

Diet and Nutrition Survey

Do your eating habits support better health? Take this survey and learn more about your nutrition lifestyle and opportunities for a healthier diet. Once you have completed the questions, take a moment to chose 1-3 simple changes you can make for healthier eating.



Nutrition Knowledge

I have a good understanding of healthy diet choices

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I know the steps I need to take to eat better

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I know how to read food labels.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I know how many calories are in the foods I eats.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I know what the glycemic load is?

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

Average Knowledge Score (add scores and divide by 5) = _____

Eating Habits

I skip meals. Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I read food labels. Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I choose processed foods or fast food over fresh foods in their natural state.
Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I eat alone. Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I take the time to enjoy my meals. Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I eat while doing other chores or watching TV. Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I eat when I'm stressed or bored. Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I enjoy cooking or preparing food. Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I eat "out or at restaurant" a lot. Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I stop eating when I'm full. Never-----Often

0 1 2 3 4 5 6 7 8 9 10

I tend to binge or stress eat.

Often-----Never

0 1 2 3 4 5 6 7 8 9 10

I will usually try the latest new diet fad.

Often-----Never

0 1 2 3 4 5 6 7 8 9 10

I drink sugary drinks or soda.

Often-----Never

0 1 2 3 4 5 6 7 8 9 10

Average *Healthy Eating Score* (add scores and divide by 13) = _____

Shopping and Cooking

I choose organic foods when possible. Never-----Often

0 1 2 3 4 5 6 7 8 9 10

I use spices instead of just salt when possible to flavor foods.

Never-----Often

0 1 2 3 4 5 6 7 8 9 10

I read labels before purchasing food.

Never-----Often

0 1 2 3 4 5 6 7 8 9 10

I tend to fry food and/or cook with fat.

Often-----Never

0 1 2 3 4 5 6 7 8 9 10

I choose olive oil over dressings and spreads.

Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I buy/eat a variety of foods.

Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I plan my meals and shopping list in advance.

Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I buy locally from farmer's markets when possible.

Never-----Often
0 1 2 3 4 5 6 7 8 9 10

I tend to buy convenience, fast food and prepared foods.

Often-----Never
0 1 2 3 4 5 6 7 8 9 10

Average Shopping and Cooking Score (add scores and divide by 9) = _____

Readiness for Change

I believe my food choices affect my health and wellbeing.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I am ready to work on improving my food choices and habits.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I am confident that I can make healthy eating changes or will seek help to do so.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

Average Readiness for Change Score (add scores and divide by 3) = _____

Lifestyle for Health

My weight is within a healthy range.

Disagree-----Agree
0 1 2 3 4 5 6 7 8 9 10

I drink more than one glass of alcohol daily.

Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I smoke or chew tobacco.

Often-----Never
0 1 2 3 4 5 6 7 8 9 10

I exercise 4 or more times weekly.

Never-----Often
0 1 2 3 4 5 6 7 8 9 10

Average Lifestyle (add scores and divide by 4) = _____

Where do I start?

Your answers will help you focus your efforts for a healthy nutrition lifestyle. Begin with the category(s) with the lowest score. Go back and look at the answers to your individual questions. Are there areas of focus that you can change? Always consult with your healthcare provider before making any changes in your diet. You may wish to share this information with your health care provider to make it part of your treatment plan.

Record your average scores for each category. The lower the number the greater the priority for focus and change

- 0= Opportunity for Change
- 10= Good Dietary Habits and Eating

Nutrition Knowledge _____
Eating Habits _____
Shopping and Cooking _____
Readiness for Change _____
Healthy Lifestyle _____

Sample questions to consider

Do you have medical conditions that are affected by your diet? If so, how does this information affect your desire to change your diet and nutritional habits?

Does this knowledge increase your desire to change your eating habits?

Do you have the information or resources you need to eat better?

Are there eating habits that you could change for better health?

How could you change your shopping?

How could you change meal planning and cooking?

Are you ready to make change in your diet? If not, what would help you make a change?

List 1-3 simple changes you can make based on what you learned.

- 1.
- 2.
- 3.

