

# Nutrition Habit Checklist

Client's name \_\_\_\_\_ Today's date \_\_\_\_\_

Take this two-part quiz to see which areas of your diet could be improved.

## Part 1 – High-calorie food consumption

Tick the box that indicates how often you usually consume the foods and drinks listed below. Tick 'None' if you consume this option less than once a month. The aim is to eat less of these high-calorie foods.

Food	None	1-2/mth	1/wk	2-3/wk	4-5/wk	6-7/wk	>7/wk
Chocolate							
Sweet biscuits							
Cakes or pastries							
Confectionary / lollies							
Hot chips							
Potato crisps							
Butter / table spread							
Hard, cheddar cheese							
Alcoholic drinks							
Regular soft drink							
Fruit juice							
Cream/creamy sauces							

## Part 2 – Healthy eating & hydration habits

Tick the box indicating how many days a week you usually achieve the targets below. Tick 'Rarely' for less than one day per month. The aim is to integrate these healthy habits into your normal daily eating pattern.

Healthy Habit	Rarely	1-2/mth	1/wk	2-3/wk	4-5/wk	6-7/wk
Drink at least 2 litres of water						
Eat between 3 & 6 meals						
Eat breakfast						
Eat at least 5 serves* of vegetables						
Eat adequate low-fat protein sources including fish and nuts						
Keep your diet on track (no blow outs)						
Eat only what you need (no overeating)						

\*1 Serve of vegetables = 1 cup of salad vegetables OR ½ cup cooked vegetables