



Dietitian Shaheer Hamid

*"Food is the original prescription —
the only medicine you get to enjoy
three times a day."*



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Client Nutrition Assessment Form



Personal Information

1. Full Name: _____
2. Age: _____
3. Gender: _____
4. Height (cm / ft): _____
5. Weight (kg): _____
6. Waist Circumference (in/cm): _____
7. Hip Circumference (in/cm): _____



Medical & Health History

8. Current medical conditions (if any): _____
9. Any food allergies or intolerances: _____
10. Current medications or supplements: _____
11. Stress/Anxiety level (low / moderate / high): _____



Lifestyle

12. Walk / Physical activity routine (type & duration): _____
13. Sleep pattern (hours/day): _____



Menstrual Health

14. Are your periods regular? ☐ Yes ☐ No ☐ Sometimes
15. Average cycle length: _____ days
16. Last menstrual period (LMP): _____
17. Period flow: ☐ Light ☐ Moderate ☐ Heavy
18. Period pain/cramps: ☐ None ☐ Mild ☐ Moderate ☐ Severe
19. Any diagnosed hormonal/menstrual condition (e.g., PCOS)? ☐ No ☐ Yes: _____
20. Any other menstrual concerns? _____





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3-Day Food Recall — Day 1

Name: _____ Date: _____ Day of week: _____

Write everything you eat and drink — chai, sugar, oil/ghee, snacks and small bites too. Use household measures (roti, katori, glass, spoon, piece). Best: 2 weekdays + 1 weekend day. Be honest — there are no wrong answers!

Meal / Time	Food & Drink Items	Quantity / Portion	Cooking / Brand / Notes
Wake-up / Early Morning (water, tea, lemon water...) Time: _____			
Breakfast Time: _____			
Mid-Morning Snack Time: _____			
Lunch Time: _____			
Evening Snack / Chai Time: _____			
Dinner Time: _____			
Late Night / Other Time: _____			

Daily Check

Water intake (tick each glass): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Tea / Coffee (cups): _____ Sugar in tea (spoons): _____ Sleep last night (hrs): _____

Physical activity today: _____ Ate outside / ordered food? ☐ Yes ☐ No

Notes (hunger, cravings, mood, digestion, anything unusual today)





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3-Day Food Recall — Day 2

Name: _____ Date: _____ Day of week: _____

Write everything you eat and drink — chai, sugar, oil/ghee, snacks and small bites too. Use household measures (roti, katori, glass, spoon, piece). Best: 2 weekdays + 1 weekend day. Be honest — there are no wrong answers!

Meal / Time	Food & Drink Items	Quantity / Portion	Cooking / Brand / Notes
Wake-up / Early Morning (water, tea, lemon water...) Time: _____			
Breakfast Time: _____			
Mid-Morning Snack Time: _____			
Lunch Time: _____			
Evening Snack / Chai Time: _____			
Dinner Time: _____			
Late Night / Other Time: _____			

Daily Check

Water intake (tick each glass): (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

Tea / Coffee (cups): _____ Sugar in tea (spoons): _____ Sleep last night (hrs): _____

Physical activity today: _____ Ate outside / ordered food? ☐ Yes ☐ No

Notes (hunger, cravings, mood, digestion, anything unusual today)





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3-Day Food Recall — Day 3

Name: _____ Date: _____ Day of week: _____

Write everything you eat and drink — chai, sugar, oil/ghee, snacks and small bites too. Use household measures (roti, katori, glass, spoon, piece). Best: 2 weekdays + 1 weekend day. Be honest — there are no wrong answers!

Meal / Time	Food & Drink Items	Quantity / Portion	Cooking / Brand / Notes
Wake-up / Early Morning (water, tea, lemon water...) Time: _____			
Breakfast Time: _____			
Mid-Morning Snack Time: _____			
Lunch Time: _____			
Evening Snack / Chai Time: _____			
Dinner Time: _____			
Late Night / Other Time: _____			

Daily Check

Water intake (tick each glass): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Tea / Coffee (cups): _____ Sugar in tea (spoons): _____ Sleep last night (hrs): _____

Physical activity today: _____ Ate outside / ordered food? ☐ Yes ☐ No

Notes (hunger, cravings, mood, digestion, anything unusual today)

