

What Is Your Sodium Style?

Name: _____ Date: _____

How often do you eat these foods? Please check the box in each row that tells how often you eat the foods listed.

I.	0	1	2	3	
	1 or more times daily	4-6 days of the week	2-3 days of the week	1 or less times per week	
Baked or broiled chicken or turkey, fish, tofu, or other lean meats					
Whole grains, pasta or bread					
Dried beans, oatmeal, or oat bran					
Vegetables and fruits					
Total of Section I					
Total: _____					

II.	3	2	1	0	
	1 or more times daily	4-6 days of the week	2-3 days of the week	1 or less times per week	
Canned, salted or smoked meat (bologna, hot dogs, ham, jerky, corned beef)					
Luncheon or deli meats					
Bacon, sausage, salted pork fat					
Canned, salted beans, peas or lentils					
Canned or frozen main dishes					
Canned, salted or smoked fish (anchovies, clams, sardines, herring, tuna)					
Regular and processed cheese and cottage cheese					
Buttermilk, chocolate milk					
Salted, canned vegetables and juices					
Pickles, relish, sauerkraut, olives					
Frozen vegetables with added sauce					
Instant cooked cereals					
Package mixes for pasta, rice and noodles					
Salted crackers, popcorn, chips					
Quick breads, biscuits, muffins, pancakes or waffles					
Bouillon, broth or ramen-type soups					
Canned or dried soups					
Salted nuts or seeds					
Salt, seasoned salt, seasoned pepper, MSG, soy sauce, bottled fish sauce, specialty mustard and other bottled or jarred sauces					
Total of Section II					
Total: _____					

Add the number of boxes you checked in each column above and multiply them by the number at the top of the column. Then put the total at the bottom of each column

PLEASE TURN OVER

III.	3	2	1	0	
How often do you do the following?	1 or more times daily	4-6 days of the week	2-3 days of the week	1 or less times per week	
Eat at fast food restaurants?					
Salt your food before tasting it?					
Add seasoning mixes, salad dressings, or condiments such as soy sauce, steak sauce, catsup, and mustard to foods during preparation or at the table?					
Add salt to cooking water for vegetables, rice or pasta?					Total of Section III
Total:	_____	_____	_____	_____	

FINAL SCORING

For your final score add the three sections together from page one and two:

	+		+		=	
Total Section I		Total Section II		Total Section III		Nutrition Assessment Score*

**If you are a vegetarian subtract 3 points from your nutrition assessment score*

Nutrition Assessment Score _____

If you scored 15 or below you are doing an excellent job eating a low sodium, high fiber diet. If you scored greater than 15, you still have room to lower the sodium in your diet.



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