

Dietary Assesment (for use at final counseling session)



LiSM10! Check your dietary habits sheet <B group>

ID	
Company name	
Name	

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

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

Your diet score

/55 (Before)



/55(After)□