

DO NOT COMPLETE

BMI Calculation:

Weight: _____

Height: _____

BMI: _____ kg/m²

Classification: _____

Optimal Weight Calculation:

Weight: _____

Height: _____

BMI: _____ kg/m²

Classification: _____

Calorie Prescription

_____ Kcal

Distribution of Nutrients

Food	Number of Servings
Cereals	
Vegetables	
Fruits	
Milk/Cheese	
Meat	
Bean	
Candies	
Fats	

Nutritionist

São Paulo, _____ de _____ de 20____

Campo Belo Facility

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cod. 217130

Food Intake Assessment



Which of these meals do you have on most days of the week (4 times a week)?

Meal		Time
Breakfast	()	
Snack (between breakfast and lunch)	()	
Lunch	()	
Snack (between lunch and dinner)	()	
Dinner or Snack	()	
Supper	()	

Considering that one (1) dose refers to the following measures:

150 ml of red wine – 350 ml of beer (can)

40 ml of distilled beverage

How often do you consume alcoholic beverages?

	Beer	Wines	Distilled beverages
Never			
Once a week			
Twice a week			
3-4 times a week			
5-6 times a week			
Daily			
Amount in doses			

How many glasses of water (200 mL) do you drink daily?



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International standard for quality of
medical and hospital care.

Think about your eating habits during the past year. How often did you eat each food listed below?

Tick only one box for each food.

Source: Bloch, 94.

Food	Less than once a month	Twice to three times a month	Once to twice a week	Three to four times a week	Five to six times a week	Daily	How many times a day
Hamburger							
Beef							
Fried beef							
Hot dog and sausage							
Mayonnaise							
Margarine							
Butter							
Eggs							
Bacon							
Yellow cheese							
Milk and whole yogurt							
Fried foods							
Salty snacks							
Sweets, chocolates, cake and ice cream							
Pies, pastries and cookies							
WEIGHT (DO NOT COMPLETE)	0	1	2	3	4		
TOTAL (DO NOT COMPLETE)							

Food	Less than once a month	About once a week	Twice to three times a week	Four to six times a week	Daily	How many times a day
Fruit juices						
Fruits						
Vegetables (lettuce, watercress, arugula, etc.)						
Potatoes						
Beans, lentils, chickpeas						
Vegetables (tomatoes, carrots, green beans, beets and zucchini)						
Whole grains (oat, flax seed, quinoa, granola, cereal bar, rice)						
Brown bread						
Conventional breads (French rolls, Italian bread, white bread)						
WEIGHT (DO NOT COMPLETE)	0	1	2	3	4	
TOTAL (DO NOT COMPLETE)						

DO NOT COMPLETE

Food Intake Assessment

Risky Food

- () High fat intake
- () Moderate fat intake
- () Low fat intake

Protective Food

- () Adequate fiber intake
- () Moderate fiber intake
- () Low fiber intake

Time intervals between meals

- () Long fasting hours
- () Moderate fasting hours
- () Adequate fasting hours

Alcohol Consumption

- () Adequate consumption of alcoholic beverages
- () High consumption of alcoholic beverages

Water intake

- () Low water consumption
- up to 4 glasses of water a day
- () Moderate water consumption
- 5 to 6 glasses of water a day
- () Adequate water consumption
- More than 7 glasses of water a day