

Texas State University Campus Recreation

Nutrition Coaching: Initial Appointment Questionnaire

1. First Name
2. Last Name
3. Email
4. ID Number
5. Preferred Phone #:
6. Preferred Contact Method
7. Would you like to receive nutrition coaching in-person or online?
 - a. In-Person
 - b. Online (Zoom)
8. Are you a student athlete at TXST?
 - a. Yes
 - b. No
9. Gender Identity (check all that apply):
 - a. Agender
 - b. Genderqueer, gender fluid, or non-binary
 - c. Man
 - d. Questioning or unsure
 - e. Trans man
 - f. Trans woman
 - g. Woman
 - h. Additional gender category/identity
 - i. Prefer not to disclose
10. Pronouns:
 - a. He/him/his
 - b. She/her/hers
 - c. They/them/their
 - d. Ze/zim/zer
 - e. I do not use pronouns
 - f. Other
11. Which best represents your racial or ethnic heritage (select at least one):
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Pacific Islander
 - e. Hispanic or Latino
 - f. White
 - g. International
 - h. Other
12. Please specify why you chose "other"?

13. Are you comfortable with your session being observed by a dietetic intern, student mentee, or another nutrition coach?
 - a. Yes
 - b. No
14. How did you hear about Nutrition Coaching at Campus Recreation?
 - a. From a friend
 - b. From faculty/staff member
 - c. Dining Services
 - d. Social Media
 - e. Campus outreach event
 - f. Referral from Student Health Center
 - g. Referral from Counseling Center
 - h. Other
15. Age
16. Height
17. Current Weight
18. Are you interested in gaining or losing any weight?
19. Indicate your desired body weight? (If answers "yes")
20. Please explain why you would like to weigh this amount.
21. Please list the medications you are currently taking (Rx or OTC)?
22. Are you currently taking any supplements?
23. List the current supplements.
24. Where do you live?
 - a. Residence Hall
 - b. Greek Housing
 - c. Off-campus within walking distance
 - d. Off-campus outside walking distance
 - e. Other
25. What is your occupation, if any?
26. Have you previously met with a dietitian?
 - a. Yes
 - b. No
27. What do you wish to accomplish during your session(s)?
28. For what nutrition issues/goals did you schedule your appointment? Please select all that apply.
 - a. Binge eating
 - b. Establish a healthy diet
 - c. GERD
 - d. High cholesterol
 - e. Insulin resistance
 - f. Celiac disease
 - g. Event training
 - h. GI Issues
 - i. Hypoglycemia
 - j. Iron deficiency

- k. Eating disorder not otherwise specified
 - l. Food allergy/sensitivity/intolerance
 - m. High blood pressure
 - n. Hypothyroidism
 - o. Irritable bowel syndrome (IBS)
 - p. Type 2 diabetes
 - q. Vegan/Vegetarian
 - r. Polycystic ovarian syndrome
 - s. Weight loss
 - t. Weight gain
 - u. Other
29. Please specify why you chose other.
30. Is there anything you would like to change about your physical activity?
- a. Yes
 - b. No
31. Please describe what you would like to change about your physical activity?
32. In the last 3 weeks, on average, how many total **days per week** did you participate in moderate to vigorous **aerobic** exercise? (e.g. jogging, cycling, cardio training)
33. On average, in the past month, on the days you participate in **cardiovascular** activity how many **minutes per day** do you exercise?
34. In the last 3 weeks, on average, how many **total days per week** did you participate in **resistance** training?(e.g. weightlifting, bodyweight - push-ups abdominal exercises)
35. On average, in the past month, on the days you participate in **resistance training** how many **minutes per day** do you exercise?
36. What are your exercise limitations, if any?
37. What would you like to change about your nutrition?
38. In the last 3 weeks my appetite has:
- a. Increased
 - b. Decreased
 - c. Stayed the same
39. How often have you eaten when not hungry, in the last 3 weeks?
40. How often have you overeaten in the last 3 weeks?
41. How often has your food supply been inadequate this semester? (you ran out of money for food, skipped meals or ate less because you could not afford food, etc.)
42. What diets are you currently following? For example: Keto, Vegetarian, Vegan, or Mediterranean diet. Please list them all.
43. How many times have you had alcohol in the last 3 weeks?
44. How many alcoholic drinks did you have on average, in one sitting, in the last 3 weeks? (one serving = 12 oz beer, 5 oz wine, 1 oz liquor)
45. My weight affects how I feel about myself.
- a. Describes me extremely well
 - b. Describes me very well
 - c. Describes me moderately well
 - d. Describes me slightly well

- e. Does not describe me
46. I often think negatively about my body.
- a. Describes me extremely well
 - b. Describes me very well
 - c. Describes me moderately well
 - d. Describes me slightly well
 - e. Does not describe me
47. Have you ever purposely obtained what you or others would say is an extremely low or unhealthy weight?
- a. Yes
 - b. No
48. Have you ever used throwing up to lose weight?
- a. No
 - b. Yes, in the last 3 weeks
 - c. Yes, not in the last 3 weeks
49. Have you ever used products to lose weight (e.g. laxatives, weight loss pills, fit tea, etc.)
- a. No
 - b. Yes, in the last 3 weeks
 - c. Yes, not in the last 3 weeks
50. Have you ever used products to gain weight?
- a. No
 - b. Yes, in the last 3 weeks
 - c. Yes, not in the last 3 weeks
51. Do you track calories/macros? If so, how often?
- a. Not at all
 - b. Rarely
 - c. Some of the time
 - d. Most of the time
 - e. All the time
52. Have you ever exercised for excessive periods of time? (e.g. long periods of time each day, exercising when sick or injured, etc.)
- a. No
 - b. Yes, in the last 3 weeks
 - c. Yes, not in the last 3 weeks
53. Please explain why you chose yes to the previous question.
54. If you have ever received treatment for any of the previously stated behaviors, please explain.