

## Diet Questionnaire

*The following questionnaire is designed to increase your knowledge and awareness of your overall diet, and to highlight potential areas of concern.*

**1. Do you drink enough fluids so that your urine is a pale yellow color?** Yes  No

**2. Do you try special or fad diets?** Yes  No

**3. Do you add salt to foods during cooking at the table?** Yes  No

**4. Do you minimize your intake of sweets, especially candy and soft drinks, and avoid adding sugar to foods?** Yes  No

**5. Is your diet well-balanced (including vegetables, fruits, breads, cereals, dairy products, and adequate sources of protein)?** Yes  No

**6. Do you limit your intake of saturated fats (butter, cheese, cream, fatty meats)?** Yes  No

**7. Do you limit your intake of cholesterol (eggs, liver, meats)?** Yes  No

**8. Do you eat fish and poultry more often than red meats?** Yes  No

**9. Do you eat high-fiber foods (vegetables, fruits, whole grains) several times at day?** Yes  No