

Name: _____

Z number: _____

Nutrition Behavior Checklist

Often times our behaviors, choices, and circumstances can affect our food intake and potentially get in the way of achieving personal goals. Awareness is the first step in changing problem behavior patterns and in creating new ones. Please read the following statements and check off all of those that apply to you. I often.....

- _____ Eat in various places of my home other than at a table (ie, standing up, on the bed)
- _____ Eat while doing other activities (ie, watching TV, reading, emailing, texting, talking on the phone)
- _____ Eat all of the food on my plate, even when I am full
- _____ Eat when I am upset or nervous
- _____ Eat when I am bored
- _____ Eat when I am depressed
- _____ Eat when I am lonely
- _____ Eat when I am angry
- _____ Eat when I am happy
- _____ Eat when I am not hungry, but the food looks or smells good
- _____ Eat quickly
- _____ Reward myself with food
- _____ Shop for food when I am hungry
- _____ Do not pre-plan my meals or snacks
- _____ Eat randomly throughout the day
- _____ Snack late at night
- _____ Eat at fast food restaurants
- _____ Eat desserts
- _____ Eat sweet or sugary snacks
- _____ Eat salty snacks
- _____ Eat while driving in a car
- _____ Eat packaged and processed foods
- _____ Eat fried foods or add extra fat like butter, gravy, or mayonnaise
- _____ Eat at restaurants/on campus
- _____ Eat more frequently around certain people
- _____ Eat in secret/alone (*circle one, or both*)
- _____ Overeat on holidays or special occasions
- _____ Go for hours without eating
- _____ Check in with myself to determine if I am hungry, and how hungry I am before eating
- _____ Think about my body and what and how much I am eating
- _____ Go on crash diets
- _____ Am preoccupied with calorie counting
- _____ Weigh myself more than once a week
- _____ My weight determines my happiness
- _____ Feel that I don't have enough money to buy food
- _____ Other _____