

	FOOD ITEM	QTY / PRTN SIZE	PREP METHOD	CAL	FAT	PROT	CARB
645a	Silk almond milk	8 oz	cold, from container	30	2.5	1	1
	Combat protein powder - cookies&cream	1 scoop = 35g	mixed with almond milk	140	2	25	5
	banana	med =apprx 7"	none	105	0.39	1.29	26.95
7-10a	water	24oz	from tap (municipal filtered)	0	0	0	0
8a	culinary matcha tea powder	1 tsp	mixed with honey in water	5	0	0	1
	honey	1 tsp	mixed with tea powder in water	21	0	0.02	5.71
	water	8 oz	microwave heated	0	0	0	0
8a-12p	Vital Proteins Collagen peptides prot pwd	1 scoop = 10g	mixed with tea pwdr/honey	35	0	9	0
	water	24oz	from tap (municipal filtered)	0	0	0	0
11a	Daisy cottage cheese, 4% small curd	1/4 cup	cold, from container	55	2.5	6.5	2
	50/50 spinach raddichio salad greens	2 cups	raw, washed	14	0	1.33	2
	tomato, fresh	1/4c	diced, raw	11	0.07	0.57	2.41
	mushrooms, fresh	1/4c	diced, raw	5	0.08	0.74	0.78
	beets, pickled	3 slices	sliced, from can	7	0.03	0.22	1.73
	peas, fresh	1/8c	raw	15	0.07	0.98	2.62
	sunflower seeds	"sprinkle" (1/8c)	shelled	100	8.66	3.39	3.86
	chickpeas	about 1/4c	rinsed, from can	90.5	1.8	4.585	14.645
	egg	1 medium	hardboiled and sliced	78	5.3	6.29	0.56
	carrots, fresh	about 1/4c	shredded, raw	11	0.07	1.19	2.63
	cheddar cheese	0.5oz = 1 T	shredded	57	4.72	3.24	0.48
	Pompeian organic extra virgin olive oil	1 tsp	from bottle, cold	60	4.67	0	0
	Chosen Foods 100% avocado oil	1 tsp	from bottle, cold	43.3	4.67	0	0
Hidden Valley ranch dressing - reduced	"drizzle" = 1 T	from bottle, cold	40	3.5	0.5	1.5	
12-5p	water	24oz	from tap (municipal filtered)	0	0	0	0
530p	DiGiornio stuffed crust pepperoni pizza	2 slices	baked in oven	499	20.96	24.92	52.73
5-10p	water	24oz	from tap (municipal filtered)	0	0	0	0
				1421.8	61.99	90.765	127.605

** from mfg label

24-hr Diet Recall and Nutrient Analysis

Analysis: 24-hr recall vs. NIH Diet History Questionnaire

I believe the NIH assessment to be an accurate representation. Client does not drink sweetened beverages on a regular basis, and aside from the occasional fruit juice or beer she prefers water. She drinks almond milk frequently, as she relies on commercially available nutrient powders for most of her nutrient intake and mixes the powder with this milk or water daily. On the day we did the 24-hr recall she did not consume whole grains (oatmeal), but her analysis indicates she eats them seasonally – more servings in the winter than in the summer. This is like her reported fruit intake; on the 24hr recall she ate mostly vegetables, but in the NIH questionnaire reports eating fruit regularly as well. All her answers lead to her choice of produce intake being seasonal in nature. The questionnaire did not cover convenience food intake; despite having a frozen pizza for dinner on the day we reviewed, she says this is unusual and she normally cooks dinner.

