

How often do you:

1. Have a say about what kind of food is prepared in your home?

_____ Rarely

_____ Sometimes

_____ Often

2. Choose a diet that is best for your health?

_____ Rarely

_____ Sometimes

_____ Often

3. Eat at least five servings of fruits and vegetables daily?

_____ Rarely

_____ Sometimes

_____ Often

4. Limit the amount of fat in your diet?

_____ Rarely

_____ Sometimes

_____ Often

5. Read labels to identify the nutrients in packaged foods?

_____ Rarely

_____ Sometimes

_____ Often

6. Eat regularly?

_____ Rarely

_____ Sometimes

_____ Often

7. Have you received information from a dietician or other health care provider about nutritional requirements for you?

_____ No

_____ Yes

8. Do you follow a diet recommended by your doctor or other health care provider?

_____ No

_____ Yes

What is your level of self-confidence for diet?

1. How confident are you that you can eat a well-balanced diet?

_____ Choose a number between 1 (not at all confident) and 10 (totally confident)

2. How confident are you that you could follow a diet if recommended by your doctor or dietician?

_____ Choose a number between 1 (not at all confident) and 10 (totally confident)

3. How confident are you that you can select foods that will help you maintain your ideal weight?

_____ Choose a number between 1 (not at all confident) and 10 (totally confident)

4. How confident are you that you can select appropriate vitamins and supplements when needed to maintain your health?

_____ Choose a number between 1 (not at all confident) and 10 (totally confident)

5. How confident are you that you can identify the nutrients in packaged food by reading the labels?

_____ Choose a number between 1 (not at all confident) and 10 (totally confident)