



**Eat Well.
Move More.
Feel Great!**

ACTIVITY: HOW DO I RATE? FOOD CHECKLIST

Check the box of answer that best describes your habits



1. Do you eat 3 meals per day?

Never, or rarely Yes, sometimes Yes, often Yes, always



2. Do you eat snacks between your meals?

Never, or rarely Yes, sometimes Yes, often Yes, always



3. Do you eat fruits or vegetables as snacks?

Never, or rarely No Yes, sometimes Yes, often Yes, every day



4. How often do you eat potato chips, candy, cookies or pastries as snacks?

Never, or rarely Sometimes Often Every day



5. How often do you do physical activity that increases your breathing and raises your heart rate [such as brisk walking, dancing, jogging, playing soccer]?

Never, or rarely A few times per month 1-3 times per week 4 or more times per week



6. How often do you drink sodas or other sugar sweetened beverages [energy drinks, sweetened iced teas, etc.]

Never, or rarely 1-2 times per week Once every day Multiple times per day



7. How many vegetables do you eat each day?
[examples of 1/2 cup vegetable: small tomato, 6 baby carrots, 1 stalk celery, medium potato, 1/2 cup canned corn, 1/2 cup beans...]

None 1/2 - 1 cup 1 1/2 - 2 cups 2 1/2 - 3 cups More than 3 cups



8. How many fruits do you eat each day?
[examples of 1/2 cup fruit: 1/2 cup canned fruit, 16 grapes, 1/2 grapefruit, small orange, small apple, plum, 5 strawberries...]

None 1/2 - 1 cup 1 1/2 - 2 cups 2 1/2 - 3 cups More then 3 cups



Healthy Living
...for life!

Nutrition Services • Alameda County Public Health Department

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