2. Anthropometric Measurements

Ht	5'2" = 157.5cm	% Body Fat	30.2
Wt	117.2 lbs = 53.3kg	biceps	12.0mm
BMI	21.4 = normal	triceps	17.0mm
IBW	110 lbs	subscap	13.0mm
%IBW	106.5%	suprailiac	11.5mm
Frm Sz (wr)	5 3/4" -->10.78 med		sum 53.5
Waist	28.5"		

<https://www.muscleandstrength.com/tools/measure-bodyfat>

Nutrition-Focused Physical Assessment

Clinical findings of physical exam reveal client to be in overall good health. Hair is shiny, skin and nails smooth, hydration status normal when tested on hand and forearm. Interosseous muscles have good tone. No visible edema in the extremities, dental/oral issues or respiratory difficulty. Eyes are clear, and hearing is normal. An examination of the temporalis muscle reveals a slight concave appearance – client's overall condition is good, so this may be only a natural feature of the face and not indicative of malnutrition. Similar results were found for the clavicle – the bottom of the collarbone was faintly visible, but the pectoralis muscle had good tone upon palpitation. Torso and legs are solid with good muscle tone; posture, gait and flexibility all appear normal. Some small scars and marks can be seen on the skin of the face – the client has had some acne in years past – but no irritated spots are currently visible.

3. Estimate of Needs

- i. Energy
Mifflin St Jeor REE calculation:
 $10 (53.3\text{kg}) + 6.25(157.5\text{cm}) - 5(39) - 161 = 1161 \text{ kcal/day}$

Activity Multiplier:

client is very active – exercises intensely 5 days/wk and does low-intensity 1 day/week, so an activity factor range of 45%-60% will be used to calculate expenditure range.

45% = 1161 kcal * 1.45 = 1683

60% = 1161 kcal * 1.6 = 1857

- ii. Protein (10-35% of DRI)
 0.8g/kg bodywght * 53.3kg = 42.6 g/day
 1683 * 10% = 168kcal from prot, /4 = 42g
 1683 * 35% = 589kcal from prot, /4 = 147g

	CAL	FAT	PROT	CARB
what she ate:	1422	62	91	128
calcs:	1683- 1857	37.4- 65.4g	42 - 147	189-273.5
	(261.00)	ok	ok	(61.00)

- iii. Fat & Carbohydrate
 - a. Fat = 20-35% of DRI range
 1683 * 20% = 337 kcal from fat, /9 = 37.4g
 1683 * 35% = 589 kcal from fat, /9 = 65.4g
 - b. Carbohydrate = 45-65% of DRI range
 1683 * 45% = 757 kcal from carb, /4 = 189g
 1683 * 65% = 1094 kcal from carb, /4 = 273.5g

4. Biochemical Assessment

FASTING BLOOD GLUCOSE	84mg/dL	normal
HEMOGLOBIN	12.9g/dL	normal
HEMATOCRIT	38.6%	normal
CHOLESTEROL	172mg/dL	normal
TRIGLYCERIDES	69mg/dL	normal

5. Medical History

Client historically has had issues with acne and has been off-and-on a retinol treatment since her teens. She had a hernia surgery as a child (6yrs old) to repair a gap in her abdominal muscles. She has been on hormonal birth control intermittently since her late teens and has had 4 children, all delivered naturally. She has lost two pregnancies to miscarriage. Client has no other health concerns aside from some normal dental work and is currently on a regular exercise regime to mitigate midlife weight gain.

(Note: I did not ask if client was **currently** taking birth control or retinol medications and I should have. There are some dietary influences for both – vitamin A intake should be monitored if actively taking a retinol, since you can over-consume this. Also, birth control can contribute to reduced nutrient intake of several B vitamins, zinc, C, and E, among others.)

Palmerly M, Saraceno A, Vaiarelli A, Carlomagno G. Oral contraceptives and changes in nutritional requirements.

NCBI Website.

<https://www.ncbi.nlm.nih.gov/pubmed/23852908>

Published 2013 Jul 17 (13): 1804-13. Accessed Nov 18, 2018.

6. NCP Worksheet

NUTRITION ASSESSMENT: (1-2 paragraph summary containing pertinent data from each section of the assessment; i.e. dietary intake, anthropometrics, and biochemical data)

CH is a 39-yr old female who has recently increased her activity level to prevent weight gain in midlife. She lives with her spouse and 4 children aged 5-15, whom she supports in addition to working part time outside the home. She cooks frequently and is health-conscious; she relies on protein shakes and produce for most of her nutrition and reports no current health issues. Nutrition-focused physical exam reveals no physical signs of malnutrition or nutrient deficiencies.

