

Me in the Morning

Directions:

Answer questions 1 to 4 by placing a mark on the continuum to describe how you usually feel. For question 5, mark all statements that apply to you.

1. When the alarm rings, I....

Want more sleep	----- ----- ----- -----	Am ready to get up
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2. No matter what time I get up in the morning, I feel.....

I must rush	----- ----- ----- -----	I have enough time
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3. When I get out of bed.....

I'm not hungry	----- ----- ----- -----	I'm hungry
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4. When I do eat breakfast, I prefer.....

Typical breakfast foods (cereal, toast, eggs, etc.)	----- ----- ----- -----	Non-typical breakfast foods (leftovers, sandwiches, etc.)
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5. What gets in my way of eating breakfast? (Check all that apply)

Title _____

Types of Breakfast Barriers

- | | |
|---|---|
| <input type="checkbox"/> I'm afraid that I'll gain weight if I eat breakfast. | M |
| <input type="checkbox"/> I believe eating breakfast is for little kids. | I |
| <input type="checkbox"/> I'm really not hungry early in the morning. | H |
| <input type="checkbox"/> The food I like isn't available. | A |
| <input type="checkbox"/> I don't have enough time to eat. | T |

