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Diet History
SUNY COLLEGE @ ONEONTA
DEPARTMENT OF HUMAN ECOLOGY
NUTR 240: NUTRITION ASSESSMENT
Dr. Helen E. Battisti R.D., C.D.N.

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Name: ~~Chris Canzoneri~~   Age: 22

Height: 6' 1''   Weight: 190 lbs.

How many meals do you consume daily? 6 meals

Do you snack? "Yes, very often." He snacks between meals. Sometimes large snacks will count as meals.

How would you describe your appetite?
"Ravenous! If I don't eat, my mood changes and I get agitated until I eat something."

Do you have any food dislikes/sensitivities/allergies?
"Yes." He dislikes vegetables and seafood. Also, he is lactose intolerant.

Do you experience any nausea or vomiting: No

Do you consume any nutritional supplements?
"Yes." He takes a multivitamin twice a day, antioxidants once a day, and omega 3s (fish oil) twice a day. Also, since he is a weightlifter, he takes whey and casein protein. Usually on lifting days, he has two protein shakes, but on non-lifting days, he has either has one protein shake or no protein shake.

Do you smoke cigarettes? No

How many hours of sleep do you average a night? 8 hours
What is your work schedule? "I do not work, but plan my meals around my class schedule." He has classes mostly Tuesdays and Thursdays during the day. His eating times/habits vary day to day since he does not have class the same time every day.

What is your activity schedule? Intense weight lifting sessions (about an 1 hr. 30 min/day) for 3 days a week. Occasionally, he will run/jog for 30-60 min. or jump rope (30 min.) for cardio exercise. But mainly, he considers himself a weightlifter, so focuses more on weight lifting than cardio.

Additional Information

My client eats when he is hungry throughout the day between classes. He eats more frequently rather than big meals at a time. He tries to eat as much protein as possible to supplement his weight lifting lifestyle. My client tries to limit sweets and eats wholesome foods rather than "junk" food or fried foods. He sometimes eats late night snacks including peanut butter on a blueberry bagel thin with a glass of milk (lactaid) and/or protein shake. He barely goes out to eat or order out. Usually, he spends a lot of time planning and cooking meals for himself and enjoys cooking.

Complete a 24-recall using the Multiple Pass Method

	Quick List	Forgotten Foods	Time and Occasion	Detail Cycle	Final Probe
Breakfast	Kashi cereal milk pineapple 9/fat	vitamins antioxidants omega 3's water	9:30am – at home by himself	1½ c. cereal w/ 1c. milk · few pieces of pineapple	Kashi GoLean Crisp w/ berries. Fresh pineapple *Interesting*
Lunch	coldcut chicken Sandwich	water hummus BBQ sauce low calorie bread	12:50pm – at School	2 pieces of low cal. wheat bread ¼ lb. chicken 1 Tbsp. hummus 2 tsp. BBQ sauce	Sara lee deli coldcut (less sodium) garlic hummus Jack Daniel's BBQ sauce stone ground low cal. wheat bread
Dinner	grilled chicken tortellini pineapple/soy sauce	hot tea parmesan cheese olive oil	9:30pm – at home	2 chicken breasts 1½ c. tortellini 1 Tbsp. sauce	boiled tortellini ~~slow cooked/ broiled chicken~~ grilled chicken
Snacks	sweet potato chips apple trail mix bar banana crackers + hummus goldfish ~~chicken~~	chicken (from crockpot)	11:20am – at school 12pm – at school 12pm – at school 2:30pm – at school 3pm – at school 3:30pm – at home 4:15 pm – at home	2½ c. chips 1 large apple 1 bar 1 large banana 2 servings of crackers 4 Tbsp. hummus ~52 goldfish or 1 serving ¼ lb. chicken	Aldi's sweet potato chips regular macintosh apple Nature Valley – not high fructose – 180 calories – peanuts + chocolate wheat thins (low fat) Flavored blasted cheddar goldfish slow cooked/ broiled chicken
Other		Chocolate /candy	9pm – at home	5 whoppers + 3 bite sized Reeses pieces	

note: eats when hungry throughout the day between classes

SuperTracker

	Physical Activity Target		Daily Calorie Limit		
Today	Week of 11/04/12 to 11/10/12		Allowance	**3000**	
11/10/12	Target	AT LEAST **150** minutes per week	Eaten ⚠	3009	
	Actual	**0** minutes	Remaining	0	

