APPENDIX C

Nutrition Screening Form

1. Name:________________________________________

2. Sport:________________________________________

EATING HABITS

3. How would you describe your eating habits? [Check one]
   a. ___Good          b. ___Fair          c. ___Poor

4. How many times per day do you eat? _______

5. How many meals per week do you eat at restaurants and fast food places? _______

6. When you eat away from home, what kinds of foods do you choose?
   ____________________________________________________________________________
   ____________________________________________________________________________

7. If you eat at home, do you eat full meals?  ___Yes ___No
   If yes, what types of foods? _________________________________________________
   If no, what do you do for meals? _____________________________________________

8. Who prepares meals at home? ____________________________

9. Who does the shopping? ____________________________________________

10. Are there foods that you exclude from your diet?  [Check all that apply]
    If so, why?
    a. ___Red meat           b. ___Poultry (chicken, turkey)
    c. ___Fish               d. ___Dairy (milk, cheese)
    e. ___Vegetables         f. ___Fruit
    g. ___Fried food         h. ___Bread
    i. ___Grains (pasta, rice)  j. ___Fast food
    k. ___Sweets (candy, desserts)  l. ___Alcohol
    m. ___Fats and oils (mayonnaise, salad dressings, butter)

11. Have you made any changes to your eating in the past year? 
   If so, what type of changes? ____________________________________________

12. Have you tried to lose or gain weight in the past year?  __Yes  __No
   If yes, what have you tried to do and how? __________________________________

13. How many glasses of fluid do you normally consume per day? ______

14. In a typical workout, about how many cups of water, 
   juice, sports drink, milk, soda, tea, or coffee do you drink before or during exercise? (Check one)
   a. ___None  
   b. ___One or two cups  
   c. ___Three to five cups  
   d. ___More than five cups  

15. Do you currently take any dietary supplements?  __Yes  __No
   If yes, which ones? (Check all that apply and indicate brand, dose, and frequency of use.)
   a. ___Creatine  
   b. ___Protein shakes or powders  
   c. ___Muscle-building supplements  
   d. ___Sports bars  
      (Z-Mass, Meditropin)  
   e. ___Sports drinks  
   f. ___Amino acids  
   g. ___HMB  
   h. ___NO stimulator  
   i. ___Glutamine  
   j. ___Vitamins  
   k. ___Herbs  
   l. ___Glucosamine or chondroitin  
   m. ___Pyruvate  
   n. ___Fat burners  
   o. ___Prohormones (Hgh, Andro, DHEA)  
   p. ___Other __________________________________

Weight History and Body Satisfaction Questions

16. Overall, how satisfied are you with the physical appearance of your body?  
   (Check one)
   a. ___Very satisfied  
   b. ___Somewhat satisfied  
   c. ___Somewhat dissatisfied  
   d. ___Very dissatisfied  

17. Do you have any personal goals for body composition?  __Yes  __No
   If yes, which ones? (Check all that apply)
   ___Gain lean mass or gain weight
   ___Decrease body fat
   ___Lose weight
   ___Maintain current body composition
   ___None

18. Do you have weight or percent body fat goals?  ___Yes ___No  
   If yes, what is the goal?  ____________________________________________

19. You believe that your body is  
   ____fine as is.  
   ____slightly overfat.  
   ____overly fat.  
   ____thin.  
   ____too thin.

20. If you could change one thing about your body, what would it be and why?  
   ____________________________________________

21. What is your frame size?  ____small ____medium ____large

22. What is your current weight?  _____lb

23. Are you satisfied with being at this weight?  ___Yes ___No  
   If not, what would you like to weigh?  _____lb  
   Why?  ____________________________________________

24. What was the most you weighed during the past year?  _____lb

25. What was the least you weighed during the past year?  _____lb

26. Does your weight fluctuate when your sport is in-season?  ___Yes ___No

27. Has anyone ever recommended that you lose or gain weight for your sport? If so, which?  
   ____________________________________________

28. Do you avoid certain foods for reasons other than allergies, intolerances, sensitivities, religious reasons, or dislike?  ___Yes ___No  
   If yes, why?  ____________________________________________

29. Do you eat at specific times of the day?  ___Yes ___No

30. If your eating times are disrupted, do you get upset or anxious?  ___Yes ___No

31. Do you now or have you ever restricted calories, carbohydrate, or fat?  ___Yes ___No

32. Do you now or have you ever restricted food intake to control your weight?  ___Yes ___No  
   If yes, how did or do you restrict your food intake? (Check all that apply)  
   ____Cut down on the number of meals and snacks  
   ____Eat less at meals  
   ____Eliminate certain foods  
   ____Other  

33. Have you ever tried to diet during your competitive season?  
   ____Never ____Rarely ____Sometimes ____Often ____Always

From L. Bonci, 2009, Sport Nutrition for Coaches [Champaign, IL: Human Kinetics].
34. Do you or have you ever dieted in your off-season?
   ___Never ___Rarely ___Sometimes ___Often ___Always

35. Have you tried any of the following in the past year?
   Commercial diets such as NutriSystem and Weight Watchers ___Yes ___No
   Fad diets ___Yes ___No
   Over-the-counter diet pills ___Yes ___No
   Restriction of fluid intake ___Yes ___No
   Restriction of carbohydrate intake ___Yes ___No
   Restriction of fat intake ___Yes ___No
   Restriction of calories ___Yes ___No
   Diuretics or water pills ___Yes ___No
   Laxatives ___Yes ___No
   Prescription diet pills ___Yes ___No
   Fat burners ___Yes ___No
   Skipping meals ___Yes ___No
   Self-induced vomiting ___Yes ___No
   Exercise in addition to that required for sport ___Yes ___No
   Nutritional counseling with a dietitian ___Yes ___No

36. What foods do you consider to be safe? [Please list]

37. What foods do you consider to be trigger foods or foods you cannot control when you eat them?

38. Do you ever feel guilty after eating?
   ___Never
   ___Sometimes
   ___Most of the time
   ___Always

39. How often do you think about food and what you eat?
   ___Never
   ___Rarely
   ___Sometimes
   ___All the time

40. How does exercise affect your appetite?
   ___I am hungry after exercise.
   ___I am not hungry after exercise.
   ___My appetite does not change.

41. Do you make an effort to modify your calorie intake when you don’t exercise?
   ___ I don’t try to modify my intake.
   ___ I try to eat less.
   ___ I try to eat more.

42. How does exercise affect the amount of food you consume?
   ___ I eat more.
   ___ I eat the same amount.
   ___ I eat less.

43. Do you ever feel that your eating is out of control?  ___ Yes  ___ No
   In what way?
   ___ I eat too much.
   ___ I am afraid to eat.
   ___ I eat too little.

44. Do you think you have problems with eating?  ___ Yes  ___ No
   If yes, why? ____________________________________________