


Pre-Test

Name: _____

Date: _____

Answer these questions:

1. How many fruits and vegetables do you eat on a typical day?
 - a. 0-1 serving
 - b. 2-3 servings
 - c. 4 or more servings
2. How many glasses of water do you drink a daily?
 - a. 0-3
 - b. 4-7
 - c. 8 or more
3. How often do you eat processed or fast food per week?
 - a. 0-1 times
 - b. 2-3 times
 - c. 4 or more times
4. Do you read nutrition labels when buying packaged foods?
 - a. Always
 - b. Sometimes
 - c. Never



5. Do you feel your current diet supports good health? Why or why not?

6. Can you share a recent or typical grocery shopping list with me?

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