Daily Food Group Targets   More Info>

	Grains	Vegetables	Fruits	Dairy	Protein Foods
Target	10 oz.	4 cup(s)	2½ cup(s)	3 cup(s)	7 oz.
Eaten	15 oz.	¾ cup(s)	4¼ cup(s)	2 cup(s)	15½ oz.
Status	Over	Under	Over	Under	Over

Food Tracker

Search and add food to view how your daily choices stack up to your food group targets and daily limits. Make tracking and planning ahead simple by using the Copy Meals and Create a Combo features.

Search: [All Foods ▾] **for** [Type in your food here]   Go

Search Tips

Food Details   My Favorite Foods List   **Meals**   Copy Meals   Clear All   Create a Combo

Search for food to see details here.

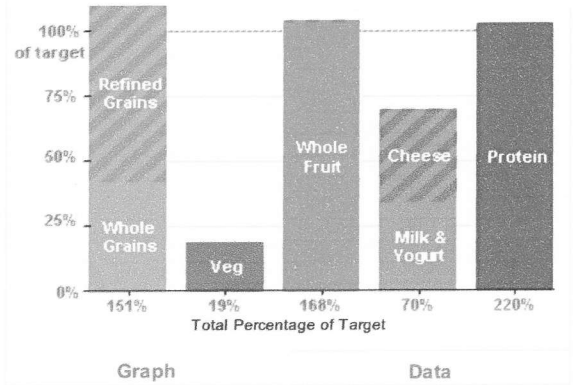| **Total Eaten:**	**3009 Calories**
Breakfast	**324 Calories**
Kashi GOLEAN Cereal 1½ cup	**222 Calories** (6 Empty Calories*)
My Favorite Remove Edit	
Lactaid milk, fat free (skim) 1 cup	**83 Calories** (0 Empty Calories*)
My Favorite Remove Edit	
Pineapple, raw ¼ cup, diced	**19 Calories** (0 Empty Calories*)
My Favorite Remove Edit	
Lunch	**306 Calories**
Bread, 100% whole wheat 2 regular slice	**138 Calories** (25 Empty Calories*)
My Favorite Remove Edit	
Turkey or chicken breast, luncheon meat, prepackaged or deli 4 slice (1 oz)	**118 Calories** (15 Empty Calories*)
My Favorite Remove Edit	
Hummus 1 tablespoon	**27 Calories** (0 Empty Calories*)
My Favorite Remove Edit	
Barbeque (bbq) sauce 1 tablespoon	**23 Calories** (2 Empty Calories*)
My Favorite Remove Edit	

Graph   Data

Related Links: Nutrient Intake Report   View By Meal

Daily Limits

Total Calories Eaten: 3009 ⚠

Empty Calories* Eaten: 492 ⚠

Empty Calories* Limit: 459   Total Limit: 3000

Oils	Saturated Fat	Sodium ** ⚠
Eaten: 3 tsp.	Eaten: 23g	Eaten: 5640mg
Limit: 10 tsp.	Limit: 33g	Limit: 2300mg

* Calories from food components such as added sugars and solid fats that provide little nutritional value. Empty Calories are part of Total Calories.

**If you are African American, hypertensive, diabetic, or have chronic kidney disease, reduce your sodium to 1500 mg a day. In addition, people who are age 51 and older need to reduce sodium to 1500 mg a day. All others need to reduce sodium to less than 2300 mg a day.

⊂⊃ = My Combo Food Item

Diet History Assignment

1. *Do you think this was the best method of obtaining your client/patients' diet history? Why or why not? If you think a different method would have worked better, which method would you choose and why?*

   I think this was a good method to use for my client, but not the best, since there is not one single best method. It was a simple, easy method that did not take long to administer and did provide an accurate list of the foods he consumed in the last 24 hours. But my client estimated the foods he ate and had trouble remembering what he ate. Also, he mentioned that this day that he was recalling was a "weird day" meaning this was not his usual meal pattern.

   I think a food record or food diary would be a good method to either use or to use with the 24 hour recall. The food diary would have more accurate amounts for food servings and would limit the ability to rely on memory. Also, using a food record would be beneficial in providing a more accurate representative of my client's usual intake and about his eating habits.

