

Perinatal Advantage List Survey

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 used a phone or computer app to decide what to eat.
	3. My family eats a meal together at least 4 times a week.		4. I usually drink water, milk or unsweetened drinks instead of sodas or sweetened drinks.
	5. The TV is turned off when I eat.		6. I weigh myself on a scale at home.
	7. I have lost weight before by decreasing what I eat.		8. I weigh myself on a public scale.
	9. I have followed a low glycemic diet.		10. I usually get 7 hours of sleep a night.
	11. I have eaten a high fiber diet.		12. I do some kind of physical activity, like walking or bicycling, for 30 minutes at least 5 days a week.
	13. I have used the American Diabetes Association (ADA) My Plate diet.		14. I have counted calories or portions before to decide how much to eat.
	15. I have eaten a low fat diet before.		16. I have used frozen low calorie meals for to help control my portion or calories.
	17. I have followed a diabetic diet.		18. I have counted calories or portions before to decide how much to eat.
	19. I usually eat at least 5 servings of fruits or vegetables a day.		<i>If you have had a baby before, answer numbers 20-22:</i> 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 have received WIC foods.