

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Self-Assessment

### Reviewing your 24-Hour Recall

Macronutrient/Food Group	Times eaten
Whole Grains/Carbs	
Fats	
Protein	
Vegetables	
Fruit	

Meal Eaten	Where did you eat it?	Did you plan for it?	Were you distracted while eating?	What pace did you eat it at? Slow/Medium/Fast
Breakfast				
Lunch				
Supper				
Snacks				

Right now, how would you rank your overall eating/nutrition habits?

HORRIBLE    1    2    3    4    5    6    7    8    9    10    AWESOME!!!

Why?