

NUTRITION AND DIET ASSESSMENT QUESTIONS					
NAME:		NAGUIT, THOMAS ADRIAN M.			
DATE:		05/04/2023			
HEIGHT (cm):		175cm	AGE:	19	BMR:
WEIGHT (kg):		107kg	GENDER:	M	2,074 Calories/day
					TDC/TMR:
					3445 Calories
					LIFESTYLE:
					Mixed (on a diet right now)
I. GOAL SETTING: WHAT ARE YOUR TOP GOALS RELATED TO HEALTH, NUTRITION, AND FITNESS?					
1 Lose weight, getting around 90-80kg, especially since my family has a history of stroke.					
2 Eat much healthier foods, and reduce carbs if possible					
3 Make myself more active (both in sports, and in exercising), around 1-2 hours a day.					
HOW DETERMINED ARE YOU TO WORK ON ACHIEVING THESE GOALS? (ON A SCALE OF 1-10, WITH 10 AS HIGHLY MOTIVATED):					8.9
II. NUTRITION AND DIET ASSESSMENT: Please fill out the blanks					
A. DIET AND HEALTH HISTORY					
ANY TYPE OF DIET OR DIET PROGRAMS WHICH YOU TRIED IN THE PAST?				Keto Diet	
1	WHEN DID YOU START?	2020	RESULT:	Manage to lose some weight, but hard to maintain, especially during pandemic	
	DURATION OF PROGRAM:	nearly 5-6 months?			
ANY TYPES OF DIET OR DIET PROGRAM WHICH YOU ARE CURRENTLY DOING?				Low Carb Diet	
2	WHEN DID YOU START?	March 2023	RESULT:	As of the moment, still going strong, manage to lose weight (previously from 120kg to 107kg)	
	DURATION OF PROGRAM:	1 year			
3 ANY PAST MEDICAL CONDITION THAT SHOULD BE NOTED?			None at the moment		
4 ANY PRESENT MEDICAL CONDITION/S OR HEALTH CONCERN?			None at the moment		
B. MEAL PATTERN AND DISTRIBUTION					
WHICH OF THE MEALS DO YOU REGULARLY CONSUME? (CHECK THOSE THAT APPLY)					
<input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> DINNER					
<input type="checkbox"/> AM SNACK <input checked="" type="checkbox"/> PM SNACK <input checked="" type="checkbox"/> MIDNIGHT SNACK					
C. EATING HABITS					
YOU ALWAYS: (CHECK THOSE APPLY)					
<input checked="" type="checkbox"/> EAT ALONE					
<input checked="" type="checkbox"/> PREPARE YOUR OWN FOOD					
<input checked="" type="checkbox"/> CONSUME FAST-FOOD FOOD ITEMS					
<input checked="" type="checkbox"/> EAT OUT IN RESTAURANTS (LOVES FOOD/ WORK-RELATED/ MEETINGS/ SOCIALIZATION)					
<input checked="" type="checkbox"/> DRINK ALCOHOL BEVERAGES LIKE: Various QTY: Occasional (like parties)					
EAT MORE THAN USUAL WHEN: (CHECK THOSE APPLY)					
<input checked="" type="checkbox"/> HUNGRY					
<input type="checkbox"/> STRESSED					
<input type="checkbox"/> IN RESTAURANTS					
<input type="checkbox"/> OUT W/ FRIENDS					
<input type="checkbox"/> DINING W/ FAMILY					
<input type="checkbox"/> ON VACATION/ WEEKENDS					
D. FOOD PREFERENCES					
FOOD LIKES:		More of meats, eggs, whole wheat breads, vegetables (stir fry)		CUISINE:	Varied, home-cooked, usually prepared
SPECIFIC FOOD ITEMS:		Cabbages, SkyFlakes (Whole Wheat), Chicken, Pork, Onions			
FOOD DISLIKES:		Ampalaya		REASON FOR DISLIKE:	too bitter, not a fan
FOOD ITEMS AVOIDED:		Foods high in carbs (White Bread, White Rice)			
REASON FOR AVOIDANCE:		Focusing on low carb diet			
E. MEDICATIONS AND SUPPLEMENTS					
LIST DOWN ALL THE MEDICATIONS AND SUPPLEMENTS THAT ARE REGULARLY TAKING					
None.					

