Study ID #	VR _____		**Study Coordinator Section**	

Study ID #	VR _____	
Date of First Visit	/ /	
Last Name		
First Name		
Birth Date	/ /	
Sex	Female _____	Male _____
Height	_____ inches	
Weight	_____ pounds	

Place **X** on what you need. Upload document with all meal orders in CRC ACCESS schedule.

menu develpmt	diet instruction	Date: _____
nutrient control	nutr counselng	Time: _____
weigh back	24hr recall	
carry out	nutr analysis	

Please tell us how physically active you are so that we can accurately determine your energy (calorie) needs:

_____

1 = not currently engaged in physical activity or exercise program	2 = walk at work or walk the dog or walk to store at least 3 times per week	3 = water aerobics or resistance exercises or moderate effort bicycling or treadmill or dance at least 3 times per week	4 = racewalking or jogging or aerobics or skating at least 3 times per week

We want to tailor your diet to your health needs - Although we can not accommodate ALL dietary requests. Place X in the box if you have any of the following:

	YES, I have this
Do you have food allergies that cause hives / rash / anaphylactic type reactions?	
Do you have lactose intolerance?	
Do you have celiac disease or gluten intolerance?	
Do you have difficulty chewing solid foods?	
Do you have difficulty swallowing foods or beverages?	
Do you follow a vegetarian or vegan diet?	
Do you follow a kosher or religious restricted diet?	

Are there specific foods/beverages that you cannot have? Please place X in the box for foods that are not allowed:

	NOT ALLOWED			**NOT ALLOWED**
beef_foods		legumes_beans_pea_foods		
brown rice_foods		peanut_peanutbutter_foods		
caffeine_beverages_foods		other_nut_foods		
cheese_foods		pork_ham_foods		
chicken_turkey_foods		soy_based_foods		
corn_based_foods		spicy_foods		
cow's milk_based_foods		thick_foods_beverages		
crunchy_foods		thin_foods_beverages		
egg_foods		tomato_based_foods		
fish_foods		white potato_foods		
flour_based_foods		Other serious allergic reaction foods:		