**ТЕСТ ЗА ПРОВЕРКА НА КАЧЕСТВОТО ВИ НА ХРАНЕНЕ ДО МОМЕНТА**

При попълване на теста бъдете максимално подробни и откровени. От вашите отговори зависи, колко ефективен ще бъде хранителния режим. Моля да попълвате с червен шрифт.

*Пример:*

*1. Изяждате ли поне една порция плодове на ден (100 гр.)?*

*Да, старая се да ям сезонни плодове. Ям плодовете сутрин преди закуска, след тренировка или понякога си правя следобедната закуска само от плодове, но обикновено ям плодовете веднъж на ден.*

1. Изяждате ли поне една порция плодове на ден (100 гр.)?

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2. Предпочитате ли 100 % плодови и зеленчукови сокове пред сладки напитки с добавки от сироп и други изкуствени десерти?

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3. Избирате ли изделия от пълнозърнесто брашно, вместо от бяло (хляб, макарони и т.н.)?

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4. До колко е разнообразен изборът на зеленчуци във вашата диета и включвате ли: тиквички, картофи, зеле, моркови, репички, спанак и други?

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5. Присъстват ли макаронени изделия във вашия хранителен режим?

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6. Регулярно ли включвате зърнени и бобови култури във вашето меню?

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7. Включвате ли ядки и ако да сурови или сушени?

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8. Ограничавате ли приема на бяла захар и продукти като торти, подсладени напитки и сладкиши?

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9. Ежедневно ли употребявате прясно и кисело мляко, сирене, извара?

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10. Всяко ваше основно хранене включва ли месо, риба, яйца?

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11. При избора на млечни продукти, предпочитате ли нискомаслени?

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12. Избягвате ли употребата на прекалено големи количества животински мазнини, масло, маргарин, сметана?

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13. Ограничавате ли потреблението на свинско месо, в полза на говеждо/телешко?

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14. Ограничавате ли добавянето на олио в салатата?

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15. Избягвате ли консервирани меса, солени и пушени продукти?

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16. Ограничавате ли използването на масло, олио, маргарин при готвене?

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17. Следите ли за количеството сосове, заливки в храната, която ядете?

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18. Следите ли за съдържанието на мазнини в продукти като салам, чипс, сладолед и др.?

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19. Имате ли хранителна непоносимост? Към кои храни?

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20. Имате ли храни, които мразите? Кои? …………………………………………………………………………………………………………………................................................................................................................................................................................  
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21. Пушите ли?

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22. Имали ли сте някакви операции?

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23. Имате ли някакви здравословни проблеми/състояния?

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24. Колко основни хранения имате на ден?

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25. Колко междинни хранения имате на ден?

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26. Колко пъти на ден консумирате месо?

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27. Колко литра вода пиете на ден?

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28. Освен вода, какво друго пиете през деня?

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29. Направете подробно описание на всичко, което сте приели през последните 3 дни (Вода, сок, ядки… всичко, което е влязло в устата ви).

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2 –ви ден …………………………………………………………………………………………………………………................................................................................................................................................................................  
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3 –ти ден …………………………………………………………………………………………………………………................................................................................................................................................................................  
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30. Ако приемате хранителни добавки или лекарства, моля да опишете кога ги приемате и в какво количество?

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31. Ако има нещо, което искате да допишете, може да го направите тук:

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