



Peer Educator Nutrition Consultation

Service Description:

For only \$10 you get to meet one on one with a peer educator to review your 3 day food journal, complete a body composition analysis test and review your dietary goals.

- **1 hour consultation includes the following:**
 - Body Composition Analysis utilizing the In-Body 520 machine
 - Utilize Diet Analysis Plus version 8.0.1 as well as an online program to help track food intake and exercise
 - Goal setting for weight loss/gain
 - Educational component on dietary recommendations
 - Setting of goals, objectives and expected outcomes
 - Discussion of 3-day food and activity log
 - Recommendations for meal plans (portion size, frequency, and meal times)

- **Using the Diet Analysis Plus version 8.0.1 you will extensively review the following:**
 - Dietary needs and goals
 - Breakdown of macronutrient ranges
 - My pyramid analysis based on your caloric needs
 - Analysis of intake vs. goals

- **Additional meetings include:**
 - Evaluation diet analysis results
 - Refined recommendations for meal plan (daily caloric intake/nutrient requirements)
 - Discussion of successes/failures of previous weeks
 - Reading and understanding of food labels
 - Tips for eating on the go

- **Discuss popular topics like:**
 - Weight management
 - Meal planning
 - Grocery shopping (choosing the right foods/reading & understanding food labels)
 - Physical fitness
 - Eating disorders
 - Special diets (ex. vegetarian, vegan, lactose intolerance, hypoglycemia, hypothyroidism, polycystic ovarian syndrome, gastro-intestinal issues, etc.)
 - Assisting athletes with dietary recommendations to improve energy levels, performance and recovery

And more!

Prior to your consultation you are required to fill out a **3 day food log and the Basic Nutrition Assessment Form**. These forms can also be found at the FitWell Center or printed from the link below. You will be contacted within 3-5 business days of turning in your request packet.

Also, please look over the Essentials of the In Body 520

(<http://studentaffairs.lmu.edu/athleticsrecreation/burnsrecreationcenter/fitnesswellness/wellnesservices/>) when preparing for your Body Composition Analysis.

Meet the Peer Nutritionists:

Hello! My name is Katelyn Parker. I am a Senior from San Jose, California finishing up a B.S. in Health and Human Sciences here at LMU. I am passionate about health and very excited to be able to share my knowledge of nutrition with other people! I started off my college career at Clemson University as a Food Science major and transferred to LMU where I have since taken Nutrition, Advanced Nutrition, Medical Nutrition Therapy, and Exercise Physiology as well as many other courses that have helped me understand the many components of a healthy lifestyle. I have been an athlete my entire life, with experience in soccer, swimming, and field hockey. Having an athletic state of mind encourages me to be fit all areas of my life. Nutrition has especially influenced my passion for health because I love food and am always learning new ways to improve health in an enjoyable way. Whatever your goal may be, I am confident we can work together to come up with effective and practical solutions to move toward those goals and improve overall health! I am looking forward to meeting with you!



My name is Sydnie Maltz and I am a junior Health and Human Sciences major. I have been interested in health for many years and nutrition is a crucial component of health and wellbeing. I have completed Nutrition and Advanced Nutrition at LMU. I am knowledgeable on modifications for gastrointestinal disorders, such as IBS, and vegan, vegetarian, and gluten free diets. In addition, I can work with people who have a more typical diet to help them reach optimal health. I look forward to working with you!

Nutrition Questionnaire

LMU FitWell Center
310-338-3049

Jen Westendorf
Assistant Director,
Fitness & Wellness
310-338-4430

Date: _____

Name: _____
Last First Preferred First

Phone: () _____

Email: _____

Class/Major: _____ LMU ID#: _____

Where do you live: On-campus Off-campus Age: _____
Gender: M F

Have you seen a nutritionist before? Yes No

If so, who and when? _____

Why do you want to see a nutritionist? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> General healthy eating advice | <input type="checkbox"/> Vegetarian eating |
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Want to lose weight |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Disordered eating concerns |
| <input type="checkbox"/> Want to gain weight | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Diabetes | Other (please explain): _____ |

Height: _____ Current weight: _____ Desired Weight: _____

Lowest adult weight: _____ When: _____ Highest adult weight: _____ When: _____

Does your food or weight feel out of control? Yes No

Are you currently being treated for a medical condition? Yes No

List: _____

Are you taking any medications? Yes No

List: _____

Are you taking any vitamin or nutritional supplements? Yes No

List: _____

Do you have any family history of diabetes, Yes No
High blood pressure, high cholesterol? Yes No

