



# Healthy eating check-up

These 15 questions will give you a general idea of how healthy your current eating habits are.

Choose one answer for each question that fits you best.

Mark your score for each question in the “Your score” column.

	Points	Your score
<b>1. How many meals do you usually eat each day?</b>		
<input type="checkbox"/> 3 meals	3	
<input type="checkbox"/> 4 – 5 small meals	3	
<input type="checkbox"/> 2 meals	1	
<input type="checkbox"/> 1 large meal	0	
<b>2. What kind of breakfast do you usually eat?</b>		
<input type="checkbox"/> Bacon, fried eggs and toast with butter	1	
<input type="checkbox"/> Whole-grain cereal with milk and fruit	3	
<input type="checkbox"/> Muffin and coffee to go	0	
<input type="checkbox"/> Whole wheat toast with nut butter and fruit	3	
<input type="checkbox"/> No breakfast, or just coffee	0	
<b>3. How many times do you eat vegetables and/or fruit each day?</b>		
<input type="checkbox"/> 1 to 3	1	
<input type="checkbox"/> 4 to 6	2	
<input type="checkbox"/> 7 or more	3	
<b>4. How often do you eat dark green and orange vegetables (such as asparagus, broccoli, brussels sprouts, green peas, romaine lettuce, spinach, carrots, squash, and sweet potatoes)?</b>		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Twice a month	1	
<input type="checkbox"/> Three times a week	2	
<input type="checkbox"/> Everyday	3	
<b>5. Do you eat whole-grain foods such as whole-grain bread, brown rice, whole-grain pasta, whole oats/oatmeal, quinoa, or bran cereals?</b>		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Occasionally	1	
<input type="checkbox"/> Most of the time	3	

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6. What type of milk do you drink?	Points	Your score
<input type="checkbox"/> Skim or 1%	3	
<input type="checkbox"/> 2%	2	
<input type="checkbox"/> Chocolate	0	
<input type="checkbox"/> Whole or homo milk	1	
<input type="checkbox"/> Fortified unsweetened soy beverage	3	
<input type="checkbox"/> Don't drink milk or soy beverages	0	
7. Do you eat lower-fat milk alternatives like unsweetened yogurt with 2% or less fat and/or cheese with 15-20% milk fat?		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Occasionally	1	
<input type="checkbox"/> Most of the time	3	
8. How often do you eat meat alternatives such as beans, lentils, and tofu?		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Once in a while	1	
<input type="checkbox"/> Once or twice a week	2	
<input type="checkbox"/> At least three times a week	3	
9. How often do you eat grilled, baked, poached, or canned fish?		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Once in a while	1	
<input type="checkbox"/> Once a week	2	
<input type="checkbox"/> At least two times a week	3	
10. What is your usual portion of meat or poultry?		
<input type="checkbox"/> Three quarters of your plate	0	
<input type="checkbox"/> Half your plate	2	
<input type="checkbox"/> One quarter of your plate	3	
11. What type of oils and fats do you add to foods or cook with?		
<input type="checkbox"/> Butter, hard margarine, lard, hydrogenated shortening	0	
<input type="checkbox"/> Soft margarine	2	
<input type="checkbox"/> Vegetable oils	3	
12. What type of beverages do you drink most of the time?		
<input type="checkbox"/> Water	3	
<input type="checkbox"/> 100% juice	0	
<input type="checkbox"/> 2%, 1%, or unsweetened skim milk	3	
<input type="checkbox"/> Coffee or tea	1	
<input type="checkbox"/> Diet soft drinks or other diet drinks	0	
<input type="checkbox"/> Regular soft drinks or fruit-flavoured drinks	0	
<input type="checkbox"/> Sweetened hot beverages (cappuccino, latte, etc.)	0	
<input type="checkbox"/> Energy drinks	-1	

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13. What are you most likely to snack on?	Points	Your score
<input type="checkbox"/> Fruit, vegetables, unsweetened yogurt, cheese, nuts / seeds, whole-grain crackers	3	
<input type="checkbox"/> Chips, cheese snacks, or taco chips	0	
<input type="checkbox"/> Unsalted popcorn or pretzels	1	
<input type="checkbox"/> Store-bought muffins, cookies, or granola bars	0	
<input type="checkbox"/> Don't snack	1	
14. How often do you eat out or order in (restaurants, coffee shops, cafeterias, fast food, take out)?		
<input type="checkbox"/> Almost every day	0	
<input type="checkbox"/> Three or four times a week	0	
<input type="checkbox"/> Once a week	2	
<input type="checkbox"/> Two or three times a month	3	
15. How often do you prepare foods from fresh ingredients rather than rely on processed and convenience foods (do you cook meals rather than prepare purchased frozen or refrigerated meals)?		
<input type="checkbox"/> Most of the time	3	
<input type="checkbox"/> Once in a while	1	
<input type="checkbox"/> Never	0	
Bonus for women who could become pregnant: do you take a multivitamin containing folic acid / folate?		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Occasionally	1	
<input type="checkbox"/> Daily	3	
Bonus for men and women over age 50 years: do you take a vitamin D supplement?		
<input type="checkbox"/> Never	0	
<input type="checkbox"/> Occasionally	1	
<input type="checkbox"/> Most of the time	3	
	<b>Total:</b>	
<p><b>Now add up your score:</b>  <b>How healthy are your habits?</b>  <b>35 – 45:</b> Super! You are a healthy eater.  <b>25 – 34:</b> Very Good! Keep up the good work.  <b>15 – 24:</b> You have some changes to make!  <b>Less than 15:</b> You have many changes to make!</p>		

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