



Healthy Eating Assessment¹

- The purpose of this assessment is to identify eating patterns, health benefit score and to provide a guide to start the conversation of eating healthy to prevent chronic diseases.
- By answering these questions, you will learn how healthy you are or get you ready to start a conversation with your health care provider on how to make improvements.
- Over the past few weeks, average what you ate or drank and circle one answer for each of the questions below. Add up your score and see where you are in the health benefit zone on page 2.

1. How would you rate your overall habits of eating healthy foods?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

2. How many times a day did you eat fast/fried food/or packaged snacks high in fat/salt/or sugar?

6 or more times	4-5 times	2-3 times	1 time	Less than 1
1	2	3	4	5

3. How many servings (1 serving = 1/2 cup) of fresh, canned, frozen or dried fruit did you eat each day?

Less than 1	1 time	2-3 times	4-5 times	6 or more times
1	2	3	4	5

4. How many servings of fresh, canned, frozen or dried vegetables did you eat each day?

Less than 1	1 time	2-3 times	4-5 times	6 or more times
1	2	3	4	5

5. How many regular soda, sweet tea, juice, energy/sports drinks, sweetened-coffee or other sugar sweetened beverages did you drink each day?

6 or more times	4-5 times	2-3 times	1 time	Less than 1
1	2	3	4	5

6. How many times a day did you eat regular (not low-fat) snack chips or crackers?

6 or more times	4-5 times	2-3 times	1 time	Less than 1
1	2	3	4	5

¹Adapted from: Paxton, et al. (2011). Starting the conversation: performance of a brief dietary assessment and intervention tool for health professionals. American journal of preventive medicine, 40(1), 67-71.

7. How many times a day did you eat sweet foods (not the low-fat kind) or desserts, like chocolate or ice cream, and other sweets?

6 or more times	4-5 times	2-3 times	1 time	Less than 1
1	2	3	4	5

8. How much margarine, butter, lard or muktuk/meat fat did you add to vegetables, bannock, potatoes, bread, corn or dried meat?

Heaping amount	A lot	Some	Very little	None
1	2	3	4	5

9. How many times a day did you eat dairy products (milk, unsweetened yogurt, low fat cheese)?

Less than 1	1 time	2-3 times	4-5 times	6 or more times
1	2	3	4	5

10. How many times a day did you eat meat/fish/beans? (Circle one number)

Less than 1	6 or more times	4-5 times	1 time	2-3 times
1	2	3	4	5

Determine your Health Benefit score here and Next Steps:

Total Score	10-19	20-29	30-39	40-50
Health Benefit Zone	Needs Improvement	Fair	Good	Excellent
Action Plan	Take this questionnaire with you when you meet with your healthcare provider to create an action plan that fits your lifestyle.		Keep up the great work and continue to make healthy food choices.	

If you would like this information in another official language, contact us at 1-855-846-9601.
 Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.