Fresno State Sports Medicine Sport Nutrition Survey

Please answer the questions below in the spaces provided.

Name: ___________________________  Sport/s: ___________________________  Email Address: ___________________________

Age: __________  Height: _________  Current weight: __________  Goal Weight: __________

Current Body fat% (if known): __________  Goal Body fat% (if known): __________

Please list the months your sport is in-season, out of season and pre-season (if more than one sport, please specify months for each sport):
________________________________________________________________________________________
______________________________________________________________________________________

1. Do you have any medical diagnoses, currently or in the past? ____________________________________________

2. Have you ever had a stress fracture? Yes □ No □  If yes, when and where? ________________________________

3. Are you currently deficient (determined via laboratory work) in any vitamins or minerals? If so, which ones? Please provide date for this result if you can recall. _______________________________________________________

4. Do you have a history of any vitamin or mineral deficiencies? Yes □ No □  If so, which ones and when?
________________________________________________________________________________________

5. Do you currently take any supplements such as multivitamins, protein powders/ bars/ beverages, creatine, or other? Yes □ No □  If so, which ones and why?
________________________________________________________________________________________

6. Do you feel supplements are necessary to perform better? Yes □ No □
If so, why? _______________________________________________________________________________

7. Do you have any food allergies or intolerances? Yes □ No □
If so, which ones? __________________________________________________________________________

8. Are you a vegetarian or vegan? Yes □ No □
Please circle, if any, animal products you do not consume:

Beef  Pork  Chicken  Turkey  Eggs  Seafood  Dairy  Other:

9. How many meals per day do you typically consume (please circle)? 0  1  2  3  4  5  6

10. How many snacks per day do you consume (these are items consumed between main meals)? 0  1  2  3  4  5  6

11. Do you eat a pre-workout snack/meal? Yes □ No □
If yes, what does the snack/meal consist of? ___________________________________________________________________________________________

12. Do you eat a post-workout snack/meal within 30 minutes to 1 hour after workout? Yes □ No □
If yes, what does the snack/meal consist of? ___________________________________________________________________________________________

13. How many fluid ounces of liquids (including ALL liquids in day) do you typically consume each day? __________
14. How many fluid ounces of liquids do you typically consume during a 1 hour workout? ______________________________
______________________________________________________________________________

15. Do you eat or drink anything during your workout (other than water) that provides nutrition (ie. carbohydrates, electrolytes-sodium/ potassium, protein)? Yes □ No □ If yes, which ones? ________________________________

16. How many meals per day do you make yourself (rather than eating out)? 0 1 2 3 4 5 6

17. How many meals per day do you eat out at a restaurant or fast food or other? 0 1 2 3 4 5 6

18. Do you know how many calories you are currently consuming per day? Yes □ No □ If so, how many? ___________

19. Have you experienced a weight change (loss or gain) of greater than 5 lbs in the last year? Yes □ No □

20. Have you ever felt forced to limit your food intake due to concerns about your weight and/or body size? Yes □ No □
If so, why? ____________________________________________________________________________

21. Do you have a history of anorexia, bulimia (forced vomiting), and/or any other eating disorders or disordered eating patterns? Yes □ No □ If yes, please explain. ____________________________________________________________________________

22. What sports nutrition information would you like to learn more about? ________________________________
_________________________________________________________________________________________

23. Would you like to meet with the Sports Dietitian to discuss your nutrition goals? Yes □ No □

Females Only

24. When was your first menstrual period? ________________________________

25. Have you had menstrual periods within the past 12 months? Yes □ No □
If yes, how many? ______ When was your most recent menstrual period? ________________________________

26. What was the longest time between menstrual periods within the past year? ________________________________
When did this occur? ___________________________________________________________________________

27. Do you have heavy or light menstrual periods, or would you consider them average? Please circle.
   Heavy    Light    Average

28. Are you currently taking birth control? Yes □ No □
If so, which one? ___________________________________________________________________________

I, ____________________, authorize the Fresno State Sports Medicine Staff to share this information with Kim Tirapelle, Registered Dietitian.

____________________________________  ______________________
Student-Athlete Signature               Date