Firstname	Lastname	HAS ID ____ ____ _____ ____ ____

Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	

Nutrition Assessment

Height _____ _•___ cm
Measure up to 0.1 cm

Height _____ inches
Measure up to 1/8 inch

Weight _____•___ kg
Measure up 0.1 kg

Weight _____ lbs. ____ oz.
Measure up to ½ oz

Blood Pressure
_____/_____ _____/_____
Left Arm Right Arm

Waist Circumference _____•___cm
Measure up to 0.1 cm

Bone Mineral Density Test

T-score ___•__ *- 9.9 to + 9.9*

Referral Made for Follow Up
O Yes O No

☐ Unable to test
- O Age under 20
- O Athlete refused
- O Athlete unable to co-operate
- O Unusual heel shape

BMI

_____ BMI (individuals 18 years of age and over)

_____ BMI Percentile (individuals under 18 years of age)

Smoking cessation

Do you use tobacco products?
O Yes O No

If yes, ask which products
☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Chewing Tobacco

Is it OK to smoke in your home? O Yes O No

Have you smoked more than 5 packs of cigarettes (100) or more in your life? O Yes O No
(1 pack of cigarettes = 20 cigarettes)

How many times do you use tobacco products?
Per day ___ Per week ___ Per month ___ Per year ___

Does someone in your family smoke a tobacco product? (cigarettes, cigars, pipes) O Yes O No

In the past year, have you stopped smoking for one day or longer because you were trying to quit smoking?
O Yes O No

Nutrition - Beverages

What do you drink when you are feeling thirsty?
- ☐ Water
- ☐ Fruit juice
- ☐ Soft drink
- ☐ Sport drink
- ☐ Milk product (include soy milk)

Firstname	Lastname	HAS ID _____ _____ _____ _____ _____

Nutrition – Other Food

Do you eat other foods or take special nutrition pills (i.e., sport bar, sport drink, food supplement product like ensure, vitamin supplement, protein supplement)?

- ☐ sports bar, or sports drink
- ☐ nutrition supplement product
- ☐ vitamin, mineral or protein supplement Other_____

Regional Food Questions (Insert 5 key food and nutrition questions that represent the needs and food habits of the region)

Sources of Calcium ☐ daily ☐ more than once a week ☐ never
Fruits and Vegetables ☐ daily ☐ more than once a week ☐ never
Snack Foods ☐ daily ☐ more than once a week ☐ never
Sweetened Beverages ☐ daily ☐ more than once a week □ never
Fortified Foods (grains, breads, cereals) ☐ daily ☐ more than once a week ☐ never

Sun Safety

Your hair color is
O blond/red
O brown
O black

Your eye color is
O blue/green
O hazel
O brown

When exposed to the sun in the summer do you
O burn
O burn and sometimes blister
O burn then tan
O tan

Do you know how to protect your skin in the sun?
O Yes O No

Please check all that apply
- ☐ use of sunscreen
- ☐ wear a hat
- ☐ seek shade
- ☐ wear sunglasses

Do you use sunscreen in the winter months?
O Yes O No