**Barriers to Healthy Eating**

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| **Barriers to eating healthier**  | **No** | **Tosomeextent** | **Yes** |
| **Your eating patterns** |  |  |  |
| Do you skip any meals? |  |  |  |
| Do you go for long periods without eating? |  |  |  |
| Do you tend to nibble or pick at food? |  |  |  |
| Do you eat when you’re not hungry? |  |  |  |
| Do you continue to eat after you are alreadysatisfied? |  |  |  |
| Are there particular times of the day when you arelikely to overeat? |  |  |  |
| Are there particular days of the week when youare likely to overeat? |  |  |  |
| **Your portion sizes** |  |  |  |
| Are your portion sizes on the large side? |  |  |  |
| Do you take second helpings? |  |  |  |
| Do you always eat everything on your plate? |  |  |  |
| **Your choice of foods and drinks** |  |  |  |
| Are you prone to eating high fat/sugar foods (e.g. biscuits, cakes, chips, chocolate)? |  |  |  |
| Do you frequently drink high sugar drinks (e.g. alcohol, soft drinks, sports drinks)? |  |  |  |
| Do you eat take away/fatty foods regularly? |  |  |  |
| Do you consume full-fat dairy products (e.g. milk, cheeses, yoghurts)? |  |  |  |
| Do you eat very quickly? |  |  |  |
| Do you eat in places other than the kitchen ordining room? |  |  |  |
| Do you eat while watching television? |  |  |  |
| Do you eat on the run or in an unplanned way? |  |  |  |
| Do you eat directly from packets or containers? |  |  |  |
| **How you eat - Other obstacles to weight loss** |  |  |  |
| Do you eat when you are stressed? |  |  |  |
| Do you eat when you are bored? |  |  |  |
| Do you justify eating unhealthy foods because youhave exercised that day? |  |  |  |

Did your answers give you some ideas on what you could change? If you answered ‘no’ to most of these questions, you have a good understanding of how to avoid the pitfalls of unhealthy eating. If you answered ‘yes’, look at these questions and think about how you could make some improvement.