

Please indicate the number of daily servings you eat of the following food: (Questions 12 - 17.)

13. How many servings of protein do you eat daily? (1 servings is: a 3 oz. serving of meat, fish, poultry; 1/2 cup of dried beans; 2 eggs; 2 tablespoons of peanut butter.) 0 1 2 3 4 5 6+
14. How many servings of vegetables do you eat daily? (1 serving is: 1 cup of raw leafy vegetables; 1/2 cup cooked vegetables; 3/4 cup of vegetables juice.) 0 1 2 3 4 5 6+
15. How many servings of fruit do you eat daily? (1 servings is: 1 small piece of fruit; 1/2 cup of canned fruit; 3/4 cup of fruit juice.) 0 1 2 3 4 5 6+
16. How many servings of grains and grain products do you eat daily? (1 serving is: 1/2 cup of cereal, pasta or rice; 1 slice of bread, 1/2 small bagel or 6 crackers.) 0 1 2 3 4 5 6+
17. How many servings of milk and milk products do you eat and drink daily? (1 serving is: 1 cup of milk, yogurt or pudding; 1 1/2 oz. of cheese; 2 cups of cottage cheese.) 0 1 2 3 4 5 6+
18. How many servings of foods containing fat and/or cholesterol do you eat daily? (1 serving is: 3 oz. or more red meat or organ meat; 2 tablespoons of regular gravy; 1 1/2 oz. of cheese; 1 tablespoon of butter, margarine or mayonnaise; 1 cup of whole milk, 2 tablespoons of cream; 1/2 cup of ice cream.) 0 1 2 3 4 5 6+

19. Do you take dietary supplements that contain calcium? Yes No

20. Height (Record fee, then inches.)
Feet 4 5 6 7
Inches 0 1 2 3 4 5 6 7 8 9 10 11

21. Weight (Record to the nearest pound. If you are pregnant, record your usual weight.)
 100 200 300 400
 10 20 30 40 50 60 70 80 90
 1 2 3 4 5 6 7 8 9

22. Would you like to?
 lose weight
 maintain weight
 gain weight

23. Please indicate how often you take the following actions to eat a healthy diet.

	Almost always	Most of the time	Seldom	Almost never
Eat breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid deep fried foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan ahead when eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid late night snacking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read food labels carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choose healthier substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Control portion size/avoid seconds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. When do you feel you would be ready to work on your diet/nutrition habits?
 not an issue
 not ready to change
 willing to change soon
 willing to change in the future