

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? _____

| Where do you eat most often | | |
|-----------------------------------|------------------|---------------------|
| Location | Name of Location | Frequency of visits |
| On campus | 1. | |
| | 2. | |
| Restaurants | 1. | |
| | 2. | |
| Home/ apartment/residence hall | 1. | |
| | 2. | |
| Other | 1. | |
| | 2. | |

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

| Type of activity | Days per week | How much time per day |
|------------------|---------------|-----------------------|
| | | |

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)

0 1 2 3 4 5 6 7 8 9 10

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

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

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
