



Natalia García

Functional Nutrition & Wellness

Keep in Balance Questionnaire

Name _____

Date _____

Keep In Balance© Questionnaire

Directions: For each of the 40 items, please indicate how often you engaged in this activity or experienced these thoughts or feelings in the last week. Place a check in the column that best applies, using the scale below. For the items that are not relevant to you, place a check in the column labeled NA for "not applicable."

1 = never in the last week

2 = at least once in the last week

3 = several times in the last wee

4 = once a day

5 = several times a day

NA = not applicable

	Item	1	2	3	4	5	NA
1.	I left food on my plate or discarded part of my snack.						
2.	I refused or did not take a second helping.						
3.	I ate food directly from the refrigerator/container (box, bag, bowl, etc.).						
4.	I considered the calories of what I am choosing to eat with a sense of curiosity instead of guilt.						



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33.	I ate a meal at a buffet without over-eating.								
34.	I took the stairs instead of an elevator.								
35.	I parked farther away from where I was going than necessary.								
36.	I walked actively for at least 10 minutes.								
37.	I walked actively for at least 20 minutes.								
38.	I engaged in aerobic exercise (walking, biking) for at least 10 minutes.								
39.	I engaged in aerobic exercise for at least 20 minutes.								
40.	I was active on my feet for at least 30 minutes (gardening, cleaning, or other chores involving lifting or bending).								