Chart review, patient interview, and physical exam reveal the following:

Laboratory Data:

Glucose and electrolytes: WNL

Cholesterol and triglycerides: WNL

Current medications: none

Anthropometric Data:

Ht: 5'2"

Waist: 28.5"

Wt: 117.2 lbs

Bodyfat: 30.2%

BMI: 21.4 normal

NUTRITION DIAGNOSIS: (Problem, Etiology, Signs/Symptoms Statement)

Inadequate energy intake related to client's effort to lose weight as evidenced by client's reported total daily kcalorie intake falling below the calculated needs, based on her energy expenditure.

Inconsistent carbohydrate intake related to client self-limiting the nutrient evidenced by the 24hr intake recall and NIH questionnaire done with client.

Describe your reasoning behind selecting the above nutrition diagnosis: (2-3 sentences)

Client's 24hr recall showed an overall energy intake deficiency. Client's intake of carbohydrates and overall kcalories is lower than her needs on most days – especially the days she exercises intensely. I realize she is attempting to lose weight, and in this endeavor must reduce overall intake enough to create an energy deficit. Whole grain sources of carbohydrate are important for fueling active muscles and maintaining energy throughout workouts, as well as fiber for the GI tract. I would be interested in seeing what she eats for dinner when she cooks – to see if she includes any sources of whole grains. She also reports eating oatmeal seasonally, so this macronutrient intake may vary quite a bit throughout the year. She did not specifically say what type of "diet" she is on – but based on her intake choices for this day and the NIH questionnaire I would say a low-carbohydrate diet. Aside from the pizza crust, there is not a single serving of grains on the day reported.

NUTRITION INTERVENTION: (Recommendations and plan; i.e. dietary changes, referrals to other disciplines, educational needs etc.)

- While client is on demanding exercise regime, add 2 servings of whole grains to daily intake, and reduce one serving of protein to maintain caloric deficit.
- Swap a morning shake with overnight oats or fortified cereal to increase whole grain intake.
- Educate client on the value of carbohydrates in the athlete's diet and how to eat enough while maintaining steady weight loss if desired, or weight maintenance

MONITORING/EVALUATION: (Specific and measurable ways you plan to assess the effectiveness of your intervention)

Monitor client's weight loss progress in 4 weeks and again in 8 weeks. If client loses more than 18lbs in this timeframe re-assess BMI and bodyfat % to rule out the beginning of malnutrition.

Follow up with client in 2 weeks to determine if the addition of whole grains to her diet has improved her energy level or overall well-being.

7. Final Analysis/Reflection

The client whom I interviewed for this project has been my acquaintance for many years. She and I have spoken many times about health, eating, physical activity and the like and I knew she would be an interesting interview for this project. I must admit I was uncomfortable with taking two of the anthropomorphic measurements (subscapular and suprailiac). She was fine with all of it, but I was afraid to hurt her with the pinchers of the caliper and did not want to make her self-conscious of the fat I was measuring. I tried to go as fast as possible and still get good measurements. She is a slender petite woman and has not experienced some of the same negative experiences with body size that I have, so the awkwardness was all from me.

With the food intake interview, I experienced some difficulty drilling down into the details – what brand, how much, etc. I had to ask her additional questions after the interview because she uses specialized food products that I had some difficulty finding in the USDA website. She was willing to send me pictures (attached) to verify the contents. Also, anytime there's a salad with a lot of ingredients I wonder about the **actual** portion sizes of the add-ons.

Overall, she was a champ and fielded every one of my questions with minimal hesitation or embarrassment. She is confident in her diet quality and tries very hard to take care of herself, so she was open with me because she is interested in this analysis. I am confident in the measurements I took and data I collected – most all of it was from a label or an app. I could use more practice with the bodyfat calipers and tape measure.

