ananda
yoga & healing arts center

Behavioral Audit Questionnaire

The first step to changing your health starts with the behaviors that are contributing to it. This self behavior audit examines common, yet sometimes mindless habits that are working against your lifestyle goals. The purpose of this audit is not to get the correct response, but to identify areas that need to be challenged.

1. You eat large amounts of food very fast in a short amount of time?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

2. You eat a second helping, desert or leftovers, even if you are full after a meal?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

3. Do you add more extras (i.e. sauces, jam, dressing or gravies)?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

4. Do you eat while involved in other activities (watching TV, reading, writing or working)?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

5. Do you sneak food?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

6. During a normal day, do you feel the urge to eat:
(+1) Only when it is meal time (-1) Sometimes, especially stressed (-2) Most of the Time

7. Usually the duration of your meals is:
(+1) 30-45 minutes (-1) 15-30 minutes (-2) 5-15 minutes

8. When a craving or urge to overeat a certain food comes over you, you usually:
(+1) Dismiss the idea, it will pass (-1) Use a substitute food (-2) Give in to it

9. Do you leave food on your plate:
(+1) Most of the time (-1) Sometimes (-2) Rarely (+2) Always

10. You typically eat large meals even if you are not hungry:
(+1) Rarely (-1) Sometimes (-2) Most of the Time

11. Do you eat more, if you re not hungry because of the taste?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

12. Do you head to the kitchen as soon as you get home?
(+1) Rarely (-1) Sometimes (-2) Most of the Time

13. How many rooms of your home do you eat in?
(+1) only 1 room (-1) 1-2 rooms (-2) 3+ rooms

14. How many of your pleasurable activities center around food?
(+1) 0 - 25% (-1) 25 - 50% (-2) 50 - 75% (-3) greater than 75%

15: How often do yo engage in behaviors such as binge eating or nighttime eating?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

16. With your meals, your portions are usually:

(+1) Small (-1) Medium (-2) Large...with extras

17. When you feel tired, you

(-1) Have a snack (-2) Eat high sugar or caffeine snack

18. Do you eat at regular meal times?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

19. When you have a meal, you thoroughly chew your food and savor each bite?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

20. Do you eat in your car?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

21. Do you eat standing up or lying down?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

22. Do you eat in front of the refrigerator?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

23. Do you stop for a pick-me-up at the coffee shop?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

24. Do you drink 6-8 glasses of filtered water a day?

(+1) Rarely (-1) Sometimes (-2) Most of the Time

Add up your responses, and refer to the scoring below: _____TOTAL SCORE

A score of 15 - 24

Good for you. You have indicated that you are making an effort to control your weight by practicing positive habits. Go back through the audit and re-address those areas that your response was (-). Look closely at the (-) you may have some behavioral habits that are in need of change.

A score of 0 - 15

This range suggest that there are many behavior habits identified here in this audit that are contributing to your wight problem. You need to begin to adjust your behaviors, so that they are in line with your health goals. Consulting with a professional nutritionist can help design an individual program to support your goals.

A score of less than 0

You have done a very difficult yet empowering task by naming your behavioral issues. You will need to make a commitment to yourself to challenge each one of these areas if you want to experience weight loss success. However, do not feel as though you have to go it alone. Discuss your results with your health care provider or professional nutritionist who can help you determine the best plan of action.