



Healthy Habits

HISTORIC TRIANGLE

Restaurant Participation Questionnaire

The following is a brief series of questions intended to help both the restaurant and the Historic Triangle Healthy Habits (HTHH) representative identify and discuss criteria to determine whether the restaurant, based on its current menu offerings, is suited for participation in the HTHH program:

1. Does the menu(s) provide items that represent the following food groups (Circle Y or N)
 - a. Protein Y N
 - b. Fruits Y N
 - c. Vegetables Y N
 - d. Dairy (Low/Reduced Fat) Y N

2. Does the menu(s) offer any low fat/heart healthy options? If so, can you provide 2-3 examples and include whether it is considered an entrée, appetizer, or side dish
 - a. -
 - b. -
 - c. -

3. Does the menu offer any low/reduced sodium options? If so, can you provide an example from the menu?

4. Does the restaurant or is the restaurant willing to limit/reduce portion sizes? (Circle One)
 - a. Currently offer reduced portions
 - b. Willing to offer reduced portions
 - c. Unwilling to offer reduced portions

5. Does the restaurant offer a children's menu that meets any of the above criteria? If so, please provide an example(s).

6. If the restaurant is unable to determine any of the above criteria, would the restaurant be willing to have a registered dietitian review the menu? (To be coordinated by HTHH)

Y N

Restaurant Name: _____

Owner, manager or authorized person's name: _____

Owner, manager or authorized person's signature: _____

LHT Member's Name: _____ Date: _____