The next time I do one of these assessments I will pay more attention to the food intake part – brand, portion size, full-fat or reduced fat, etc....and try to ask those questions right away in the review. I also did not ask her about her bathroom habits or if she is currently taking the medications she mentioned. I think I was hesitant to ask her these things because we know each other – and in a way, asking a stranger would be more comfortable because I think I could be more objective.

Attachments

Photos of food labels referenced in the 24hr intake

The scanned NIH questionnaire, taken directly from the class textbook

The original handwritten 24hr intake done with the client



GENERAL INSTRUCTIONS

- Answer each question as best you can. Estimate if you are not sure. A guess is better than leaving a blank.
- Use only a black ball-point pen. Do not use a pencil or felt-tip pen. Do not fold, staple, or tear the pages.
- Put an X in the box next to your answer.
- If you make any changes, cross out the incorrect answer and put an X in the box next to the correct answer. Also draw a circle around the correct answer.
- If you mark NEVER, NO, or DON'T KNOW for a question, please follow any arrows or instructions that direct you to the next question.

BEFORE TURNING THE PAGE, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

your date:

MONTH	DAY	YEAR
Jan	<input type="text"/>	<input type="checkbox"/> 2010
Feb	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 2011
Mar	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 2012
Apr	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 2013
May	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 2014
Jun	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 2015
Jul	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 2016
Aug	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 2017
Sep	<input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7	<input checked="" type="checkbox"/> 2018
Oct	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 2019
Nov	<input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 2020
Dec	<input type="checkbox"/> 9	

In what month were you born?

- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

In what year were you born?

19 | |

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9

Are you male or female?

- Male
- Female

BAR CODE LABEL OR SUBJECT

1. Over the past 12 months, how often did you drink **carrot juice**?

NEVER (GO TO QUESTION 2)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

1a. Each time you drank **carrot juice**, how much did you usually drink?

- Less than 1/2 cup (4 ounces)
 1/2 to 1 1/4 cups (4 to 10 ounces)
 More than 1 1/4 cups (10 ounces)

2. Over the past 12 months, how often did you drink **tomato juice** or **other vegetable juice**?
(Please do not include carrot juice.)

NEVER (GO TO QUESTION 3)

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

2a. Each time you drank **tomato juice** or **other vegetable juice**, how much did you usually drink?

- Less than 3/4 cup (6 ounces)
 3/4 to 1 1/4 cups (6 to 10 ounces)
 More than 1 1/4 cups (10 ounces)

3. Over the past 12 months, how often did you drink **orange juice** or **grapefruit juice**?

NEVER (GO TO QUESTION 4)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input checked="" type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

3a. Each time you drank **orange juice** or **grapefruit juice**, how much did you usually drink?

- Less than 3/4 cup (6 ounces)
 3/4 to 1 1/4 cups (6 to 10 ounces)
 More than 1 1/4 cups (10 ounces)

Question 4 appears in the next column

3b. How often was the orange juice or grapefruit juice you drank **calcium-fortified**?

- Almost never or never
 About 1/4 of the time
 About 1/2 of the time
 About 3/4 of the time
 Almost always or always

4. Over the past 12 months, how often did you drink **other 100% fruit juice** or **100% fruit juice mixtures** (such as apple, grape, pineapple, or others)?

NEVER (GO TO QUESTION 5)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

4a. Each time you drank **other 100% fruit juice** or **100% fruit juice mixtures**, how much did you usually drink?

- Less than 3/4 cup (6 ounces)
 3/4 to 1 1/4 cups (6 to 12 ounces)
 More than 1 1/4 cups (12 ounces)

4b. How often were the other 100% fruit juice or 100% fruit juice mixtures you drank **calcium-fortified**?

- Almost never or never
 About 1/4 of the time
 About 1/2 of the time
 About 3/4 of the time
 Almost always or always

5. How often did you drink **other fruit drinks** (such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular)?

NEVER (GO TO QUESTION 6)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

Question 6 appears on the next page

Over the past 12 months...