2. *Do you think your client/patient was being honest? Why or why not?*

   Yes, I think my client was being honest. He seemed very honest because he took time to think. At one point, he knew he was forgetting something that he ate. I gave him time to think about what he was forgetting and tried to trigger his memory based on what he had already given me.

   Also, he did not look away from me or look down. He was looking at me when he talked. He also did not stumble on words or seem hesitate. Everything he stated was

clear and precise. My client did not seem nervous or ashamed of anything he ate. He tries to eat a healthy diet and does not eat absent-mindlessly. Also, when apparently he does not usually eat sweets, he did tell me that he did eat chocolate that day.

Did he tell you what he was forgetting?

3. *Do you think your client/patient was under-estimating or over-estimating portions? Why or why not?*

I think my client under-estimated portions rather than over-estimated portions, but for the most part his portions seemed pretty accurate. Many of the portions seemed small and probably were more. My client's portions seemed small for a person his size and stature to eat. Also, it is difficult to estimate the amount of sauce, BBQ sauce, and hummus. I assume his estimates were mostly likely more than he actually guessed. 2 teaspoons of BBQ sauce and 1 Tbsp. of sauce is very little. A more accurate guess would be at least a tablespoon of BBQ sauce and ¼ cup of sauce.

4. *Do you think that a surrogate source would have been helpful? Why or why not?*

No, I don't think a surrogate source would have been helpful. He seemed to eventually remember everything he ate. For the most part, he could easily estimate how much of each food he had eaten. He did not really have any trouble recalling what he had eaten and seemed to be telling me the truth. A surrogate source would not have really helped in anyway in this case, since I did receive a good list of the foods he had eaten in the past 24 hours with accurate portion estimates.

5. *What is your overall assessment of your client/patients' diet? How are you determining adequacy?*

Based on a complete 24-hour recall, my client eats a healthy and adequate calorie diet for his lifestyle. He definitely has more than enough protein in his diet. He may need more than his recommendation, but not as much as he actually is eating. He is getting enough grains and fruit. He should have at least 10 oz. of grains and 4 ½ cups of fruit each day. He actually exceeds this recommendation, but since his recommendation does not take into the fact that he is a weightlifter, exceeding this amount is not a big concern. His calories are higher than recommended, but food tracker did not take into account that he is a weight lifter.

He is under the recommendation for vegetables and dairy. Since he does not like vegetables this is not surprising. Also, he is lactose intolerant, so may not eat many dairy products. He did not eat any vegetables according to the diet recall and the only dairy product he had was lactaid milk.

I determined adequacy by using the food tracker from the USDA. Although, this may not be the most accurate recommendations for him considering it does not take into account that he is a weightlifter. Food tracker only took into account that he regularly has 30-60 minutes of moderate activity which is walking to school and on campus to class. This does not include any activity from weightlifter, but on the day of his recall, he did not exercise (weight lift).

6. *What recommendation (s) might you make to your client/patient?*

The recommendations that I would make to my client is to include more vegetables and dairy in his diet. I would suggest to him to try eating more vegetables that

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good

he likes (sweet potatoes) or put vegetables on his pizza; or hide them in certain foods, since he likes to cook this may easily be done. Or another option I would give him is to take a multi-vitamin for the vitamins that he is not getting from vegetables. But he did say that he was taking a multi-vitamin and antioxidants, so probably is not lacking essential nutrients.

Also, I would recommend that he drinks more lactaid milk or use milk in his protein shakes. This would increase his calcium intake. Also, he could try eating Greek yogurt. Some yogurts may not bother him as much as others. Another option is to take lactaid pills, so he can eat low fat cheese.

very good

7. *What would be your next step in completing the diet history?*

My next step in completing the diet history would be to follow up with another method. I would either administer a 3 day food record and/or a use the cross check method (over 1 year) if needed to see the usual or habitual food intakes of my client.

Using more than one method is more accurate and reliable. Also, the 24 hour recall is over a short period of time that it may not give the usual or habitual food intakes of the client. A follow up is needed for accurate information on usual intakes. Having accurate information is important before you make a diagnosis and start intervention.

nicely done