



# Kitchen Makeover Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

There's a fundamental law of human nutrition that goes like this:

*If a food is in your possession or located in your residence, you will eventually eat it.*

(Whether you plan to or not, whether you want to or not, you'll eventually eat it! Trust us.)  
Therefore, according to this important law of human nutrition, if you wish to be healthy and lean, you must remove all foods that aren't part of your healthy eating program and replace them with a variety of better, healthier choices.

How do you know which foods have got to go and which foods can stay? Simply answer the questions below by selecting the response most appropriate to your situation. Once you've completed all the questions, your score will be calculated. And remember, be honest. You're doing this exercise to find out whether your kitchen is in good shape.

## KITCHEN MAKEOVER QUESTIONNAIRE

### QUESTIONS:

### RESPONSES AND SCORING

1. Do you have the following items in your kitchen?

- |                             |  |
|-----------------------------|--|
| * Good set of pots and pans | * Scale for weighing foods               |
| * Good set of knives        | * Sealable containers for carrying meals |
| * Spatula                   | * Small cooler for taking meals to work  |
| * Blender                   | * Shaker bottle for drinks and shakes    |
| * Tea kettle                | * Food processor                         |

- a) I have all of them. (-5)  
b) I have more than half of them. (-2)  
c) I have less than half of them. (+2)  
d) I don't have any of them. (+5)

2. Do you have the following items in your pantry?

- |                          |                                  |
|--------------------------|----------------------------------|
| * Whole oats             | * Extra virgin olive oil         |
| * Quinoa                 | * Vinegar                        |
| * Whole-grain pasta      | * Green tea                      |
| * Natural peanut butter  | * Protein supplements            |
| * Mixed nuts             | * Fish oil/algae oil supplements |
| * Canned or bagged beans | * Green foods supplements        |

- a) I have all of them. (-5)  
b) I have more than half of them. (-2)  
c) I have less than half of them. (+2)  
d) I don't have any of them. (+5)

3. Do you have the following items in your fridge or freezer?

- |                       |   |
|-----------------------|---|
| * Extra-lean beef     | * At least four varieties of fruit      |
| * Chicken breasts     | * At least five varieties of vegetables |
| * Salmon              | * Flax seed oil                         |
| * Omega-3 eggs        | * Water filter                          |
| * Packaged egg whites | * Sweet potatoes                        |
| * Real cheese         | * Tempeh                                |

- a) I have all of them. (-5)  
b) I have more than half of them. (-2)  
c) I have less than half of them. (+2)  
d) I don't have any of them. (+5)

4. Do you have the following items in your pantry?

- |  |                                  |
|--|----------------------------------|
| * Potato or corn chips                                   | * Chocolates or candy            |
| * Fruit or granola bars                                  | * Soft drinks                    |
| * Regular or low-fat cookies                             | * Regular peanut butter          |
| * Crackers   | * At least four types of alcohol |
| * Instant foods like cake mixes and mashed potatoes      |                                  |
| * Bread crumbs, croutons, and other dried bread products |                                  |

- a) I have all of them. (+5)  
b) I have more than half of them. (+2)  
c) I have less than half of them. (-2)  
d) I don't have any of them. (-5)



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### QUESTIONS:

### RESPONSES AND SCORING

5. Do you have the following items in your fridge or freezer?
- |                                 |  |  |
|---------------------------------|--|--|
| * At least four types of sauces | * Baked goods                          | a) I have all of them. (+5)            |
| * Juicy steaks or sausage       | * Frozen dinners                       | b) I have more than half of them. (+2) |
| * Margarine                     | * At least two types of bread or bagel | c) I have less than half of them. (-2) |
| * Fruit juice                   | * Take-out or restaurant leftovers     | d) I don't have any of them. (-5)      |
| * Soft drinks                   | * Big bowl of mashed potatoes or pasta |  |
6. Do you have bowls of candy, chips, crackers, or other snacks sitting around at home?
- a) Yes (+5)  
b) No (-5)
7. When you have parties or dinner guests, do you serve them what you think they'll want or what you think is healthy?
- a) What I think is healthy (-3)  
b) What I think they want (+3)
8. When food shopping, do you buy economy-sized bags, or do you buy smaller portions?
- a) More than half of the time I buy economy-sized bags. (+3)  
b) More than half of the time I buy smaller portions. (-3)
9. How often do you shop for groceries?
- a) Fewer than three times a month (+5)  
b) About once a week (-1)  
c) More than once a week (-5)
10. Do you keep food in plain view around the house?
- a) Yes (+3)  
b) No (-3)
11. Do you think healthy eating means low-fat eating?
- a) Yes (+2)  
b) No (-2)
12. If someone were to point to a food in your kitchen, would you know whether it was composed of mostly carbohydrate, protein, or fat?
- a) Yes (-2)  
b) No (+2)
13. When you prepare meals from recipe books, do you use those that contain healthy recipes?
- a) Most of the time (-5)  
b) About half of the time (0)  
c) Almost never (+5)
14. Do you prepare meals in advance to take with you to work, on day trips, or on vacations?
- a) Yes, always (-5)  
b) More than half the time (-2)  
c) Less than half the time (+2)  
d) Almost never (+5)
15. Are you hesitant to throw out unhealthy leftovers or gift foods that don't fit into your nutritional plan?
- a) Yes, I hate throwing food out (+5)  
b) No, more than half the time I throw this stuff out (0)  
c) No, I always throw this stuff out (-5)



## KITCHEN MAKEOVER QUESTIONNAIRE

### YOUR SCORE AND WHAT IT MEANS

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#### **32 to 63 points**

You scored high on the kitchen makeover questionnaire. But this high score means you may need some adjustments to your kitchen set-up or your shopping habits. That's no problem, though. We'll be working on this together in the coming weeks.

#### **0 to 31 points**

Your kitchen environment could also use some improvements. I'll be happy to show you what to do and how to do it as we continue to work together.

#### **-31 to -1 points**

You're doing pretty well in the kitchen department. With just a few tweaks, it'll be easier than ever to improve your body composition, energy levels, and performance.

#### **-32 to -63 points**

Don't let negative scores fool you. In this questionnaire, negative scores mean a great kitchen environment. Nice work. In the coming week's I'll be happy to share even more strategies for keeping the great kitchen environment going.