

# Nutrition Education for Wellness • Healthy Meetings Project



Thinking back to the last 3 meetings you attended, please complete the table below.

	Meeting 1				Meeting 2				Meeting 3			
How long was the meeting?												
How many people attended the meeting?												
Were the following foods and beverages <b>available</b> at each meeting? (✓ boxes)	NO	YES			NO	YES			NO	YES		
		1 type	2 types	3 or more		1 type	2 types	3 or more		1 type	2 types	3 or more
Water												
Fruits and/or Vegetables												
Whole grain foods												
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-fat crackers												

Please respond to the following statements. (✓ one box for each statement)	6 to 7 days per week	3 to 5 days per week	1 to 2 days per week	Less than 1 day per week
I eat whole grain foods.				
I eat a variety of fruits and vegetables.				
I choose lower-fat, lower-calorie foods.				
I choose <i>whole</i> foods whenever possible.				
I drink water throughout the day.				
I wash my hands before handling food or eating.				
I serve hot foods <i>hot</i> and cold foods <i>cold</i> .				
I am physically active for 30 minutes.				