## HEALTHY HABITS ASSESSMENT

Circle one answer for each question. There is no right or wrong answer.

1. How many days a week do you eat breakfast?



B. 5-6 days

C. 3-4 days

D. 2 days or fewer





2. How many fruits and vegetables do you eat in a day?

A. 5 or more a day

B. 3-4 a day

C. 1-2 a day D. Usually none





3. How often do you eat "junk" foods for snacks between meals? This means chips, cakes, candy, cookies, ice cream or other similar food.

A. Seldom or never

B. A few times a week

C. 1-2 times a day

D. 3 or more a day



4. How many meals do you eat out at a restaurant or take out each week?



B. 2-3 meals

C. 4-6 meals

D.7 or more meals





5. How much regular soda, sugary juice or sweetened drinks do you drink in a day? 8 oz. equals 1 cup of Coke, Pepsi, 7UP, Gatorade, Kool-Aid, or other similar drinks.

A. Less than 1 cup a day B. 1 cup a day

C. 2-3 cups

D. More than 3 cups



6. How many alcoholic drinks do you usually have per week? One drink means 12 ounces of beer, 4 ounces of wine or 1 ounce of liquor.

A. Seldom or Never

B. 1-3 drinks

C. 4-7 drinks

D. 8 or more drinks



7. What is your daily activity level?

- A. Mostly resting (sleeping, lying down)
- B. Mostly sitting (some standing, work at a desk job)
- C. Good part of the day up and moving (walking, housecleaning, childcare)
- D. Lots of physical activity (good amount of day exercising or doing physical work)









8. How many minutes of <b>moderate aerobic physical activity</b> do you get each day?  This means activities like walking quickly, running, biking, jumping rope, or swimming.  A. 20 minutes or more  C. 10–14 minutes  D. Less than 10 minutes		
9. How many hours of <b>sleep</b> do you get each nig A. 7 or more hours a night B. 5-6 hours C. 4 hours a night or less		
10. Do you currently <b>smoke or chew tobacco</b> ?  A. Yes  B. No, but others do around me.  C. No, I did in the past but quit.  D. No, never.		
11. Do you <b>brush your teeth</b> every day?  A. Yes, twice a day for two minutes  B. Yes, once a day  C. No, I forget		
12. Do you have any concerns about your <b>weight</b> ?  A. I have been recently told or I know I am underweight.  B. I have been recently told or I know I am at a good weight.  C. I have been recently told or I know I am overweight.		
13. ASK YOURSELF - How <b>ready</b> am I to make healthy habit changes?  A. I have already been keeping healthier habits for 6 months or longer  B. I recently started working on healthy habit changes  C. I am planning to make healthy habit changes this month  D. I am planning to make healthy habit changes in the next 6 months  E. I have no interest in making a change		
14. On a scale of 0-10, with 10 being very important, how important do you think it is for you to work on making healthier habits?		
15. On a scale of 0-10, with 10 being very sure, how sure are you (how strongly do you think) that you can make a healthy habit change now?		