5a. Each time you drank **fruit drinks**, how much did you usually drink?

- Less than 1 cup (8 ounces)
- 1 to 2 cups (8 to 16 ounces)
- More than 2 cups (16 ounces)

5b. How often were your fruit drinks **diet or sugar-free**?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

← 6. How often did you drink ^{almond} **milk as a beverage** (NOT in coffee, NOT in cereal)? (Please do not include chocolate milk and hot chocolate.)

- NEVER (GO TO QUESTION 7)
- 1 time per month or less
- 2–3 times per month
- 1–2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2–3 times per day
- 4–5 times per day
- 6 or more times per day

6a. Each time you drank **milk as a beverage**, how much did you usually drink?

- Less than 1 cup (8 ounces)
- 1 to 1½ cups (8 to 12 ounces)
- More than 1½ cups (12 ounces)

6b. What kind of **milk** did you usually drink?

- Whole milk
- 2% fat milk
- 1% fat milk
- Skim, nonfat, or ½% fat milk
- Soy milk
- Rice milk
- Other *alm*

7. How often did you drink **chocolate milk** (including hot chocolate)?

- NEVER (GO TO QUESTION 8)
- 1 time per month or less
- 2–3 times per month
- 1–2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2–3 times per day
- 4–5 times per day
- 6 or more times per day

Question 8 appears in the next column

7a. Each time you drank **chocolate milk**, how much did you usually drink?

- Less than 1 cup (8 ounces)
- 1 to 1½ cups (8 to 12 ounces)
- More than 1½ cups (12 ounces)

7b. How often was the chocolate milk **reduced-fat or fat-free**?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

8. How often did you drink **meal replacement or high-protein beverages** (such as Instant Breakfast, Ensure, Slimfast, Sustacal or others)?

- NEVER (GO TO QUESTION 9)
- 1 time per month or less
- 2–3 times per month
- 1–2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2–3 times per day
- 4–5 times per day
- 6 or more times per day

8a. Each time you drank **meal replacement or high-protein beverages**, how much did you usually drink?

- Less than 1 cup (8 ounces)
- 1 to 1½ cups (8 to 12 ounces)
- More than 1½ cups (12 ounces)

9. Over the past 12 months, did you drink **soda or pop**?

- NO (GO TO QUESTION 10)
- YES

9a. How often did you drink **soda or pop IN THE SUMMER**?

- NEVER
- 1 time per month or less
- 2–3 times per month
- 1–2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2–3 times per day
- 4–5 times per day
- 6 or more times per day

Question 10 appears on the next page

Over the past 12 months...

- 9b. How often did you drink **soda or pop DURING THE REST OF THE YEAR?**
- NEVER
- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |
- 9c. Each time you drank **soda or pop**, how much did you usually drink?
- Less than 12 ounces or less than 1 can or bottle
- 12 to 16 ounces or 1 can or bottle
- More than 16 ounces or more than 1 can or bottle
- 9d. How often were these sodas or pop **diet or sugar-free?**
- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always
- 9e. How often were these sodas or pop **caffeine-free?**
- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

10. Over the past 12 months, did you drink **sports drinks** (such as Propel, PowerAde, or Gatorade)?

NO (GO TO QUESTION 11)

YES

10a. How often did you drink **sports drinks IN THE SUMMER?**

- NEVER
- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

Question 11 appears in the next column

10b. How often did you drink **sports drinks DURING THE REST OF THE YEAR?**

- NEVER
- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

10c. Each time you drank **sports drinks**, how much did you usually drink?

- Less than 12 ounces or less than 1 bottle
- 12 to 24 ounces or 1 to 2 bottles
- More than 24 ounces or more than 2 bottles

11. Over the past 12 months, did you drink **energy drinks** (such as Red Bull or Jolt)?

NO (GO TO QUESTION 12)

YES

11a. How often did you drink **energy drinks IN THE SUMMER?**

- NEVER
- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

11b. How often did you drink **energy drinks DURING THE REST OF THE YEAR?**

- NEVER
- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

11c. Each time you drank **energy drinks**, how much did you usually drink?

