

Rating My Current Lifestyle

Please complete the Rating My Lifestyle form. This will allow you to see what your current lifestyle choices look like. You will be asked to fill out this form again at the end of the program. This will allow you to see the progress that you have made.

Read the following statements. Place a check mark in the column that most closely describes how you live your life. (Note: wk = week)

Date: _____

Healthy Eating	Never (0 days/wk) or <i>"I don't know"</i>	Rarely (1 day/wk)	Sometimes (2-3 days/wk)	Often (4-5 days/wk)	Always (6-7 days/wk)
I make half my plate vegetables, ¼ of my plate protein and ¼ of my plate starch					
I eat whole grain foods					
I drink 6 to 8 cups of low sugar fluids (water, milk, herbal tea, etc.) throughout the day. [excluding alcohol]					
I drink less than 1 cup of sugar sweetened beverages daily (pop, iced tea, lemonade, fruit drinks, etc.)					
I have at least 5 servings of vegetables and fruit each day. (1 serving = ½ cup or medium size)					
I eat plant based protein foods such as peas, beans, legumes, nuts, seeds and tofu					
When I choose fats/oils, I use unsaturated types such as flax oil, canola oil, olive oil					
I eat a healthy breakfast within one hour of getting up					
I eat at least every 4 to 5 hours during the day					
When grocery shopping, I read nutrition labels to help me make healthier choices					
I plan meals ahead					
Total Check Marks					
	X 0	X 1	X 2	X 3	X 4

My Score for Healthy Eating: _____

Rating My Lifestyle

Being Active	Never (0 days/wk)	Rarely (1 day/wk)	Sometimes (2–3 days/wk)	Often (4–5 days/wk)	Always (6–7 days/wk)
I am physically active for at least 30 minutes					
I do some type of heart raising activity such as walking, jogging, biking, swimming, etc.					
I do some type of activity to improve my flexibility such as stretching, yoga, etc.					
I do some type of activity to keep my muscles strong such as resistance training, weight lifting, circuit training, etc.					
I find ways to include physical activity in my daily life (e.g. take the stairs instead of the elevator, park farther away, etc.)					
Total Check Marks					
	X 0	X 1	X 2	X 3	X 4
I am only physically active to manage my weight or shape	Agree	Disagree			
I find ways to be physically active that I enjoy	Agree	Disagree			

My Score for Being Active: _____

Feeling Good About Yourself and Being Mindful	Never or "I don't know"	Rarely	Sometimes	Often	Always
I have positive thoughts about myself and my ability to follow a healthy lifestyle.					
I eat when I am hungry instead of eating in response to emotional or environmental triggers					
I eat my meals and snacks away from distractions such as the TV, computer, or reading					
I take time to enjoy the texture, aroma and flavour of the food that I am eating.					
I trust my body to tell me when to eat					
I trust my body to tell me how much to eat					
I trust my body to tell me what to eat					
I give myself permission to eat the food I want without feelings of guilt					
I stop eating when I feel full (not overstuffed)					
I feel confident that I can manage people, events and situations that may prevent me from following the healthy lifestyle I want to live					
I get enough sleep and feel well rested in the morning					
Total Check Marks					
	X 0	X 1	X 2	X 3	X 4

My Score for Feeling Good About Myself: _____