

Name: _____

Account: _____

Date: _____

Nutrition Survey

Please select the most appropriate answer for each of the statements below, in relation to your daily nutritional habits and for how long you've been continuously practicing these activities.

	No	For less than 6 Months	For 6-12 Months	For 1-2 Years	For More Than 2 Years
I have understood the importance of controlling my caloric intake					
I have limited the fat in my diet to less than 30% of my total caloric intake					
I have selected healthy fats like canola and olive oil instead of trans-fats and most animal/saturated fats					
I have selected healthy protein sources like beans, fish and chicken breast					
I have selected calcium-rich foods like non-fat milk and yogurt at least 3 times daily					
I have limited my intake of sugars/sweets/desserts and high glycemic carbs to no more than 3-5 servings per week					
I have eaten 7 or more servings of fresh vegetables and fruits daily					
I have preferred to drink water instead of soft drinks, sugar-laden fruit juices, et.					
I have avoided cigarettes					
I have avoided excessive caffeine (more than 4 cups per day)					
I have avoided excessive alcohol (more than 2 per day for men/1 per day for women)					