

Dietetic Outcome Measures

Patient name:

Date of Birth

1. In a typical week, on how many days do you normally eat the following?

	0 days	1-2 days	3-4 days	5-6 days	7 days
Breakfast					
Mid-Morning					
Lunch					
Mid-Afternoon					
Evening Meal					
During the Evening					
Supper					
During the night					

2. In a typical week, how often do you do the following?

	Never	Rarely	Occasionally	Frequently	Always
Eat when Bored					
Use food labels to help make decisions about the foods you choose					
Plan your meals in advance					

3. Now think about a typical week and tick the number of days you would normally eat the following:

0 days 1-2 days 3-4 days 5-6 days 7 days

Fruit and/or vegetables <i>(Not including potatoes)</i>					
High fat/sugar snacks <i>(Cakes, biscuits, sweets, crisps, chocolate etc).</i>					
Eat out or have a takeaway <i>(Including pies, pastries, and sandwiches bought from a shop)</i>					
Drink at least 6 cups of fluid (Not including alcohol) <i>(e.g. Tea, coffee, water, cordials, pop)</i>					
Drink more than 2 alcoholic drinks					
Drink full sugar drinks (e.g. cola, lemonade)					

4. On the days that you eat them, how many portions of the following do you typically have each day?

0 portions 1-2 portions 3-4 portions 5 or more portions

Portions of dairy products each day <i>1 portion = 1/3 pint of milk or 1 yoghurt or a matchbox size piece of cheese</i>				
Portions of fruit and/or vegetables each day <i>1 Portion = 1 handful of fresh, frozen or tinned fruit/veg, a tablespoon of dried fruit. A 150ml glass of fruit juice counts as max 1 portion/day</i>				

	0	1	2	3	4	5	6	7	8	9	10
On a scale of 1 – 10 how important is it to you to make changes to your diet to reduce your weight? (0 = not important and 10 being extremely important)											
On a scale of 1-10 how confident do you feel about making changes to your diet to reduce your weight? (0 = not confidence and 10 being fully confident)											
Thinking about everything that is going on in your life at present, on a scale of 1-10 how ready do you feel to make lifestyle changes to reduce your weight? (0 = not at all ready and 10 being definitely ready)											

Thank you for your time in completing this questionnaire