Dietary Health Screening

Dietary Health Rating

How many servings of ___ have you consumed over the past week? Circle the most accurate response.

Some, but not all, examples are listed below each category.

Category	Number of servings				
Red Meat (beef, pork, lamb, deli meats, etc.)	0	1-2	3-4	5-6	7+
Sweets (cakes, cookies, ice cream, etc.)	0	1-2	3-4	5-6	7+
Fried Foods	0	1-2	3-4	5-6	7+
White Breads	0	1-2	3-4	5-6	7+
Fast Food	0	1-2	3-4	5-6	7+
Salty Snacks (pretzels, chips, etc.)	0	1-2	3-4	5-6	7+
Sodas (including diet sodas)	0	1-2	3-4	5-6	7+
Fruit Juices	0	1-2	3-4	5-6	7+
Alcohol (beer, wine, spirits)	0	1-2	3-4	5-6	7+

Total Score: __ / 36

Please indicate which categories above are most & least important for your daily eating habits:

Most important:

Least important:

For Healthcare Workers: Grading Instructions

- Tally up each response on a scale of 0 – 4. For example, if the patient consumed 0 servings of red meat over the past week, they would receive a score of 0 for that category. If the patient consumed 5 – 6 servings of red meat over the past week, they would receive a score of 4 for that category. Combine all category responses for a total possible score of 36.