The following questions ask about your background and habits at home and at university/ work that may relate to your health.

On a typical week how often do you eat the following meals?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 0-1 days a week | 2-3 days a week | 4-5 days a week | 6-7 days a week |
| Breakfast |  |  |  |  |
| Lunch |  |  |  |  |
| Dinner |  |  |  |  |

1. How often do the people around you compliment your attempts to eat a healthy diet?
2. Are you encouraged at home to eat vegetables?
3. Do you eat enough fruit?
4. Do you eat fried food away from home?

**Eating Habits Survey**

In your notebook, put a checkmark (   ) to the statements that apply to you.

* Do you eat a healthy breakfast nearly every day? (whole-grain cereal; eggs; yogurt; fruit; toast)
* *Do you eat a healthy snack between breakfast and lunch? (fruit; nuts; vegetables or similar healthy foods)*
* Do you eat a healthy lunch nearly every day? (salad; fish; chicken; meat; whole-grain pasta; fruit; vegetables or similar healthy choices)
* Do you eat a healthy snack between lunch and dinner? (fruit; nuts; energy bar; vegetables or similar healthy foods)
* Do you eat a healthy dinner nearly every day? (salad, chicken; fish; vegetables; sweet potato or other similar healthy foods)
* Do you drink at least 8 glasses of spring or filtered water every day?
* Do you limit your intake of coffee to one cup or none each day?
* Do you limit your consumption of saturated fat to a few times each week? (red meat; dairy products; fried foods.
* Do you make an effort to eat unsaturated fats several times a week? (salmon; tuna; sardines; olive oil; canola oil; sunflower oil).
* Do you limit your intake of sugar and sweets to a few times per week? (candy; desserts; refined flour such as bread, cakes or donuts and other sugary foods).
* Do you limit your intake of soft drinks and fast foods to a few times per week?
* Do you chew most of your food at least 20 to 30 times before swallowing?
* Do you know what your metabolic type is and eat in accordance with it? (fast, slow or balanced metabolism determines levels of carbohydrates, protein and fats)
* Do you try to eat organic and/or locally grown produce as much as possible?
* Are you careful to eat some raw fruits and vegetables every day and not overcook your food, which destroys enzyme and nutrient levels?
* Do you watch the portion size of your meals to keep the calorie count at or under 500 calories per meal as often as possible?
* Do you try to eat something healthy about every 3 hours in order to keep your blood sugar level in a safe range and avoid the storage of fat on your body?
* Do you get at least 30 minutes of exercise almost every day in order to help burn calories, build muscle, improve metabolism, improve the delivery of nutrients, and facilitate the removal of toxins from the body?
* Do you practice some form of stress management most days in order to facilitate the good digestion of foods?
* Do you take quality nutritional supplements, especially for the common deficiencies such as vitamins A, B. C. D, E, omega oils, magnesium, zinc and CoQ10?

**Scoring**

**16- 20 marks– You are doing well on your nutrition program but there is still room or some improvement in order to avoid illness and premature aging.**

**11-15 marks- You are not following a very healthy nutritional program and could experience health concerns during middle age.**

**1-10 no answers– Your nutritional program is very poor, and you will likely experience health challenges early in your adult life.**