

Nutrition and Health Questionnaire

The following questionnaire is designed to help you evaluate your eating habits and the quality of what you eat on a weekly basis. Fill it out today and then every month track positive changes you make in your diet.

1. Do you give yourself time to eat each meal? Do you gulp down a meal as you would fill up a motorcar with petrol?
2. Are your meals leisurely and relaxed? How much time do you take for breakfast, lunch and dinner?
3. Do you chew each mouthful of food thoroughly (at least fifteen times) or do you gulp down your food, later experiencing winds and flatulence?
4. Do you eat primarily whole, unprocessed foods (i.e. foods that have no artificial additives? Make a list of the foods that you eat.

Example of Whole foods

Fresh vegetables
Fresh fruits
Whole grain breads
Brown rice
High fibre cereals
Fish
Chicken without skin

Examples of processed foods

Frozen or canned vegetables
Canned fruits
White bread
White rice
Sugary cereals
Chips
Hamburgers fast foods

1. Are you overweight?
Calculate your body mass index (BMI).

BMI is calculated as follows: Formula for BMI is w/h^2 that is $W=$ weight in kilograms divided by $2x$ your height. For example, if you are 1.74 meters tall and you weigh 93 kg then your BMI is 30.7.

- 19-24 = normal

- 25-29= overweight
- 30-39= obese
- 40+ = morbidly obese

2. Does your caloric intake exceed your expenditure?

3. How many of the following do you eat on a regular basis?

- Tea and coffee with sugar
- Sugar on cereal
- Donut
- Pies
- Cake
- Ice cream
- Sugary soft drinks that contain caffeine
- Sweets and chocolates
- Cookies

4. How many times per week do you eat meat – steak, roast beef, hamburger, ham, lamb, veal, pork chop?

5. How many times do you eat dairy products?

- Yoghurt
- Cheese
- Ice Cream
- Creamy soups, casseroles etc.

6. How many eggs per week do you consume?

7. How much fibre are you getting in your diet?

8. How many glasses of water do you drink per day?

9. Do you put salt on your food?
10. How many times per week do you eat 'Take Away' foods?
11. How would you describe your alcohol consumption during a typical week?

(a) no alcohol consumption **(b)** moderate consumption **(c)** more than moderate consumption **(d)** excessive alcohol consumption **(e)** Very excessive alcohol consumption **(f)** Seldom completely sober
12. Do you take tranquillisers or sleeping pills?
13. Have you taken /do you take non-prescription drugs?
14. Do you take vitamin supplements? Which ones? What quantities per day?
15. When last did you have your blood pressure taken? Did the doctor tell you whether he was happy with your blood pressure or not?
16. When last did you have your cholesterol tested? Do you know what your cholesterol levels are?
17. If you are a woman, do you go for regular gynaecological check-ups?