

Name _____

Date _____



Nutrition 101, LLC
Nutrition and Activity Habits

Put a check in the column that best describes your answers to the questions below.

<u>Food Choices</u>	0-1 TIMES/DAY	2-3 TIMES/DAY	4-5 TIMES/DAY	6-7 TIMES/DAY
How many times a day do you:				
◆ Eat vegetables (excluding french fries)?				
◆ Eat fruit?				
◆ Eat whole grain breads and cereals?				
◆ Eat fried foods?				
◆ Drink sodas or sweetened fruit drinks?				
◆ Drink milk or eat dairy foods (cheese, milkshakes, yogurt)?				
◆ What type of milk do you usually drink?	<input type="checkbox"/> Whole	<input type="checkbox"/> 2% <input type="checkbox"/> 1%	<input type="checkbox"/> Skim <input type="checkbox"/> Soy	<input type="checkbox"/> Rarely drink milk
<u>Meal Patterns</u>	0-1 TIMES/WK	2-3 TIMES/WK	4-5 TIMES/WK	6-7 TIMES/WK
How many times a week do you:				
◆ Eat breakfast?				
◆ Eat lunch?				
◆ Eat supper?				
◆ Eat supper with your family?				
◆ Eat meals away from home?				
<u>Physical Activity</u>	0-1 TIMES/WK	2-3 TIMES/WK	4-5 TIMES/WK	6-7 TIMES/WK
How many times a week do you::				
◆ Participate in physical activity (walk, ride a bike, exercise, sports) for a <u>combined</u> total of 30 minutes or more?				
How many hours a day do you:	LESS THAN 1 HOUR/DAY	1-2 HOUR/DAY	3-4 HOUR/DAY	5 OR MORE HOURS
◆ Watch TV?				
◆ Use the computer and video games and talk on the phone?				

Thank you for answering these questions.