

Mediterranean Diet Score

Answer the following questions in a way that best reflects your *usual* eating habits. Some questions ask about your eating habits *each day*, and others ask about your habits *each week*. Add your score up at the end. (Refer to the back page for scoring)

1. How many vegetables servings do you eat ***each day***? (1 serving = ½ c raw, frozen, or canned, or 1 cup leafy vegetables)
 - a) 5 or more
 - b) 3 or 4
 - c) 1 or 2
 - d) none
2. How many fruit servings do you eat ***each day***? (1 serving = ½ c raw, frozen or canned, or 1 medium fruit)
 - a) 3 or more
 - b) 2
 - c) 1 or less
 - d) none
3. How many servings of whole grains do you eat ***each day***? (1 serving = 1 slice whole grain bread, ½ c cooked whole grain rice, pasta, or other grain, ¾c hot cereal, or 30g cold cereal)
 - a) 5 or more
 - b) 3 or 4
 - c) 2 or less
 - d) none
4. How much olive oil (or other oils such as canola, flaxseed oils) do you use ***each day*** in cooking or at the table?
 - a) 3 – 4 tbsp.
 - b) 2 – 3 tbsp.
 - c) 1 tbsp. or less
 - d) More than 4 tbsp. or none
5. How many servings of nuts, seeds or avocado do you have ***each week***? (1 serving = ¼ c unsalted nuts or seeds, ½ avocado, 2 tbsp. nut butters)
 - a) 3 or more
 - b) 2
 - c) 1 or less
 - d) None
6. How many servings of beans, dried peas, or lentils do you eat ***each week***? (1 serving = ¾ c cooked)
 - a) 3 or more
 - b) 2
 - c) 1 or less
 - d) None
7. How many servings of fish do you eat ***each week***? (1 serving = 3.5 oz. (100 g))
 - a) 3 or more
 - b) 2

- c) 1 or less
 - d) None
8. Do you enjoy **at least one meal a day** with friends and family?
- a) Always
 - b) Most days
 - c) Sometimes
 - d) Rarely or never

Scoring:

- a) **3 points**
- b) **2 points**
- c) **1 points**
- d) **0 points**

17 – 24 = You have many eating habits that are reflective of Mediterranean style of eating.

9 – 16 = You have some healthy eating habits that are reflective of the Mediterranean style of eating, and still have some room to make changes.

0 – 8 = You have lots of opportunity to make changes to your eating habits.

Please answer the following questions for the Cardiovascular Risk Assessment

1. Age:
 - a. 35-39
 - b. 40-44
 - c. 45-49
 - d. 50-54
 - e. 55-59
 - f. 60-65
2. Do you smoke?
 - a. Yes
 - b. No
3. Do you have a family history of heart disease (chest pain [angina], blocked arteries, heart attack, stroke, heart rhythm problems)?
 - a. Yes
 - b. No
4. Do you have diabetes?
 - a. Yes
 - b. No