## Food and Physical Activity Habit Inventory

**Wellness IN the Rockies**

Your name________________________

Date____________

### Lifestyle Physical Activity

<table>
<thead>
<tr>
<th>Time Per Week</th>
<th>Average Duration Per Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> How often do you purposely add physical activity to your usual daily routines? <em>Examples: taking steps instead of an elevator, walking rather than driving, and parking at a farther spot in the parking lot.</em></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>2.</strong> How often and for how long do you participate in moderate-intensity physical activities? <em>Examples: fast walking, playing tennis, easy bicycling, alpine skiing, dancing, mowing or raking lawn, hiking, or heavy house cleaning.</em></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> How often and for how long do you participate in high-intensity physical activities that make your heart beat rapidly? <em>Examples: jogging, cross-country skiing, basketball, swimming, or chopping wood.</em></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> How often and for how long do you participate in low-intensity physical activities? <em>Examples: yoga, fishing, light house cleaning, leisurely walking, or gardening.</em></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> How often and for how long do you participate in strength-building activities? <em>Examples: push-ups, weights, pull-ups, or sit-ups.</em></td>
<td></td>
</tr>
</tbody>
</table>

### Other Daily Routines

<table>
<thead>
<tr>
<th>Hours Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> How many hours each day do you spend watching television or movies?</td>
</tr>
<tr>
<td><strong>2.</strong> How many hours each day (home and work) do you spend working or playing games on the computer or similar electronic device?</td>
</tr>
</tbody>
</table>
Now complete the form to show what you eat in a normal day.

Grain Group Sample: If a person eats 2 or 3 slices of toasted bread, 1 small roll and a large bowl of cereal on a typical day, the form would be completed as shown. A “2” is placed next to the small bowl of cereal to reflect one large bowl.

Grain Products
2-3 slice of bread __ tortilla __ small roll, biscuit, or muffin __ ½ bun, English muffin, or bagel __ small helping of cooked cereal, rice or pasta 2 small bowl of cold cereal

How many times a day do you eat the following foods?

Grain Products
___ slice of bread
___ tortilla
___ small roll, biscuit, or muffin
___ ½ bun, English muffin, or bagel
___ small helping of cooked cereal, rice or pasta
___ small bowl of cold cereal

Vegetables
___ ½ cup vegetable
___ small vegetable salad
___ medium-sized potato

Fruits
___ piece of fruit (apple, orange, banana, slice of melon)
___ ½ cup cooked or canned fruit or berries
___ small glass of fruit juice

Milk
___ glass of whole or 2% milk
___ glass of 1% milk
___ glass of skim or fat-free milk
___ slice of cheese
___ helping of yogurt or cottage cheese

Meat or Meat Alternatives
___ small piece of meat, fish or poultry (about the size of a deck of cards)
___ 2 eggs
___ 1 cup cooked dried beans or peas
___ 4 tablespoons of nuts or peanut butter

Mixed Foods
___ small square of lasagna
___ small serving of spaghetti with meat sauce
___ small serving of macaroni & cheese
___ taco
___ burrito
___ slice of pizza
___ hamburger/cheeseburger

Beverages
___ cups of regular coffee or tea
___ cups of decaf coffee or tea
___ cups of herbal tea
___ 12-ounce regular soft drink
___ 12-ounce diet drink
___ glass of other sweetened drink (punch, Kool-Aid, flavored tea, flavored water)
___ glass of water

Sweets and Fats
___ sweet roll or doughnut
___ slice of pie or cake
___ 3 small cookies
___ candy bar
___ 10 chips or French fries
___ rounded teaspoon of margarine or butter
___ tablespoon of salad dressing
___ small scoop of ice cream

Alcohol
___ 12-ounce beer
___ 4 ounces wine (small glass)
___ shot of liquor

• Who purchases food in your home? ________________
• Who prepares it? ________________
• How many snacks do you usually eat each day? _____
• How many meals? ______
• How many times each week do you eat away from home? ______
• What restaurant do you go to most often? ________________
• How often do you select “super-sized” portions when eating out?
  ___ Usually
  ___ Sometimes
  ___ Rarely/Never
• List any supplemental vitamins, minerals, or herbal remedies you use and amounts.
  __________________________
  __________________________
• Do you ever feel guilty about eating? ______ If yes, about how many times per week? _____
• About how many times per week do you skip meals? ______
• How often per week do you do something else while eating? (drive, watch tv, work at desk talk on the phone)
  ___ Usually
  ___ Sometimes
  ___ Rarely/Never

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