Healthy Eating Questionnaire

How many portions of fruit did you eat yesterday? (A portion of fruit would be something like 1 banana or 1 apple or 1 slice of melon or 2 satsumas. A glass of fresh fruit juice also counts as one portion).

0 □  1 □  2 □  3 □  4 □  5 □  6+ □

How many portions of vegetable or salad (not potatoes) did you eat yesterday? (A portion of vegetables would be something like 3 table spoons of carrots or sweet corn and includes fresh, frozen or tinned vegetables).

0 □  1 □  2 □  3 □  4 □  5 □  6+ □

Yesterday, how many non diet fizzy drinks / high energy drinks did you have?

0 □  1-2 □  3-4 □  5+ □

Yesterday, how many cakes, sweets, chocolate or crisps did you eat?

0 □  1-2 □  3-4 □  5+ □

In the last week, how often did you have fast food or take aways? (pizza's curry's, chippy)

0 □  1-2 □  3-4 □  5+ □

Have you learned anything about how to eat healthily?

Yes □  No □

What have you learned?

What do you do differently now?

Do you think you will be able to manage your weight?

Yes □  No □
Physical Activity Questionnaire
See previous practitioner guidance note re moderate physical activity

In the past week, on how many days have you been moderately physically active for.

<table>
<thead>
<tr>
<th>Day</th>
<th>Minutes Exercised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

Total number of minutes:

What have you learned about your physical activity?

What do you do differently now?

Do you think you will be able to maintain this level of physical activity?
Yes ☐ No ☐

Thinking about the goal(s) that you set yourself at week 1, have you:
(please tick only one in each category)

Weight management
- Fully achieved your goal ☐
- Made a lot of progress ☐
- Made a little progress ☐
- Made no progress ☐
- I don’t have a goal for this ☐

Physical Activity
- Fully achieved your goal ☐
- Made a lot of progress ☐
- Made a little progress ☐
- Made no progress ☐
- I don’t have a goal for this ☐

Personal Goal
- Fully achieved your goal ☐
- Made a lot of progress ☐
- Made a little progress ☐
- Made no progress ☐
- I don’t have a goal for this ☐

Thinking about your goals (above), what do you think:

- Has been challenging or difficult?
- What has helped/supported you?
- What would help you further?
Rosenberg Self Esteem Score

Below is a list of statements dealing with your general feelings about yourself.
PLEASE CIRCLE ONE RESPONSE ON EACH LINE

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I am a person of worth, at least on an equal plane with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel that I have a number of good qualities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>All in all, I am inclined to feel that I am a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am able to do things as well as most other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel I do not have much to be proud of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I take a positive attitude toward myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>On the whole, I am satisfied with myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I wish I could have more respect for myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I certainly feel useless at times</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>At times I think I am no good at all</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Have you been referred elsewhere e.g. youth project, arts group?

Yes [ ] No [ ]

Have you been referred elsewhere?

Yes [ ] No [ ]

Referred to

Education/Training/Employability [ ]
Mental Health Issues [ ]
Substance Misuse [ ]
Other (please specify): [ ]

Reason for referral:

Service referred to:

How would you like us to contact you in the future (tick ALL that apply)?

Mobile [ ] / Home Phone [ ] / Email [ ] / Letter [ ] / Through Referrer [ ]