Health Promoting Behaviors Checklist for Women with Disabilities: Diet

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

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**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)