

Dietary Assessment (for use at goal setting counseling session)



LiSM10! Check your dietary habits sheets

ID	
Company name	
Name	

◆ Be aware of what and how often you eat **each week!** ◆

Group A	Point	1	2	3	4	5
Green and deep yellow vegetables	Before	0-2	3-4	5-6	7-10	11-
Light-colored vegetables	Before	0-2	3-4	5-6	7-10	11-
Fish	Before	never/rarely	1-2	3-4	5-6	7-
Soy and soy products	Before	never/rarely	1-2	3-4	5-6	7-
Mashrooms, seaweed & konjac	Before	never/rarely	1-2	3-4	5-6	7-

Group B	Point	5	4	3	2	1
Large servings of grains such as rice, bread & noodle	Before	never/rarely	1-2	3-4	5-6	7-
Sweets and pastries	Before	never/rarely	1-2	3-4	5-6	7-
Sugary drinks	Before	never/rarely	1-2	3-4	5-6	7-
Fatty meats	Before	never/rarely	1-2	3-4	5-6	7-
Meat products	Before	never/rarely	1-2	3-4	5-6	7-
Butter, margarine, dressing & mayonnaise	Before	never/rarely	1-2	3-4	5-6	7-
Eggs & liver	Before	never/rarely	1-2	3-4	5-6	7-
Fried dishes	Before	never/rarely	1-2	3-4	5-6	7-
Pickles	Before	never/rarely	1-2	3-4	5-6	7-
Soup	Before	0-2	3-4	5-6	7-10	11-
Alcoholic drinks (1bottle=200cc of wine, 700cc of beer, a double whiskey)	Before	-7bottles	8-9	10-11	12-13	14bottle-

Your diet score A group

point/25p
oints

B group

point/55p
oints