

Nutritional Health Risk Assessment

Full Name

Age

Gender

- ☐ Male
☐ Female
☐ Other

Height (cm)

Weight (kg)

How many servings of fruits and vegetables do you consume daily?

How many sugary drinks do you consume per week?

How many times do you eat fast food per week?

Do you have any of the following? (Check all that apply)

- ☐ Diabetes
☐ Hypertension
☐ High Cholesterol
☐ None

Physical activity per week (minutes)

Additional Comments