

## **Health & Life Style Assessment**

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

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