



Picture Your Plate

Please answer these questions to help us identify your eating habits:

Consider what and how you have been eating during the past month. If you've had a recent health event, please answer by describing your usual eating habits before that event.

Your answers to these questions will help us understand your usual food choices.

- The questions are about commonly eaten foods:
 - how many servings of a food you eat -- either in a 'usual' DAY or an 'average' WEEK
 - how foods are prepared
 - how certain situations affect your choices
- A specific serving size for a portion of each type of food is listed.
Picture your usual serving size: is it larger or smaller than the portion listed?
- Note the abbreviations used: Svgs = serving or Wk = week
- Circle the answer that best describes your USUAL eating habits.
- Leave any "Score: ____" blank. The score will be calculated later.

Thank you for helping us Picture Your Plate!

Vegetables & Fruits

In an average DAY, how many servings of VEGETABLES do you eat?
 (A serving is 1/2 cup cooked vegetable or 1 cup raw green leafy vegetable like lettuce.)

1. Count all vegetables , include fresh, frozen and canned vegetables and 100% vegetable juice and tomato sauce	4+ svgs/day	2-3 svgs/day	0-1 svg/day
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In an average DAY, how many servings of FRUIT do you eat?
 (A serving is one small piece of fruit, 1/2 cup cut-up fresh, frozen or canned fruit, 1/2 cup of unsweetened 100% juice or 1/4 cup dried fruit.)

2. Fresh, unsweetened canned, unsweetened frozen, unsweetened 100% juice, or dried fruit like raisins.	3+	2	0-1
3. Do you eat fruit canned in heavy syrup or add sugar to your fruit?	Rarely or never	Sometimes	Often

Now, think about different kinds of vegetables you eat every WEEK.
In an average WEEK, consider your vegetable intake: how many of these vegetables do you eat?
 (A serving is 1/2 cup cooked vegetables or 1 cup raw green leafy vegetables.)

4. Dark-green vegetables like collard greens, spinach, kale, broccoli and dark-green lettuces (like romaine)	2+ svgs/wk	1 svg/wk	0 svgs/wk
5. Red and orange vegetables like tomatoes, tomato juice, red and orange peppers, beets, radishes, carrots, sweet potatoes and winter squash (such as butternut)	7+	4-6	0-3
6. Starchy vegetables like corn, green peas, lima beans, white potatoes, plantains and cassava	0-10	11-14	15+

Score _____

Breads, Grains & Cereals

In an average DAY, how many servings of BREAD do you eat?
 (A serving is 1 slice of bread, 1/2 bun, 1 small tortilla, 1 roll, 1 small biscuit, or one 2" square slice of cornbread.)

1a. Bread, rolls, or tortillas (wheat or corn) made with whole grain (label will list "wholegrain" or "whole wheat flour" first)	2+ svgs/day	1 svg/day	0 svgs/day
b. Bread, rolls, biscuits, tortillas, or quick breads (cornbread, muffins, pancakes, waffles) made all or mostly with white flour (label will usually list "enriched wheat flour" or "wheat flour" first)	0	1	2+

Now, think about foods you eat every WEEK.
In an average WEEK, how many servings of GRAINS and CEREALS do you eat?
 (A serving is 1/2 cup of rice, pasta, or cooked cereal such as oatmeal.
 Serving sizes for cold cereals are usually between 1/2 cup and 1 cup, depending on the cereal.)

2a. Brown rice, whole grain pasta, or other whole grains, like barley	3+ svgs/wk	1-2 svgs/wk	0 svgs/wk
b. White rice or regular pasta, like noodles, spaghetti or macaroni	0-1	2	3+
3a. Cold or hot whole grain cereals, like bran flakes or oatmeal	3+	1-2	0
b. Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits or cream of wheat	0	1-2	3+

Score _____

Red & Processed Meat

In an average WEEK, how many servings of BREAKFAST and LUNCH MEATS do you eat?
 (A breakfast serving is 2 strips of bacon or 2 sausage patties or 2 sausage links.
 For lunch meats, a serving is 2 slices of bologna or other lunch meats or 1 hot dog.)

1. Bacon or sausage (made from beef, pork or poultry)	0 svgs/wk	1 svg/wk	2+ svgs/wk
2. Hot dogs and deli or lunch meats (made from beef, pork or poultry) or Spam™	0	1	2+

In an average WEEK, how many servings of RED MEAT do you eat?
This includes roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce.
 (A serving is 3 ounces — about the size of a deck of cards.)

