

Self Survey for Healthy Eating

Select the Diagnoses or Disease Processes you currently have								
High Blood Pressure	<input type="checkbox"/>	PAD / Peripheral Artery Disease	<input type="checkbox"/>	Diabetes Type 1 Insulin	<input type="checkbox"/>			
Heart Disease	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Diabetes Type 2	<input type="checkbox"/>			
Chronic Wound	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>	Lymphedema	<input type="checkbox"/>			
Cardiovascular Disease	<input type="checkbox"/>	Obesity	<input type="checkbox"/>	Digestive Disease	<input type="checkbox"/>			
PVD / Peripheral Vascular Disease	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Tobacco Use Ever	<input type="checkbox"/>			
Age 50 - 60	<input type="checkbox"/>	Age 60 - 70	<input type="checkbox"/>	Age Over 70	<input type="checkbox"/>			
Multi - Vitamin Supplements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many Per Day					
Nutritional Supplements: Premier Protein, Boost, Carnation I. B., Ensure, Glucerna, Slimfast, Whey Protein Shake								
Nutritional Supplement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many Per Day					
List the number of servings of each item in each box. Suggested serving sizes								
Proteins: 1 once cooked skinless meat or 1 egg								
Protein Sources: Meat, Organ Meats, Poultry, Fish, Eggs, Beans, Nuts, Milk Products, Whey Supplement, Guinoa								
Fruits & Vegetables: 1 medium fruit, 1 cup Raw Leafy Greens, 1/2 cup chopped, 1/4 cup dried, 6 oz. Juice								
Whole Grains: 1/2 cup Beans, 1 slice Wheat Bread, 1 cup Wheat Cereal, 1/2 cup cooked brown rice, 1 cup Wild Rice, 1 cup Cooked Pasta, 1/3 cup or 1 1/2 oz Nuts, 1 tablespoon or 1/2 oz Seeds								
Low-Fat Milk Products: 8 ounces milk, 1 cup yogurt, 1 1/2 ounce cheese								
Simple Carbs: 1 for each serving: Precessed Flour, White Breads, White Rice, Pasta, Cakes, Cookies, Ice Cream, Potatoes								
Sugary Beverage: 1 for each serving: Soda, Juice, Sweet Tea								
Fats and Oils: 1 for each Serving: fried food, food cooked with oil, Salad Dressing.								
List Daily Amount of Servings of Food Intake								
Food Choices	Water Ounces	Fruits	Vegetables	Protein	Whole Grains	Sugary Beverage	Simple Carbs	Fats Oils
Sun.								
Mon.								
Tue.								
Wed.								
Thu.								
Fri.								
Sat.								
List Total Amount of Food Servings From the Week & Total Minutes of Exercise for The Week								
Exercise Minutes	Water Ounces	Fruits	Vegetables	Protein	Whole Grains	Sugary Beverage	Simple Carbs	Fats Oils

The survey goal is to become more aware of nutritional related issues in the geriatric population.

