

Initial Assessment _____ - Day Reassessment Discharge

**Think about the way you usually eat. For each food choice, put a check mark in column A, B or C.
Bring the completed form to your next clinic visit.**



4QUESTI

	A	B	C
1. MEAT CUTS* <i>fresh beef, pork, lamb, veal</i>	<input type="checkbox"/> Usually eat: lean cuts from the round, loin or leg; ham Or, seldom eat meat.	<input type="checkbox"/> Sometimes eat: higher-fat cuts, such as chuck, ribs, brisket, T-bone steak, prime rib	<input type="checkbox"/> Usually/often eat: higher-fat cuts
2. CHICKEN, TURKEY*	<input type="checkbox"/> Usually eat: without skin	<input type="checkbox"/> Sometimes eat: with skin	<input type="checkbox"/> Usually eat: with skin
3. GROUND MEAT & POULTRY*	<input type="checkbox"/> Usually eat: 5-7% fat (93-95% lean); ground turkey breast Or, seldom eat.	<input type="checkbox"/> Usually eat: 10-15% fat; ground turkey (dark & white meat)	<input type="checkbox"/> Usually/often eat: regular ground meat, with 20% fat or more
4. PROCESSED MEAT & POULTRY* <i>cold cuts, hot dogs, sausage, breakfast meats</i>	<input type="checkbox"/> Usually eat: lower-fat choices from lean meat or poultry; veggie breakfast links Or, seldom eat.	<input type="checkbox"/> Sometimes eat: higher-fat choices, such as salami, bologna, hot dogs, bacon, sausage	<input type="checkbox"/> Usually/often eat: higher-fat choices
5. PORTION SIZE OF MEAT & POULTRY* <i>cooked or processed</i>	<input type="checkbox"/> Usually eat: small portions (≤ 3 oz.) deck of cards size	<input type="checkbox"/> Usually eat: medium portions (4-6 oz.)	<input type="checkbox"/> Usually/often eat: large portions (7 oz. or more)
6. FISH, SHELLFISH*	<input type="checkbox"/> Usually eat: twice a week or more, especially oily fish like salmon, herring or sardines	<input type="checkbox"/> Usually eat: any type once a week	<input type="checkbox"/> Usually eat: any type less than once a week
7. COOKING METHOD* <i>for poultry, fish, meat</i>	<input type="checkbox"/> Usually: cook without added fat or use vegetable oil spray	<input type="checkbox"/> Sometimes: cook with added fat or deep fry	<input type="checkbox"/> Usually/often: cook with added fat or deep fry
8. MEATLESS MEALS <i>veggie burgers, vegetable or bean soups, meatless spaghetti sauce, tofu, rice & beans</i>	<input type="checkbox"/> Usually eat: twice a week or more	<input type="checkbox"/> Usually eat: less than twice a week	<input type="checkbox"/> Rarely eat: meatless meals
9. WHOLE EGGS*	<input type="checkbox"/> Usually eat: 3 or less a week OR egg substitutes OR egg whites only	<input type="checkbox"/> Sometimes eat: 4 or more a week	<input type="checkbox"/> Usually eat: 4 or more a week
10. MILK <i>includes yogurt, cream</i>	<input type="checkbox"/> Usually use: 1% or skim milk, fat-free or low-fat yogurt, fat-free ½ & ½	<input type="checkbox"/> Sometimes use: 2% or whole milk, full-fat yogurt, regular ½ & ½	<input type="checkbox"/> Usually use: 2% or whole milk, full-fat yogurt, light cream
11. CHEESE* <i>includes cheese for pizza, sandwiches, snacks, mixed dishes, etc.</i>	<input type="checkbox"/> Usually eat: reduced-fat or part-skim Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> Usually eat: regular cheese
12. DAIRY FOODS <i>1 serving = 1 c. milk or yogurt, 1½ oz. cheese</i>	<input type="checkbox"/> Usually eat or drink 2 or more servings a day	<input type="checkbox"/> Usually eat or drink: 1 serving a day	<input type="checkbox"/> Rarely eat or drink

If you are a vegetarian, check column A for these () topics.

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PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: Male Female