- Less than 8 ounces or less than 1 cup
- 8 to 16 ounces or 1 to 2 cups
- More than 16 ounces or more than 2 cups

Question 12 appears on the next page

Over the past 12 months...

12. Over the past 12 months, did you drink beer?

NO (GO TO QUESTION 13)

YES

12a. How often did you drink **beer** **IN THE SUMMER**?

NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input checked="" type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

12b. How often did you drink **beer** **DURING THE REST OF THE YEAR**?

NEVER

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

12c. Each time you drink **beer**, how much did you usually drink?

- Less than a 12-ounce can or bottle
- 1 to 3 12-ounce cans or bottles
- More than 3 12-ounce cans or bottles



13. Over the past 12 months, did you drink **water** (including tap, bottled, and carbonated water)?

NO (GO TO QUESTION 14)

YES

13a. How often did you drink **water** (including tap, bottled, and carbonated water) **IN THE SUMMER**?

NEVER

- | | |
|---|---|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input checked="" type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

Question 14 appears in the next column

13b. How often did you drink **water** (including tap, bottled, and carbonated water) **DURING THE REST OF THE YEAR**?

NEVER

- | | |
|---|---|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input checked="" type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

13c. Each time you drank **water**, how much did you usually drink?

- Less than 12 ounces or less than 1 bottle
- 12 to 24 ounces or 1 to 2 bottles
- More than 24 ounces or more than 2 bottles

13d. How often was the water you drank **tap water**?

- Almost never or never
- About 1/4 of the time
- About 1/2 of the time
- About 3/4 of the time
- Almost always or always

13e. How often was the water you drank **bottled, sweetened water** (with low or no-calorie sweetener, including carbonated water)?

- Almost never or never
- About 1/4 of the time
- About 1/2 of the time
- About 3/4 of the time
- Almost always or always

13f. How often was the water you drank **bottled, unsweetened water** (including carbonated water)?

- Almost never or never
- About 1/4 of the time
- About 1/2 of the time
- About 3/4 of the time
- Almost always or always

14. How often did you drink **wine** or **wine coolers**?

NEVER (GO TO QUESTION 15)

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 2-3 times per day |
| <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> 4-5 times per day |
| <input type="checkbox"/> 3-4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5-6 times per week | |

Question 15 appears on the next page

Over the past 12 months...

14a. Each time you drank **wine** or **wine coolers**, how much did you usually drink?

- Less than 5 ounces or less than 1 glass
- 5 to 12 ounces or 1 to 2 glasses
- More than 12 ounces or more than 2 glasses

15. How often did you drink **liquor** or **mixed drinks**?

- NEVER (GO TO QUESTION 16)
- 1 time per month or less
- 2-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

15a. Each time you drank **liquor** or **mixed drinks**, how much did you usually drink?

- Less than 1 shot of liquor
- 1 to 3 shots of liquor
- More than 3 shots of liquor

16. Over the past 12 months, did you eat **oatmeal**, **grits**, or **other cooked cereal**?

NO (GO TO QUESTION 17)

YES

16a. How often did you eat **oatmeal**, **grits**, or **other cooked cereal** IN THE WINTER?

- NEVER
- 1-6 times per winter
- 7-11 times per winter
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

16b. How often did you eat **oatmeal**, **grits**, or **other cooked cereal** DURING THE REST OF THE YEAR?

- NEVER
- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Question 17 appears in the next column

16c. Each time you ate **oatmeal**, **grits**, or **other cooked cereal**, how much did you usually eat?

- Less than ¼ cup
- ¼ to 1¼ cups
- More than 1¼ cups

16d. How often was **butter** or **margarine** added to your oatmeal, grits or other cooked cereal?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

17. How often did you eat **cold cereal**?

NEVER (GO TO QUESTION 18)

- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

17a. Each time you ate **cold cereal**, how much did you usually eat?

