Name: 

Today’s date: 

1. How many meals and snacks do you eat on a typical day? __________ meals __________ snacks  

2. How many times per week do you eat at a restaurant or get take-away food from a fast food place or a convenience store? __________ times per week  

3. Approximately what proportion of your food comes out of a package with a nutrition label?  
   30% or less_____ about 50%_____ 70% or more_____  

4. On average, how many servings of fruits and vegetables do you eat every day, where a serving is about the size of your fist? __________ servings daily  

5. In general, if you’re given the choice between white or whole grain bread, which do you choose?  
   __________ white __________ whole grain  

6. How many times a week do you eat red meat (like beef or lamb)? _______ times per week  

7. How many times a week do you eat fish or vegetarian sources of protein like beans or tofu? _______ times per week  

8. How many hours of TV/screen time do you watch on a typical day? _______ hours per day  

9. Do you usually snack during TV/screen time? __________ (yes or no)  

10. Do you regularly eat desserts or sweet foods like candy or chocolate? _______ (yes or no)  
     If yes, how many times a day? _______ times per day  

11. How many sugar-sweetened beverages, including sports drinks, or juice do you typically consume each day? approx. _______ oz per day OR _______ cans/glasses per day  

12. How many alcohol-containing drinks do you consume on a typical day? _______ drinks per day
13. Are there any situations or times of day when you find it more difficult to make healthy food choices or when you consume more food than you had planned?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

14. Do you usually shop and cook your own food? ___________ (yes or no)

15. Do you follow a special diet, eat or limit certain foods for health or other reasons? _______ (yes or no)

If yes, please describe:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

16. How willing are you to make changes in what, how or how much you eat in order to eat healthier?

(Circle the number that best describes how you feel)

Very willing = 5  4  3  2  1 = Not at all willing

* This form is based on earlier assessment tools by Lisa Hark PhD, RD and Darwin Deen MD and the REAP (Rapid Eating and Assessment Tool for Patients)