



NAME:

DATE:

### **HEALTH LOG FOLLOW-UP QUESTIONNAIRE**

- 1. Did you eat foods from each of food groups in one day?**
  
- 2. Which food group did you eat the most from?**
  
- 3. Which food group should you eat more from?**
  
- 4. Did all of the foods you ate fit into one of the food groups?**
  
- 5. If not, do you think those foods have nutritional value?**
  
- 6. How much physical activity did you get that day?**
  
- 7. Could you be more physically active? How?**
  
- 8. Why do you think it is important to be physically active?**
  
- 9. Overall, do you feel that you are a healthy person?**
  
- 10. In what ways can you improve your health?**