Please complete before appointment:

Date:	Appointment Time:
Name:	Student ID:
Age:	Sex:
Phone:	E-mail:
Year in School:	Major:
Do you live on campus?	If so, where?
How did you hear about Nutrition Navigators?	
What interested you about meeting with a Nutrition Navigator?	

Interview Form- Complete with Navigator:

Do you have any food restrictions?	
Do you drink alcohol?	Do you smoke tobacco?
Are you interested in cooking workshops?	On average, how many hours do you sleep per day?

Rate the accessibility to be physically active on campus (0 not at all accessible, 10 very accessible)
0 1 2 3 4 5 6 7 8 9 10

Describe your typical physical activity.		
Type of activity	Days per week	How much time per day

Describe changes, if any, that you have recently made to your physical activity routine. When did you make these changes?

Do you currently participate in U-fit?	Would you like to be contacted about joining U-Fit?
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Rate the accessibility of nutrient dense foods on campus (0 not at all accessible, 10 very accessible)

0 1 2 3 4 5 6 7 8 9 10

Where are you eating?		
Location	Name of Location	Visits per Week
On campus	1.	
	2.	
Restaurants	1.	
	2.	
Home/ apartment/residence hall	1.	
	2.	
Other	1.	
	2.	

Describe your typical eating patterns (what types of food you usually consume, amount of meals per day, etc.)

Describe changes, if any, that you have recently made to your eating routine/habits. When did you make these changes?

What outcomes would you like to achieve? Check all that apply:

- Want to improve nutritional knowledge
- Want to decrease body fat percentage
- Want to gain weight / muscle
- Find resources for vegetarian or vegan/plant-based eating
- Other (please elaborate):

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

0 1 2 3 4 5 6 7 8 9 10

What goal can you set for yourself this week to begin working towards your desired outcomes?

What barriers or challenges may stand in the way of you achieving your nutrition goal?

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

SMART Goal Tracking Sheet

S-specific, M-measurable, A-action based, R-realistic, T-timed

Navigator Name: _____

Student Name: _____

Date: _____

1. _____

				Confidence					
1	2	3	4	5	6	7	8	9	10

2. _____

				Confidence					
1	2	3	4	5	6	7	8	9	10

3. _____

				Confidence					
1	2	3	4	5	6	7	8	9	10

Goal completion: 1_____ 2_____ 3_____