3a. Red meat (beef, pork and lamb)	0-2 svgs/wk	3-4 svgs/wk	5+ svgs/wk
b. Is the fat usually trimmed or drained?	Yes (or rarely/never eat)	Sometimes	No
c. Compared to a deck of cards, is your portion.....?	Equal/smaller (or rarely/never eat)	Larger	Twice size of deck of cards
4. What type of ground beef do you usually eat?	10% or less fat (or rarely/never eat)	11%-19% fat	20% or more fat

Score _____

Poultry

In an average WEEK, what kinds of CHICKEN or TURKEY do you eat?

1. Chicken or turkey, including ground versions. (Do not count processed forms like turkey bacon or turkey sausage)	Skin removed (or rarely/never eat)		Chicken or turkey with skin and/or deep-fried, wings, processed nuggets, smoked
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Score _____

Fish & Shellfish

In an average WEEK, how many of these servings of FISH or SHELLFISH do you eat?
 (A serving is 3 ounces is about the size of a deck of cards.)

1a. Fish and shellfish, including fresh, frozen and canned.	3+ svgs/wk	2 svgs/wk	0-1 svg/wk
b. How many servings of fish include albacore (white) tuna, sardines, herring, salmon, swordfish, sea bass or lake trout?	2+	1	0

Score _____

Beans, Nuts & Seeds

In an average WEEK, how many servings of dried or canned BEANS or PEAS do you eat?
(A serving is 1/2 cup cooked beans.)

1. Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas	3+ svgs/wk	1-2 svgs/wk	0 svgs/wk
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In an average WEEK, how many servings of NUTS AND SEEDS do you eat?
(A serving of nuts is 1 ounce or a small handful [1/4 cup]. A serving of peanut butter or other nut butters is 2 tablespoons. A serving of seeds is 2 tablespoons.)

2. Peanut or nut butters or whole plain nuts (like peanuts, almonds, pecans) and seeds (pumpkin, sunflower, squash)	4+	2-3	0-1
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Score _____

Milk & Dairy Foods

In an average DAY, how many servings of dairy foods do you drink or eat, including on cereal?
(A serving of milk or yogurt is 1 cup, a serving of hard cheese is 1 ounce, grated is 1/4 cup, pre-sliced cheese is 1 slice; ricotta or feta cheese is 1/4 cup; cottage cheese is 1/2 cup.)

1a. Whole milk, regular sweet milk, whole milk yogurt, regular (full-fat) cheese, or coconut milk	0 svgs/day	1 svg/day	2+ svgs/day
b. 2%, 1%, 1/2% or skim (nonfat) milk, buttermilk, low-fat/nonfat yogurt, reduced-fat cheese, or soy milk fortified with calcium	2-3	1	0 or 4+

In a typical WEEK, when/if you have cheese, what kinds do you have?

2. Natural cheeses include cheddar, Swiss, mozzarella, provolone or jack, feta and ricotta cheese. Processed cheeses include American slices, cheese spreads, and cottage cheese.	Usually natural cheese OR no cheese	Both	Usually processed cheese
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Score _____

Toppings, Oils, Seasonings & Salt

In an average WEEK, how many servings of these TOPPINGS do you eat?
(A serving is 2 tablespoons.)

1. Sour cream, light or heavy cream, creamer, whipped toppings, or regular cream cheese	0 svgs	1-2 svgs	3+ svgs
2. Gravy, meat drippings or sauce made from meat drippings	Rarely/never	Once a week	2+ times a week

What BUTTER or MARGARINE do you usually use?

3. Soft/liquid or Solid?	Trans-fat-free tub (soft) margarine spread or liquid/spray; or no butter or margarine	Butter (any form) or stick margarine or solid fat
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What kind of OIL or SEASONING is usually used at home:

4a. For frying?	Olive, canola, soybean, corn, safflower, etc. or trans-fat-free margarine spread or do not fry		Butter, lard, bacon/meat fat, vegetable shortening, stick margarine, or coconut oil
b. For baking?	Olive, canola, soybean, corn, safflower etc. or trans-fat-free margarine spread; or do not bake		Butter, lard, vegetable shortening, stick margarine, or coconut oil
c. For vegetables? (such as greens or potatoes)	Olive, canola, soybean, corn, safflower etc., trans-fat-free margarine spread; Vinegar or lemon juice, herbs, spices, or nothing	Lean ham	Butter, fatback, bacon, stick margarine, or coconut oil

When you eat these foods, what do you have?

