

## 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

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