

Nutrition, Physical Activity and Tobacco Use Assessment



For each question, circle your response.

General

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. In the past month, were you worried your food would run out before you had money to buy more? | Yes | No |
| 2. Do you use any of the following food resources: | Yes | No |
| • SNAP (food stamps)? | | |
| • Free food, such as from food banks, pantries, or soup kitchens? | Yes | No |
| 3. Where you live, do you have what you need to prepare your own food (microwave, refrigerator, stove, electricity and clean, running water)? | Yes | No |

Nutrition

Over the last few months:

- | | Column A | Column B | Column C |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|------------------|
| 4. How many times a week did you eat fast food meals? | Less than 1 time | 1-3 times | 4 or More times |
| 5. How many regular sodas or glasses of sweetened tea or coffee drinks did you have each day? | Less than 1 time | 1-2 times | 3 or more times |
| 6. How many times a week did you eat desserts and other sweets? | 1 time or less | 2-3 times | 4 or more times |
| 7. How many times a week did you use margarine, butter, or meat fat (bacon fat, lard) to season vegetables or put on potatoes, bread or corn? | 1-2 times | 3-5 times | Daily |
| 8. How many times a week did you eat beans (like pinto or black beans), nuts or seeds, baked chicken or fish? | 3 or more | 1-2 times | Less than 1 time |
| 9. How many servings of fruits and vegetables did you eat each day? | 5 or more | 2-4 | 1 or less |

10. How **important** is it to you to adopt healthier eating habits now? Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Important

11. How **confident** are you that you will succeed in adopting healthier eating habits now? Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Confident

Physical Activity

12. During the **last 7 days**, on how many days did you do at least 10 minutes of moderate or vigorous physical activity at a time? This would include activities like walking briskly (3 mph or faster), bicycling, tennis, water aerobics, weight training, dancing, swimming, raking, gardening, shoveling, moderate housework.

- 1 2 3 4 5 6 7

13. On these days, how much time per day did you usually spend doing moderate or vigorous physical activity?

_____ hours per day AND / OR _____ minutes per day

14. How **important** is it to you to increase your physical activity now? Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Important

15. How **confident** are you that you will succeed in increasing your physical activity now? Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Confident

Tobacco

16. Do you use any type of tobacco product, including e-cigarettes?

- Yes,
 No

If 'NO' – Stop here. If 'YES' – proceed to Question #17a.

17. a. Do you currently smoke cigarettes?

- Yes
 No-----If no, proceed to Question 18.

17. b. How often do you currently smoke cigarettes?

- Every day
 Some days

b. How many cigarettes/day do you smoke?

_____ cigarettes / day

c. How soon after you wake up do you smoke your first cigarette?

- 5 minutes
 6-30 minutes
 31-60 minutes
 After 60 minutes

18. Do you use any of these tobacco products?

- Pipe
- Cigar
- Chew or other smokeless tobacco
- E-cigarette

19. How **important** is it to you to stop tobacco use now? Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Important

20. How **confident** are you that you will succeed in stopping your tobacco use now?
Please check one box.

1	2	3	4	5	6	7	8	9	10
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Not at All

Extremely Confident

FOR STAFF

General Instructions

1. Have client complete the Nutrition, Physical Activity and Tobacco Use Assessment.
2. Review the client's responses.
3. Transcribe client's answers into their appropriate place on the Nutrition, Physical Activity and Tobacco Use Results handout.
4. Discuss results with client and set 1-2 goals together based on client's interest level in any of the three areas (nutrition, physical activity and tobacco).
5. Discuss goal timeline, resources to achieve goal, and plan to follow-up on the goal.

Nutrition Section

1. Review client's responses in the nutrition section. Any responses shaded in grey on the Nutrition Assessment indicates an area of possible concern.
2. Discuss nutrition results with client. Ask the client if they are interested in developing a goal around nutrition.
3. Use the My Plate handout to provide further nutrition information to client.

Physical Activity Section

Calculate amount of physical activity: Multiply the number of days (Q. 1) by the time (Q.2, converted to minutes if needed).

SCORE: Q.1 _____ x Q.2 _____ = TOTAL _____

If the TOTAL is less than 150 minutes, use Physical Activity Handout to provide more information and to help the client set a possible physical activity goal.

Tobacco section

If the individual uses any form of tobacco (Questions 1, 2a or 3), use information on the Tobacco handout to aid clients in goal setting.