Dietary Assesment (for use at final counseling session)



<u>LiSM10! Check your dietary habits sheet <A group></u>

ID	
Company name	
Name	

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

Group A	Point	1	2	3	4	5
Croop and does valley vagetables		0-2	3-4	5-6	7-10	11-
Green and deep yellow vegetables	After	0-2	3-4	5-6	7-10	11-
Light colored vegetables	Before	0-2	3-4	5-6	7-10	11-
Light-colored vegetables	After	0-2	3-4	5-6	7-10	11-
Fish	Before	nev <mark>er/r</mark> arely	1-2	3-4	5-6	7-
	After	never/rarely	1-2	3-4	5-6	7-
Covered any wardwate	Before	never/rarely	1-2	3-4	5-6	7-
Soy and soy products	After	never/rarely	1-2	3-4	5-6	7-
Muchania agained 8 kaning	Before	never/rarely	1-2	3-4	5-6	7-
Mushrooms, seaweed & konjac	After	neber/rarely	1-2	3-4	5-6	7-

Your diet score	/25 (Before	/25(After)