

Dietary Assesment (for use at final counseling session)



LiSM10! Check your dietary habits sheet <A group>

ID	
Company name	
Name	

◆Be aware 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-
	After	0-2	3-4	5-6	7-10	11-
Light-colored vegetables	Before	0-2	3-4	5-6	7-10	11-
	After	0-2	3-4	5-6	7-10	11-
Fish	Before	never/rarely	1-2	3-4	5-6	7-
	After	never/rarely	1-2	3-4	5-6	7-
Soy and soy products	Before	never/rarely	1-2	3-4	5-6	7-
	After	never/rarely	1-2	3-4	5-6	7-
Mushrooms, seaweed & konjac	Before	never/rarely	1-2	3-4	5-6	7-
	After	neber/rarely	1-2	3-4	5-6	7-

Your diet score

/25 (Before



/25(After)□