

### Advantage List Survey for Weight Management in Hypertension

This survey helps us know more about your eating and activity so we can help you 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.		Check <input type="checkbox"/> if yes.	
	1. I prepare most of my own meals.		2. I have counted calories or portions before to decide how much to eat.
	3. My family eats a meal together at least 4 times a week.		4. I have used a phone or computer app to decide what to eat.
	5. The TV is turned off when I eat.		6. I usually drink water, milk or unsweetened drinks instead of sodas or sweetened drinks.
	7. I have lost weight before by decreasing what I eat.		8. I have two or fewer alcoholic drinks a day.
	9. I have followed a low glycemic diet.		10. I weigh myself on a scale at home.
	11. I have eaten a high fiber diet.		12. I weigh myself on a public scale.
	13. I have used the American Diabetes Association (ADA) My Plate diet.		14. I usually get 7 hours of sleep a night.
	15. I have eaten a low fat diet.		16. I do some kind of physical activity, like walking or bicycling, for 30 minutes at least 5 days a week.
	17. I have reduced the salt in my food and meals.		18. I have counted calories or portions before to decide how much to eat.
	19. I have followed a diabetic diet.		20. I have used a phone or computer app to decide what to eat.
	21. I usually eat at least 5 servings of fruits or vegetables a day.		22. I use frozen low calorie meals for to help control my portion or calories.