

HEALTH BEHAVIOR BASELINE QUIZ

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if **DIETS**
DON'T WORK,
WHAT DOES?

Dear Reader,

You can't know where you're going until you're clear on where you're at. In order to make sustainable behavior change, it is crucial to start where you are and take the next step. If you can take small but mighty steps, one level at a time, you can keep from being overwhelmed and burned out in the process.

In order to discover your next best steps, you have to know what your starting point is. This Health Behavior Baseline Quiz is not to make you feel bad about yourself. Please use it as a neutral, helpful tool to identify your starting point with sleep, nutrition, exercise, and stress.

Use the "Notes & Details" sections of each question to jot down examples and typical behaviors. The reflection and self awareness of writing things down will make your starting point even more clear to you.

There is no rating system on this quiz on purpose. This is simply a tool to help you notice and write down the details of your current status quo. You don't need a grade on this. You'll know what you want to improve on when you're done.

Take care,

- Danielle



SLEEP HABITS

How many hours of sleep do you get each night?

- ☐ 4 hours or less
- ☐ 4 to 5 hours
- ☐ 6 to 8 hours
- ☐ 9+ hours

Notes & Details:

What is the quality of your sleep?

- ☐ Very good, I sleep like a rock
- ☐ Not great, it is normal for me to wake up once or twice in the night
- ☐ Awful, I have the hardest time falling asleep and or staying asleep

Notes & Details:

Alcohol & Tobacco, Soda & Water Intake

ALCOHOL & TOBACCO USE - Do you consume alcohol?

☐ Yes

☐ No

If yes, how much and how often?

ALCOHOL & TOBACCO USE - Do you use tobacco?

☐ Yes

☐ No

If yes, how much and how often?

WATER - How many glasses or ounces of water do you drink each day?

☐ Less than a glass or two (16 oz or less)

☐ 2 to 3 glasses (16oz - 24oz)

☐ 4 to 5 glasses (32oz- 40oz)

☐ 6 to 8 glasses (48oz - 64oz)

☐ 9 glasses or more (72 oz or more)

Notes & Details:

SODA - How many glasses or ounces of soda do you drink each day?

☐ 12 to 24 ounces

☐ 32 to 64 ounces

☐ More than 64 ounces

☐ I don't drink soda

Notes & Details:

Eating Habits

How many servings of VEGETABLES do you consume each day?

- ☐ None
- ☐ 1 to 2
- ☐ 3 or more

Notes & Details:

How many servings of FRUITS do you consume each day?

- ☐ None
- ☐ 1-2
- ☐ 3 or more

Notes & Details:

How often do you eat FAST FOOD? (Pizza, hamburgers, etc)

- ☐ Never
- ☐ Rarely (once or twice a month)
- ☐ Regularly (about once or twice a week)
- ☐ Often (daily)

Notes & Details:

How much of your food is pre-prepared, packaged foods compared to homemade, home cooked meals?

- ☐ Mostly pre-prepared/packaged foods
- ☐ About half and half pre-prepared AND homemade
- ☐ Mostly homemade, home cooked meals

Notes & Details:

How many servings of BEANS/LEGUMES do you eat each day? (black beans, chickpeas, lentils etc)

- ☐ None
- ☐ 1 serving/day
- ☐ 2 servings/day
- ☐ 3 servings/day

Notes & Details:

How often do you eat MEAT each week? (including chicken, fish, beef, pork, etc)

- ☐ Never
- ☐ Rarely (once or twice a month)
- ☐ Regularly (about once or twice a week)
- ☐ Often (daily)

Notes & Details:

How often do you eat DAIRY each week? (including butter, cheese, yogurt, ice cream, etc)

- ☐ Never
- ☐ Rarely (once or twice a month)
- ☐ Regularly (about once or twice a week)
- ☐ Often (daily)

Notes & Details:

How often do you eat EGGS or food products containing eggs each week ?

- ☐ Never
- ☐ Rarely (once or twice a month)
- ☐ Regularly (about once or twice a week)
- ☐ Often (daily)

Notes & Details:

EXERCISE HABITS

What are your current physical exercise routines? (What do you do, how often, and for how long each day?)

How much sitting do you do throughout the daytime hours?

- ☐ I'm up and around all day long, sitting for no more than 20-30 min at a time
- ☐ I have long period of sitting throughout the day, 2 to 3 + hours at a time
- ☐ My day is somewhere in between

Notes & Details:

How would you describe your daily life when it comes to movement and activity level?

- ☐ Sedentary (little to no movement at all)
- ☐ Light Activity
- ☐ Moderate Activity
- ☐ High Activity

Notes & Details:

STRESS LEVELS

How stressful do you consider your life to be?

- ☐ Low and manageable
- ☐ Moderate and bothersome
- ☐ High and overwhelming

Notes & Details:

What are your main stressors in life?

REFLECTION

Which areas of your health behaviors are going well?

Which areas of your health behaviors could use the most improvement?

Which areas are you LEAST ready, willing, or able to improve? Why?

Which areas are you MOST ready, willing, or able to improve? Why?