

Name _____

Health & Performance Checklist

1. Do you eat breakfast 7 days a week?
2. Do you eat foods from 3 different food groups at breakfast? *(ie: fruit, whole grain & protein)*
3. Do you eat 3 balanced meals at approximately the same time each day?
4. Do you eat a nutritious mid-morning and mid-afternoon snack?
5. Do you eat at least 2 pieces of fresh fruit each day?
6. Do you eat at least 3 servings of fresh vegetables each day? *(1 svg.= size of your fist)*
7. Do you choose high fiber breads and cereals only?
8. Do you eat lean &/or low-fat protein at each meal?
9. Do you limit your intake of saturated fat? *(found in meats, cheese, dairy products, butter, egg yolks)*
10. Do you eat at least 2 servings of “good fat” each day- found in nuts, seeds, extra virgin olive oil, olives, avocados and fish?
11. Do you limit your intake of processed and refined foods? *(foods made from white flour, foods high in sugar and sodium, packaged foods)*
12. Do you eat and drink adequately to maintain your bodyweight?
(this should be your goal unless you are on a fat loss or weight gain program)
13. Do you eat a post-workout & post-practice snack within 30 minutes of exercise?
14. Do you eat a healthy post-workout or post-practice meal within 2 hours?
15. Do you drink half your bodyweight in ounces of water each day?
(not including fluid intake during exercise)
16. Do you sleep at least 8 hours each night?
17. Do you go to bed at approximately the same time each night and get up at approximately the same time each morning?
18. Do you take a multivitamin rich in the antioxidant nutrients each day?
19. Do you take 1000mg of fish oils daily?
20. Do you limit your alcohol intake, or avoid alcohol altogether?

Score _____ /20

15-20: Performing Like a Champ!

9-14: Losing an Edge!

<9: Missing Out - Big Time!