- Less than 1 cup
- 1 to 2½ cups
- More than 2½ cups

17b. How often was the cold cereal you ate **Total Raisin Bran**, **Total Cereal**, or **Product 19**?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

17c. How often was the cold cereal you ate **All Bran**, **Fiber One**, **100% Bran**, or **All-Bran Bran Buds**?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

Question 18 appears on the next page

Over the past 12 months...

17d. How often was the cold cereal you ate **some other bran or fiber cereal** (such as Cheerios, Shredded Wheat, Raisin Bran, Bran Flakes, Grape-Nuts, Granola, Wheaties, or Healthy Choice)?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

17e. How often was the cold cereal you ate any **other type of cold cereal** (such as Corn Flakes, Rice Krispies, Frosted Flakes, Special K, Froot Loops, Cap'n Crunch, or others)?

- Almost never or never
- About ¼ of the time
- About ½ of the time
- About ¾ of the time
- Almost always or always

17f. Was **milk** added to your cold cereal?

- NO (GO TO QUESTION 18)
- YES

17g. What kind of **milk** was usually added?

- Whole milk
- 2% fat milk
- 1% fat milk
- Skim, nonfat, or ½% fat milk
- Soy milk
- Rice milk
- Other *alm*

17h. Each time **milk** was added to your cold cereal, how much was usually added?

- Less than ½ cup
- ½ to 1 cup
- More than 1 cup

18. How often did you eat **applesauce**?

- NEVER (GO TO QUESTION 19)
- 1–6 times per year
- 7–11 times per year
- 1 time per month
- 2–3 times per month
- 1 time per week
- 2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2 or more times per day

Question 19 appears in the next column

18a. Each time you ate **applesauce**, how much did you usually eat?

- Less than ½ cup
- ½ to 1 cup
- More than 1 cup

19. How often did you eat **apples**?

- NEVER (GO TO QUESTION 20)
- 1–6 times per year
- 7–11 times per year
- 1 time per month
- 2–3 times per month
- 1 time per week
- 2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2 or more times per day

19a. Each time you ate **apples**, how many did you usually eat?

- Less than 1 apple
- 1 apple
- More than 1 apple

20. How often did you eat **pears** (fresh, canned, or frozen)?

- NEVER (GO TO QUESTION 21)
- 1–6 times per year
- 7–11 times per year
- 1 time per month
- 2–3 times per month
- 1 time per week
- 2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2 or more times per day

20a. Each time you ate **pears**, how many did you usually eat?

- Less than 1 pear
- 1 pear
- More than 1 pear

21. How often did you eat **bananas**?

- NEVER (GO TO QUESTION 22)
- 1–6 times per year
- 7–11 times per year
- 1 time per month
- 2–3 times per month
- 1 time per week
- 2 times per week
- 3–4 times per week
- 5–6 times per week
- 1 time per day
- 2 or more times per day



Question 22 appears on the next page

Over the past 12 months...

21a. Each time you ate **bananas**, how many did you usually eat?

- Less than 1 banana
- 1 banana
- More than 1 banana

22. How often did you eat **dried fruit** (such as prunes or raisins)? (Please do not include dried apricots.)

- NEVER (GO TO QUESTION 23)
- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

22a. Each time you ate **dried fruit**, how much did you usually eat?

- Less than 2 tablespoons
- 2 to 5 tablespoons
- More than 5 tablespoons

23. Over the past 12 months, did you eat **peaches, nectarines, or plums**?

- NO (GO TO QUESTION 24)
 - YES
- 23a. How often did you eat **fresh peaches, nectarines, or plums WHEN IN SEASON**?
- NEVER
 - 1-6 times per season
 - 7-11 times per season
 - 1 time per month
 - 2-3 times per month
 - 1 time per week
 - 2 times per week
 - 3-4 times per week
 - 5-6 times per week
 - 1 time per day
 - 2 or more times per day

23b. How often did you eat **peaches, nectarines, or plums** (fresh, canned, or frozen) **DURING THE REST OF THE YEAR**?

