

## How Does Your Diet Rate

This quiz is not about what you know; it is about what you eat. These questions are designed to give you a rough sketch of your current eating habits. The (+) and (-) will instantly draw your attention to areas that you can pat yourself on the back or areas that could be hindering your health.

1. Do you eat 3 meals and 1-2 snacks per day 90% of the time?  
 Yes (+1)  No (0)
2. Do you crave carbohydrates/sugar?  
 Yes (-1)  No (0)
3. Do you take a high quality multivitamin/mineral complex daily?  
 Yes (+1)  No (0)
4. Do you eat breakfast every day?  
 Yes (+1)  No (0)
5. Do you always make sure you that you take your time to eat properly, even if you feel tired or busy?  
 Yes (+1)  No (0)
6. Do you eat standing up, in front of the TV or while driving?  
 Yes (-1)  No (+1)
7. Do you eat at least one piece of raw fruit each day?  
 Yes (+1)  No (0)
8. Do you avoid foods that contain sugar or added sugar?  
 Yes (+1)  No (0)
9. Do you eat fresh non-starchy vegetables each day?  
 (-1) None  ( 0) 1-3 servings  (+1) 4-6 servings  (+2) 6-9 servings
10. Do you eat organic produce?  
 (-1) Never  ( 0) Sometimes  (+1) Always
11. How many different colors of vegetables & fruits do you eat in a day?  
 (-1) 0-1 different colors  (+1) 2-4 different colors  (+2) 5-7 different colors
12. About how many grams of fiber do you eat each day?  
 (-2) 0 – 10 grams  (-1) 10 – 15 grams  ( 0) 15 – 20 grams  
 (+1) 20 – 25 grams  (+2) 25+ grams
13. How many times do you stop for a beverage at the “coffee-shop” weekly?  
 (+1) 0-1 times  ( 0) 1-3 times  (-1) 3-5 times  (-2) 5-7 times
14. Do you eat certified organic dairy products?  
 Yes (+1)  No (0)
15. Do you have a protein at every meal?  
 Yes (+1)  No (-1)
16. Do you eat organic eggs enriched with omega-3 fatty acids?  
 Yes (+1)  No (0)

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17. Do you eat whole grains like quinoa, bulgur, brown/wild rice or barley?  
 (-1) Never  ( 0) Sometimes  (+1) Always
18. How many servings of pasta or white rice do you eat per week?  
 (+1) 0 serving  ( 0) 1-3 servings  (-1) 4-6 servings  (-2) 6-9 servings
19. Do you use fresh herbs in your cooking?  
 Yes (+1)  No (0)
20. Do you rotate your food choices daily to ensure that you get a variety of nutrients?  
 Yes (+1)  No (-1)
21. What type of fats do you use?  
 (+1) Flaxseed oil, Extra Virgin Olive oil, Sesame oil, Macadamia Nut oil or Walnut oil  
 ( 0) Olive oil, Almond oil, Hemp oil, Canola oil  
 (-2) Margarine, shortening, Palm oil, or other chemically processed oils
22. Is your oil organic and in a dark bottle?  
 Yes (+1)  No (-1)
23. How many fast food meals do you eat each week?  
 (+1) None  (-1) 1-2 meals  (-2) 3 or more meals
24. Do you consume damaged fats? (particularly hydrogenated oils or oxidized/rancid fats)  
 Yes (-2)  No (+1)
25. Do you order olive oil vinaigrette on the side for your salad dressing?  
 (-1) Never  ( 0) Sometimes  (+1) Always
26. Do you eat raw nuts and seeds each week?  
 (0) 1–2 servings  (+1) 3–4 servings  (+2) 5–6 servings
27. How many times do you eat beans or lentils per week?  
 (-1) Never  ( 0) 1–2 servings  (+1) 3–4 servings
28. Do you take a high quality fish oil supplement daily?  
 Yes (+1)  No (-1)
29. Do you use freshly ground flaxseed meal?  
 Yes (+1)  No (-1)
30. Do you consume clean 2-3 servings of clean cold water wild fish in a week?  
 Yes (+1)  No (-1)
31. Do you consume pasture-fed beef and free-range poultry when ever possible?  
 Yes (+1)  No (0)
32. Do you consume more than 2 cups of coffee per day?  
 Yes (+1)  No (0)
33. Do you consume more than 4 oz of alcohol per day?  
 Yes (+1)  No (0)

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34. Do you drink bottled water every day?  
 Yes (+1)  No (0)
35. Do you carry water with you through out the day?  
 Yes (+1)  No (0)
36. Do you drink 8-10 glasses of filtered, spring or mineral water every day?  
 Yes (+1)  No (0)
37. Do you drink alkaline-type green drinks?  
 Yes (+1)  No (0)
38. Are you taking any medication on a daily basis?  
 Yes (-1)  No (+1)
39. Do you experience reflux, heartburn or take antacids?  
 Yes (-1)  No (0)

**Add up your responses, and refer to the scoring below: \_\_\_\_\_ Total Score**

The goal of the questionnaire is not to act as a substitute for a professionally nutritional assessment, but rather identify areas in which you can take an aggressive action against to improve your health.

### **32 - 39 - Keep up the good habits**

You strive to make the best choices whenever possible, Kudos to you. You understand that what and how you eat has a direct impact on how you feel and your health. Please review the quiz and address the areas that not have a (+) response.

### **24 – 31 - You're on your way**

You are trying, which is good however there are many areas of your diet that need to be worked on. You would certainly benefit from professional nutritional services which would help guide you towards a healthful nutritional lifestyle.

### **Less than 24 - Your diet needs cleaning up**

You are aware that you could improve your health by making better food choices, but you just haven't made a commitment to make a change. The great news is that we have identified the areas that need your attention. I would suggest you begin by committing to yourself on paper. Write out your goals and resolve to keep a food journal. Then RUN, don't walk to your professional nutritionist for individual nutritional consulting.