



Healthy Meetings for Wellness Post-Checklist

Thinking back to the last meeting you attended, please complete the questions below:

1. How long was the meeting? _____ Hour(s) _____ Minutes
2. How many people attended the meeting? _____ People
3. Were the following foods and beverages **available** at the meeting? Please check (✓) yes, no, or don't know.

Foods and Beverages Available at the Meeting	Yes	No	Don't Know
Water			
Fruits and/or vegetables			
Whole grain foods such as 100% whole grain bread, 100% whole grain crackers, brown rice			
High sugar or high fat foods such as chips, regular soda, pastry			
Reduced fat/sugar/salt foods such as non-fat dip, diet soda, low-sodium crackers			

Please return to NEW via fax at (808) 956-6457 or mail at 1955 East-West Rd. Ag Sci 306, Honolulu, HI 96822.

Please respond to the following statements by placing a check (✓) in the box that best applies to you:

Statements	Not sure if this will apply to me	I do not plan on doing this	Will apply to me some of the time	Will apply to me most of the time	I plan to do this all of the time
I plan to eat half of my grains as whole grains.					
I plan to eat fruits and/or vegetables at every eating occasion.					
I plan to choose lower-fat foods whenever possible.					
I plan to choose lower-calorie foods whenever possible.					
I plan to drink 6-8 cups of water throughout the day.					
I plan to wash my hands before handling food or eating.					
I plan to keep <i>hot</i> foods <i>hot</i> and <i>cold</i> foods <i>cold</i> .					
I plan to be physically active for 30 minutes.					

