

Participant Number: _____ (The number on the inside of your tracker)

Evaluation Month: _____

- Return evaluations by the last day of the month to receive another entry into the monthly and grand prize drawings. You may return it at the Help Desk, at Simple Steps classes, or by email to askalibrarian@stillwater.org.
- Please do not write your name on these sheets. For your privacy, your name is NOT associated anywhere with the participation number on your tracker. This means we cannot provide your number should you lose it.

Please check one answer below each statement:

I eat 2 servings of fruit and 3 servings of vegetables each day.

_____ Always _____ Often _____ Rarely _____ Never

I eat at least three meals a day.

_____ Always _____ Often _____ Rarely _____ Never

I read the labels on the food I eat.

_____ Always _____ Often _____ Rarely _____ Never

I limit the amount of salt I add to food.

_____ Always _____ Often _____ Rarely _____ Never

I drink eight 8-ounce glasses of fluid a day (not counting sugary drinks)

_____ Always _____ Often _____ Rarely _____ Never

I am active 30 minutes each day.

_____ Always _____ Often _____ Rarely _____ Never

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I have the up-to-date immunizations for my age.

_____ All _____ Some _____ No _____ I don't know

My children under age 18 have up-to-date immunizations for their age.

_____ All _____ Some _____ No _____ I don't know _____ NA

I avoid smoking cigarettes, tobacco pipes, and cigars.

_____ Always _____ Often _____ Rarely _____ Never

I avoid smoking e-cigarettes and vaping.

_____ Always _____ Often _____ Rarely _____ Never

I limit how much I am around secondhand smoke using chewing tobacco.

_____ Always _____ Often _____ Rarely _____ Never

I know my weight.

_____ Always _____ Often _____ Rarely _____ Never

Weight _____ (answering is optional)

I know my blood pressure.

_____ Always _____ Often _____ Rarely _____ Never

Blood pressure reading _____ (answering is optional)