- NEVER
- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Question 24 appears in the next column

23c. Each time you ate **peaches, nectarines, or plums**, how much did you usually eat?

- Less than 1 fruit or less than 1/2 cup
- 1 to 2 fruits or 1/2 to 3/4 cup
- More than 2 fruits or more than 3/4 cup

24. How often did you eat **grapes**?

- NEVER (GO TO QUESTION 25)
- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

24a. Each time you ate **grapes**, how much did you usually eat?

- Less than 1/2 cup or less than 10 grapes
- 1/2 to 1 cup or 10 to 30 grapes
- More than 1 cup or more than 30 grapes

25. Over the past 12 months, did you eat **cantaloupe**?

- NO (GO TO QUESTION 26)
 - YES
- 25a. How often did you eat **fresh cantaloupe WHEN IN SEASON**?
- NEVER
 - 1-6 times per season
 - 7-11 times per season
 - 1 time per month
 - 2-3 times per month
 - 1 time per week
 - 2 times per week
 - 3-4 times per week
 - 5-6 times per week
 - 1 time per day
 - 2 or more times per day

25b. How often did you eat **cantaloupe** (fresh or frozen) **DURING THE REST OF THE YEAR**?

- NEVER
- 1-6 times per year
- 7-11 times per year
- 1 time per month
- 2-3 times per month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Question 26 appears on the next page

24 hr

645 8oz alm milk
 1 scoop cookies + cream prot powder no prep, just mix
 1 banana - med

8-9a matcha tea w/ honey - 1 cup hot ^{1 tsp} microwave
 1 scoop vital proteins collagen peptides

11 50/50 spin + raddie
 salad = greens, tom, mush, beets, peas, sunf seeds, 1 hdbl egg, ^{chk peas} shred carrots
 3c shred ch (1T) tsp OO tsp avoc oil drizzle ranch
 total cottage cheese 1/4 c full fat

530 Pigiorno pepperoni - 2 slices baked
 stuffed crust

bed 10pm water 4 x 24oz



amazon.com

Serving Size: 1 Scoop (85 g)
Servings Per Container: 52
Amount Per Serving

Calories 140	Calories from Fat 20
% Daily Value *	
Total Fat 2 g	3%
Saturated Fat 1 g	5%
Trans Fat 0 g	
Cholesterol 45 mg	15%
Sodium 100 mg	4%
Potassium 200 mg	6%
Total Carbohydrate 5 g	2%
Dietary Fiber 1 g	4%
Sugars 2 g	
Protein 25 g	
Vitamin A 0%	Vitamin C 0%
Calcium 14%	Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories	2,000	2,500
Total Fat	Less than	65 g	80 g
Saturated Fat	Less than	20 g	25 g
Cholesterol	Less than	300 mg	300 mg
Sodium	Less than	2,400 mg	2,400 mg
Potassium	Less than	3,500 mg	3,500 mg
Total Carbohydrate	Less than	300 g	375 g
Dietary Fiber	Less than	25 g	30 g
Protein	Less than	50 g	65 g

Calories per gram:
Fat 9 Carbohydrate 4 Protein 4

Ingredients: Microfiltered Protein Blend (Whey Protein Concentrate, Whey Protein Isolate, Whey

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Nutrition Facts
Serving Size 1 Cup (240mL)
Servings Per Container About 8

Amount Per Serving	Calories 30	Calories from Fat 25
% Daily Value*		
Total Fat 2.5g		4%
Saturated Fat 0g		0%
Trans Fat 0g		
Polyunsaturated Fat 0.5g		
Monounsaturated Fat 1.5g		
Cholesterol 0mg		0%
Sodium 125mg		5%
Potassium 35mg		1%
Total Carbohydrate 1g		0%
Dietary Fiber <1g		2%
Sugars 0g		
Protein 1g		
Vitamin A 10%	Vitamin C 0%	
Calcium 45%	Iron 2%	
Vitamin D 25%	Vitamin E 20%	
Riboflavin 4%	Magnesium 4%	

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g

