



## Practices Survey (Post-Assessment)

Name \_\_\_\_\_ Date \_\_\_\_\_

For each of the following, circle the response that most closely matches your current patterns or practices.

### Food Intake

1. Thinking about the past week, how many times did you eat 5 or more fruits or vegetables per day? \_\_\_\_\_

2. How many times in the past week did you have legumes (beans)? \_\_\_\_\_

3. On average, I eat out \_\_\_\_\_ meals per week.

A. rarely      B. 1-2      C. 3-5      D. 6-8      E. 9+

4. On average, I eat **fast food** \_\_\_\_\_ times per week.

A. Never/rarely eat fast food      B. 1-2      C. 3-5      D. 6-8      E. 9+

5. Over the past week how many times have you consumed each of the following foods?

- a. meat: \_\_\_\_\_times/wk
- b. milk/cheese/dairy: \_\_\_\_\_times/wk
- c. oils: \_\_\_\_\_times/wk
- d. foods high in refined sugar: \_\_\_\_\_times/wk
- e. foods high in sodium: \_\_\_\_\_times/wk

6. If you are not new to the program, for how long have you been consuming a plant-based diet?

### Activity Patterns

7. On average, I obtain \_\_\_\_\_ minutes of physical activity each day

A. <30      B. 30-60      C. 60-90      D. 90+

8. When I exercise, I tend to participate in (circle all that apply):

- a. Brisk walking
- b. Running
- c. Cycling
- d. Swimming
- e. Dancing
- f. Gardening
- g. Weight Lifting
- h. Tennis
- i. Bowling
- j. Team Sports

## Sleep Patterns

9. On average, I obtain \_\_\_\_\_ hours of sleep each day.

- A. 4-6      B. 7-8      C. 9+

10. Normally, I rate the quality of my sleep as:

- a. very good/deep sleep/restful
- b. good, but interrupted by brief periods of wakefulness
- c. I have difficulty sleeping

## Stress

11. I would rate my general level of stress as: (mark degree of stress along the line below)

Very little stress \_\_\_\_\_ Very high stress

12. How do you typically deal with stress? \_\_\_\_\_

## Motivation and Comprehension

13. Using the scale below, please rate to what extent you agree with the following statement by circling the corresponding number next to each statement.

Strongly Disagree 1	Mildly Disagree 2	Neither Agree/ Disagree 3	Mildly Agree 4	Agree 5	
A. Paying attention to healthy eating encourages me to set other health or wellness goals.	1	2	3	4	5
B. I understand the benefits of a whole foods/plant-based lifestyle to my health.	1	2	3	4	5
C. I know what kind of foods to shop for to prepare whole foods/plant-based meals.	1	2	3	4	5
D. I know what to look for when reading labels to be sure my foods are whole foods/plant-based.	1	2	3	4	5
E. I can prepare healthy whole foods/plant-based meals.	1	2	3	4	5

14. How would you rate your adherence to the program? (mark degree of adherence along the line below)

Low Adherence \_\_\_\_\_ Perfect Adherence

15. Since beginning this program, I have been able to adjust the dosage of my prescribed medications. T/F

If you marked "true," please characterize any changes you have made below.

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