



**Name** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Do you take nutritional supplements (vitamins, herbs)?**

Yes

No

**How much money did you spend on food last month (money plus SNAP)? \$ \_\_\_\_\_**

**How much moderate physical activity do you get on an average day?**

Less than 30 minutes

30 to 60 minutes

More than 60 minutes

**For Educator's use only:**

Educator Name: \_\_\_\_\_

Participant Entry Date: \_\_\_\_\_

Participant ID (provided by state office): \_\_\_\_\_

Comments: \_\_\_\_\_

Group Name: \_\_\_\_\_

Type of delivery site (choose from list): \_\_\_\_\_

Subgroups: \_\_\_\_\_

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Department of  
Agriculture

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Agriculture

**What did you have to eat and drink yesterday?  
Give as much detail as possible, more detail is better.**

	<b>Food or Drink Item and How Prepared</b>	<b>How Much?</b>	<b>Food or Drink Item and How Prepared</b>	<b>How Much?</b>
<b>Morning Meal</b>				
<b>Snack</b>				
<b>Midday Meal</b>				
<b>Snack</b>				
<b>Evening Meal</b>				
<b>Snack</b>				