

Health & Life Style Assessment

1. Do you set specific health goals for yourself?	Yes	No
2. Do you try to balance your food intake with some activity?	Yes	No
3. Do you eat only when you are hungry?	Yes	No
4. Do you eat when you feel tired, angry, lonely, etc.?	Yes	No
5. Do you get at least 30 minutes of physical activity every day?	Yes	No
6. Do you plan out your meals for the week, day or meal?	Yes	No
7. Do you enjoy cooking?	Yes	No
8. Do you use a grocery list when you shop?	Yes	No
9. Do you read food labels?	Yes	No
10. Do you understand how to use a food label?	Yes	No
12. Do you pay attention to your serving sizes?	Yes	No
12. Do you eat out or order in 3 or more times per week?	Yes	No
13. Do you eat in your car?	Yes	No
14. Do you eat in front of the TV or computer?	Yes	No
15. Do you watch more than 2 hours of TV per day?	Yes	No

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