

Advantage List Survey

The answers to these questions will help us work with you to plan your health care. Please make a check mark to the left of any statements that describe your eating and activity now or in the past.

Check <input type="checkbox"/> if yes.	About Your Eating and Activity
	1. I prepare most of my own meals.
	2. My family eats a together at least 4 times a week.
	3. The TV is turned off when I eat.
	4. I have lost weight before by decreasing what I eat.
	5. I have followed a low glycemic diet before.
	6. I have eaten a high fiber diet before.
	7. I have used the American Diabetes Association (ADA) My Plate diet before.
	8. I have eaten a low fat diet before.
	9. I have reduced the salt in my food and meals before.
	10. I have followed a diabetic diet before.
	11. I use frozen or canned low calorie meals often.
	12. I usually eat at least 5 servings of fruits or vegetables a day.
	13. I have counted calories or portions before to decide how much to eat.
	14. I have used a phone or computer app to decide what to eat.
	15. I have received WIC foods.
	16. I usually drink water, milk or unsweetened drinks instead of sodas or sweetened drinks.
	17. I have two or fewer alcoholic drinks a day.
	18. I weigh myself on a scale at home.
	19. I weigh myself on a public scale.
	20. After my last baby was born, I got back to the weight I was before the pregnancy started.
	21. I breastfed a baby for at least 3 months.
	22. I usually get 7 hours of sleep a night.
	23. I do some kind of physical activity, like walking or bicycling, for 30 minutes at least 5 days a week.

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Passive sentences 3%

Flesch reading ease 81.1%

Flesch-Kincaid reading grade level 4.5

Average words per sentence 10.4