

Activity and Diet Assessment

1. I try to maintain a healthy weight?

Yes No

2. I get between 75 to 150 minutes of moderate to vigorous exercise weekly?

Yes No

3. I avoid elevators/escalators and take the stairs instead?

Yes No

4. I limit the time I spend being sedentary (couch, bed, phone, computer, TV)?

Yes No

5. I eat a variety of fiber foods (vegetables and fruits) each day?

Yes No

6. I avoid unhealthy starches (bread, cereal, refined grains)?

Yes No

7. I choose foods and drinks that are low in calories and carbohydrates?

Yes No

8. I eat moderate portions of meat and avoid processed meats?

Yes No

9. I avoid or eat small amounts of baked goods (pies, cakes, ice cream)?

Yes No

10. I rarely add butter products or oils to my food?

Yes No

11. I rarely eat fried foods?

Yes No

12. I never, or only occasionally, drink alcohol?

Yes No

Add "Yes" answers.

0-4 **Alert!!!** You are at risk, but we can get you on track!

5-8 Not too bad. **Let's get to work!**

9-12 **Congratulations!** You're living healthily!