

Eating Lifestyle Patterns Mini-Quiz

Patient name: _____ **Date:** _____

Directions: For each question, read the pattern description. If a pattern seems to describe you, put a check in the Yes box. When you finish, look at your quiz. If you checked Yes for more than one pattern, go back and put a star by the two patterns that you think best describe you.

Eating Pattern	Pattern Description	This Describes Me
1. Are you a Meal Skipper?	You don't plan your meals or eat on a set schedule, and you often end up skipping meals.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you a Nighttime Nibbler?	You eat little during the day, and have most meals and snacks from dinnertime onward.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you a Convenient Diner?	You eat foods that are convenient, ready-made, packaged, frozen, and microwavable; many of these foods are ordered in or taken out from a restaurant.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you a Fruitless Feaster?	You eat few fresh fruits and vegetables.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you a Steady Snacker?	You mindlessly snack on foods throughout the day, whether you are hungry or not.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you a Hearty Portioner?	You eat too much food too fast; you don't know when to stop eating until it's too late and you feel stuffed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you a Swing Eater?	You swing between eating "good" foods in public and overeating "bad" foods in private, and this diet leaves you never feeling satisfied.	Yes <input type="checkbox"/> No <input type="checkbox"/>