5. Canned or frozen vegetables and beans that are low-sodium or with no added salt or sauces	All or most of the time (or only eat fresh)	Sometimes	Rarely/never
6. Rice, pasta (like macaroni) and grain mixtures with seasoning packets or sauce	Rarely/never	Once a week	Two or more times a week
7. Canned/prepared soups, sauces (including pasta sauce), bouillon or bottled salad dressings	Rarely/never or choose reduced sodium	Once a week	Two or more times a week
8. How often do you add salt, seasoned salt or soy sauce at the table?	Rarely/never	Sometimes	All or most of the time

Sweets, Snacks & Restaurant Food

In an average WEEK, how many servings of SWEETS like bakery items and candy do you eat?
(A serving is 1 doughnut, 1 sweet roll, 1 small slice of cake/pie, 4 small cookies, or 1 regular candy bar)

1. Doughnuts, sweet rolls, pies, cakes, cookies, candy bars, chocolate, or other candies	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
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In an average WEEK, how many servings of FROZEN DESSERTS do you eat?

(A serving is 1/2 cup ice cream, sherbet, or frozen yogurt.)

2a. Ice cream, sherbet, sorbet, frozen yogurt	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
b. Do you choose light or low-fat ice cream, frozen yogurt, sherbet, sorbet, fruit ice, Popsicle®?	Usually (or rarely eat frozen dessert)	Some- times	Rarely/ never

In an average WEEK, how many servings (svgs) of processed SNACK FOODS do you eat?

(A serving = a small handful; about 1 ounce of chips, 5-6 crackers, 10 small pretzels, 3 cups popcorn)

3a. Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, pretzels, microwave or movie theater popcorn	0-1 svg/wk	2-3 svgs/wk	4+ svgs/wk
b. Do you choose unsalted or "hint of salt" crackers/chips?	Usually (or rarely eat these foods)	Some- times	Rarely/ never

How many times a WEEK do you eat out at RESTAURANTS or have DELIVERY/CARRY-OUT at home? Include food from fast-food restaurants.

4a. Restaurant meals (including fast food and carry-out)	0-1	2-3	4+
b. How many times a week do you eat deep-fried foods (like hush puppies, French fries, deep-fried fish, or chicken nuggets)?	0	1-2	3+

Score _____

Beverages

In an average DAY, how many 8-oz servings of these beverages do you have with meals and between meals? (A beverage serving is 8 ounces. A canned drink is 1 1/2 servings [12 ounces]. A bottled, or medium-size drink is often more than 2 servings [20 ounces or more].)

1a. Regular sodas (non-diet) like Coke™, Pepsi™, Sprite™, ginger ale, root beer or tonic water	0 svgs/day	1 svg/day	2+ svgs/day
b. Bottled fruit-flavored drinks (non-diet) like Snapple™, lemonade, fruitade, Kool-Aid™, sports/energy drinks	0	1	2+
c. Sugar-sweetened coffee or tea drinks "sweet tea" iced tea, coffee or tea with sugar, specialty cold or hot coffee drinks with flavored sugar syrup, sweetened chai tea	0	1	2+
d. 100% fruit juice like orange, apple, grapefruit, or grape juice	0-1	2	3+

In an average DAY, how many servings of ALCOHOL do you drink?

2. One serving of alcohol is 12 ounces regular/lite beer, 5 ounces wine, or 1 ounce 80-proof liquor.	Men: 2 or less Women: 1 or less		Men: 3+ Women: 2+
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Score _____

Core Healthy Days Module

1. Would you say that in general your health is:

Excellent

Very good

Good

Fair

Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- a. Number of days: _____
- b. None

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- a. Number of days: _____
- b. None

If you answered "none" to questions 2 and 3, skip question 4 below:

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- a. Number of days: _____
- b. None

Activity Limitations Module

Instructions: These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

5. Are you LIMITED in any way in any activities because of any impairment or health problem?

Yes

No

If no, skip to "Healthy Days Symptoms Module."

6. What is the MAJOR impairment or health problem that limits your activities?

- a. Arthritis/rheumatism
- b. Back or neck problem
- c. Fractures, bone/joint injury
- d. Walking problem
- e. Lung/breathing problem
- f. Hearing problem
- g. Eye/vision problem

- h. Heart problem
- i. Stroke problem
- j. Hypertension/high blood pressure
- k. Diabetes
- l. Cancer
- m. Depression/anxiety/emotional problem
- n. Other impairment/problem

7. For HOW LONG have your activities been limited because of your major impairment or health problem?

- a. Days 1 _____
- b. Weeks 2 _____
- c. Months 3 _____
- d. Years 4 _____

8. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Yes

No

9. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Yes

No

Healthy Days Symptoms Module

10. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

- a. Number of days: _____
- b. None

11. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

- a. Number of days: _____
- b. None

12. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

- a. Number of days: _____
- b. None

13. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

- a. Number of days: _____
- b. None

14. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

- a. Number of days: _____
- b. None

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____