Do you drink alcoholic beverages? Yes No

Describe use (on average how many drinks): _____

How often (times a week, month) _____

Are you currently on a special diet? (i.e., vegetarian, low-carb, gluten-free, etc) Yes

No

Describe: _____

What diets (low carb, low fat,, Zone, Weight Watchers) have you tried:

What were some outcomes: _____

Where do you eat most often? Campus Home Restaurant

Other: _____

When do you eat your meals:

Breakfast: Lunch: Dinner: Snacks:

List any exercise/activity that you do on a regular basis:

Type of exercise/activity Days per week Time spent doing that activity (each time)

What are your Fitness goals – please be specific?

Describe changes, if any, that you have made to your eating and/or exercise habits. When did you implement these changes?

What do you hope to achieve as a result of nutrition counseling?

Rate how important this change is to you (0 not at all, 10 extremely) 0 1 2 3 4 5 6 7 8 9
10

Rate how confident you are to make this change at this time 0 1 2 3 4 5 6 7 8 9
10

What barriers, if any, stand in the way of you achieving your nutritional goals?

Have you ever had your body fat tested? Yes No

If yes, how was it tested and when? _____

I, _____ AGREE TO ALLOW THE PEER EDUCATOR/ASSIST. DIRECTOR (A.D.) TO ASSIST ME IN UTILIZING THE DIET ANALYSIS PLUS 8.0.1 SOFTWARE TO TRACK MY NUTRITIONAL HABITS AND ACCESS MEAL PLANS. I WILL NOT HOLD THE PEER EDUCATOR/A.D. OR ANY ONE RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EATING HABITS. I UNDERSTAND THAT THE PEER EDUCATOR/A.D. IS NOT A REGISTERED OR LICENSED DIETITIAN, NOR A MEDICAL PRACTITIONER. THIS NUTRITION PROGRAM DOES NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE DOCTOR. I HAVE GIVEN THE PEER EDUCATOR/A.D. ALL NECESSARY INFORMATION ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

Signature: _____

Date: _____

Please submit this form to the FitWell Center located on the first floor of the Burns Recreational Center. Please refer to [Http://www.lmu.edu/fitwell](http://www.lmu.edu/fitwell) for detailed info. Questions/Concerns? Contact 310-338-3049 or email fitwellnutritionist@gmail.com for assistance.

Three Day Food Record

A three day food record is designed to get an accurate description of your typical daily diet. Since this food record will be used to help you make appropriate dietary changes it is important that you try *not* to change your usual eating patterns for these three days. Please try to be as accurate as possible by recording all of the foods and beverages you eat and drink. Include the exact amount of food eaten and important variations (ex. skim, 2%, reduced fat, sugar-free, etc). If the food is prepared at home or in a restaurant, please include a description of the preparation techniques (ex. grilled vs. fried). Rate your hunger/fullness cues on a scale of 1-10 by how your stomach feels before and after you eat (1 = famished, starving; 3 = stomach grumble; 5 = neither hungry nor full; 7 = politely full; 10 = painfully full). For example, if you feel your stomach grumble and you decide to eat, record a 3 for hunger. If you eat until you feel politely full record a 7 for satiety. Recording this information can help you identify external or emotional cues to eat.

In order to get an accurate representation of your diet, record your food intake for 2 weekdays and 1 weekend day (ex. Monday, Thursday, & Saturday).

Sample 24-Hour Food Record				
<i>Time</i>	<i>Food & Beverage Description</i>	<i>Amount eaten</i>	<i>Hunger/ Fullness</i>	<i>Location/Feelings</i>
7:15 am	Blueberry bagel	1 each	4/8	Driving - hurried
	Margarine	2 tablespoons		
	100% orange juice	6 ounces		
12:30 pm	Grilled chicken	3 ounces	3/7	At desk - focused on work
	Romaine lettuce	1 cup		
	Spinach leaves	1 cup		
	Baby carrots	1/2 cup		
	Bacon bits	2 tablespoons		
	Kraft Italian dressing	2 tablespoons		
	Ritz crackers	4 each		
	Water	16 ounces		
6:00 pm	Pizza Hut hand-tossed pepperoni pizza	3 slices	2/8	Restaurant - hungry!
	Diet Coke	16 ounces		
9:15 pm	Chocolate chip cookies - 4" diameter	4 each	5/7	Home - watching TV; bored
	Skim milk	8 ounces		