Inova Cardiac Rehabilitation Rate Your Plate

IAH IFH IFOH ILH IMVH
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13. WHOLE GRAINS <i>1 serving = 1 oz slice bread; ½ English muffin; 1 c. cereal; ½ c. rice, pasta; 5 crackers; tortilla; mini bagel, 3 c. light popcorn</i>	<input type="checkbox"/> Usually eat: 3 or more servings a day , 100% whole wheat bread & pasta, brown rice, whole grain cereals, i.e., oatmeal, raisin bran, Wheaties®	<input type="checkbox"/> Sometimes eat: 1 or 2 servings a day	<input type="checkbox"/> Usually eat: mostly refined grains, i.e., white bread, white rice, saltine crackers, corn flakes, Rice Krispies®, Special K®
14. FRUITS & VEGETABLES <i>includes legumes 1 c. = medium whole fruit or potato, large tomato or ear corn, 2 c. raw leafy greens</i>	<input type="checkbox"/> Usually eat: 4-5 cups a day	<input type="checkbox"/> Usually eat: 2-3 cups a day	<input type="checkbox"/> Usually eat: 0-1 cup a day
15. COOKING METHOD <i>for vegetables, pasta, rice</i>	<input type="checkbox"/> Usually prepare: without fat & sauces OR use vegetable oil spray	<input type="checkbox"/> Sometimes prepare: with sauce, butter, margarine, oil	<input type="checkbox"/> Usually prepare: with sauce, butter, margarine, oil
16. FAT TYPE IN COOKING <i>includes baking</i>	<input type="checkbox"/> Usually use: olive or Canola oil Or, usually cook without added fat.	<input type="checkbox"/> Usually use: other oils, tub margarine	<input type="checkbox"/> Usually use: butter, bacon drippings, stick margarine, lard, shortening
17. SALT FROM PROCESSED FOODS	<input type="checkbox"/> Always/usually: <i>compare and choose lower-sodium options</i>	<input type="checkbox"/> Sometimes: <i>consider sodium content</i>	<input type="checkbox"/> Rarely/never: <i>consider sodium content</i>
18. SPREADS <i>added at the table on bread, potatoes, vegetables, pancakes, sandwiches, etc.</i>	<input type="checkbox"/> Usually use: spray or light tub margarine Or, seldom use.	<input type="checkbox"/> Usually use: regular tub margarine	<input type="checkbox"/> Usually use: butter or stick margarine
19. SALAD DRESSINGS, MAYONNAISE	<input type="checkbox"/> Usually use: fat-free or low-fat salad dressings & mayonnaise Or, seldom use.	<input type="checkbox"/> Usually use: light salad dressings & mayonnaise	<input type="checkbox"/> Usually use: regular salad dressings & mayonnaise
20. SNACK FOODS	<input type="checkbox"/> Usually eat: plain pretzels, light popcorn, baked chips Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular chips & popcorn, flavored pretzels	<input type="checkbox"/> Usually/often eat: regular chips & popcorn
21. NUTS, SEEDS <i>includes nut butters serving size = 1/4 c. nuts. 2 T. peanut butter</i>	<input type="checkbox"/> Usually eat: 3 servings or more a week	<input type="checkbox"/> Usually eat: 1-2 servings a week	<input type="checkbox"/> Usually eat: 1 or less serving a week Or, seldom eat.
22. FROZEN DESSERTS	<input type="checkbox"/> Usually eat: sherbet, sorbet, fruit juice bars, low-fat ice cream or frozen yogurt Or, seldom eat.	<input type="checkbox"/> Sometimes eat: regular ice cream, ice cream bars/sandwiches	<input type="checkbox"/> Usually eat: regular ice cream, ice cream bars/sandwiches
23. SWEETS, PASTRIES, CANDY	<input type="checkbox"/> Usually eat: angel food cake, low-fat or fat-free products Or, seldom eat.	<input type="checkbox"/> Sometimes eat: donuts, cookies, cake, pie, pastry, or chocolate candy	<input type="checkbox"/> Usually/often eat: donuts, cookies, cake, pie, pastry or chocolate candy
24. EATING OUT <i>eat in or take out, any meal</i>	<input type="checkbox"/> Seldom eat out Or, usually choose lower-fat menu items	<input type="checkbox"/> Usually eat: 1-2 times a week	<input type="checkbox"/> Usually eat: 3 times a week or more

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Find your Rate Your Plate score:

Total checks in column A = _____ x 3 = _____
 Total checks in column B = _____ x 2 = _____
 Total checks in column C = _____ x 1 = _____

TOTAL _____

If your score is:

- 58 - 72: You are making many healthy choices.
- 41 - 57: There are some ways you can make your eating habits healthier.
- 24 - 40: There are many ways you can make your eating habits healthier.

Look at your Rate Your Plate responses.

Do you have any responses in Column A? If you do, great! You are already making some heart healthy choices. Look at your responses in Columns B and C. Where you checked Column C, can you start eating more like Column B? Over time, move toward Column A.

Think about changes. Write down eating changes you are **ready to consider**.

Change #1: _____
 Change #2: _____
 Change #3: _____

Begin today. Make changes a little at a time. Let your new way of eating become a healthy habit.

Set goals. After discussion with your doctor, write down eating changes you are **ready to work on**.

Goal 1: _____
 Goal 2: _____
 Goal 3: _____

Patient (signature): _____ Date: _____ Time: _____

If patient is unable to complete:

Completed by (signature): _____ Date: _____ Time: _____

Completed by (print name): _____ Relationship to Patient: _____

Clinician (signature): _____ Date: _____ Time: _____

Clinician (print name): _____

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 Rate Your Plate**

