Dietitian Resource & Barriers Questions

**Dietician resource & barriers questions**

Indian Health Care Resource Center of Tulsa, Inc.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What motivated you to come today?

1. What is the biggest motivator for you to make healthy choices?

1. What barriers do you feel you have that keep you from making healthy choices most of the time?

1. Have you visited with a dietitian about your diet before? Yes \_\_\_\_No

If yes:

* 1. Do you feel you learned what you needed to know to manage your diet at home? Yes \_\_\_\_No
	2. Did the dietitian explain the diet to you in a manner that you could understand? Yes \_\_\_\_No
	3. Do you still try to follow the diet you learned? Yes \_\_\_\_No
1. Which of the following cooking tools do you have at home to use in preparing meals?

\_\_\_\_\_ Stove top

\_\_\_\_\_ Oven

\_\_\_\_\_ Microwave

\_\_\_\_\_ Electric skillet

\_\_\_\_\_ Grill (Indoor electric or outdoor, any)

\_\_\_\_\_ Slow Cooker

\_\_\_\_\_ Blender

\_\_\_\_\_ Refrigerator

\_\_\_\_\_ Adequate pots, pans, and skillets

\_\_\_\_\_ Cutting boards and sharp knives

1. Do you ever buy food at:

\_\_\_\_\_ A Farmer’s market or produce stand

\_\_\_\_\_ A whole foods or “health food” store

1. Do you participate in the following programs:

\_\_\_\_\_ Food stamps

\_\_\_\_\_ Commodities

\_\_\_\_\_ TANF

\_\_\_\_\_ WIC

\_\_\_\_\_ Meals-on-Wheels

\_\_\_\_\_ Senior Site Nutrition Program

\_\_\_\_\_ Church feeding program

\_\_\_\_\_ Salvation Army Congregate Meals

\_\_\_\_\_ Project Angel Food

1. Do you feel like there is adequate money/resources to supply food to your household? Yes \_\_\_\_No
2. Do you take a daily multivitamin? Yes \_\_\_\_No
3. Do you take any other supplements? (Pills or powders not prescribed by a doctor for a nutritional benefit.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you ever have trouble chewing or swallowing food? Yes \_\_\_\_No
5. Do you frequently have heart burn after eating? Yes \_\_\_\_No
6. Which of the following describe your eating (check all that apply):

\_\_\_\_\_ I grab whatever I can when I get a chance.

\_\_\_\_\_ I want to eat healthier, but my (spouse, children, or others in the

home) only like certain things.

\_\_\_\_\_ I make time to sit down and enjoy my meal, tasting and

enjoying the flavors.

\_\_\_\_\_ Meals are always rushed and I don’t really think about the food

as I eat.

\_\_\_\_\_ I am planning my dinner while still eating lunch.

\_\_\_\_\_ I feel I need to finish up or eat all I can of a particular food/meal

when available, because if I don’t someone else will before I get a chance to taste it again.

\_\_\_\_\_ There are times I feel hungry and there is nothing available to

eat.

\_\_\_\_\_ I eat as much as I can when food is available because I don’t

know if there will be food available later.

\_\_\_\_\_ I have plenty of food available to me. I love to eat and find

myself overdoing it often.

\_\_\_\_\_ I have plenty of food available to me and I do not feel as though

I overeat on a regular basis.

\_\_\_\_\_ I balance my meals most of the time. I try to eat a few fruits,

vegetables, meat, and grains everyday.

\_\_\_\_\_ I eat food from a restaurant 1-2 times each day.

\_\_\_\_\_ I eat food from a restaurant 5 times or more a week.

\_\_\_\_\_ I eat food from a restaurant about 3 times a week.

\_\_\_\_\_ I eat food from a restaurant 1-2 times a week.

\_\_\_\_\_ I eat food from a restaurant 1-2 times a month.

\_\_\_\_\_ I eat food from a restaurant less than once a month.

1. I am usually finished eating when (check all that apply):

\_\_\_\_\_ my plate is clean.

\_\_\_\_\_ the food begins to taste blander than the first bites.

\_\_\_\_\_ my stomach feels tight (or I feel “stuffed”).

\_\_\_\_\_ my hunger pain is gone, but I could definitely eat more.

\_\_\_\_\_ until just satisfied, full but not uncomfortable.

\_\_\_\_\_ I have had a bite of everything offered.

1. Do you ever throw food away you like but did not finish because you were no longer hungry? Yes \_\_\_\_No
2. Are there any foods you refuse to eat? List up to 3.

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1. Are there foods you will never give up? List up to 3.

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