CLINICA family health

Self-Assessment Sheet: Weight Control

1. I know what my recommended weight should be for my height:
   a. True
   b. False

2. I know the risks to my health of being overweight:
   a. True
   b. False

3. If a person is gaining weight, it means:
   a. They're eating too much food
   b. They're eating too much fat
   c. They're eating too many calories
   d. They're not eating enough
   e. They're not exercising enough
   f. It's the will of God

4. When I eat:
   a. I eat healthy on most days
   b. I eat whatever I want
   c. I choose high fiber foods
   d. I limit the amount of carbohydrates I eat
   e. I choose low fat foods
   f. I don't fry my foods
   g. I eat once a day
   h. I eat twice a day
   i. I eat three times per day
   j. I eat several times per day

5. I exercise regularly by:
   a. Walking outside/on a treadmill
   b. Going to a gym
   c. Running outside/on a treadmill
   d. Following videos/TV program

6. I know what to eat to be healthy.
   a. True
   b. False

7. I believe I can lose weight if I skip meals.
   a. True
   b. False

8. I believe I can lose weight if I exercise more
   a. True
   b. False

9. I would like more information on:
   a. How to eat to control my weight
   b. How to eat to control my blood sugar
   c. Which foods are healthier choices
   d. How to choose high fiber foods
   e. Which foods raise blood sugar levels
   f. The effects of skipping meals on weight

*Adapted from CenteringPregnancy® Model Handbook

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