



the better nutrition fiber evaluation

Filling up, better, with fiber?

Fiber is important, we know that, but how much, what kinds, how often do we need fiber? In this evaluation, you will assess if you are getting enough and better kinds of fiber so that you can get its benefits like helping you feel satisfied (which is better than feeling full :), enabling weight management, better heart health, better digestion and elimination, better blood sugar management, and many more benefits. According to the Institute of Medicine, men should get at least 38 grams of fiber daily and women a minimum of 25 grams per day.

Fiber comes in many plant forms including the skins and flesh of vegetables and fruit, as well as when eating whole grains, legumes, nuts and seeds. Where its not found is in refined grains as refined means that processing has removed the fiber, and likewise protein isolates and some protein concentrates will remove the fiber. But before you pick up a fiber supplement to help you meet your needs let's assess your current nutrition to see what better fiber choices you are already making more often, keep what's already better, and get ideas for how to act better, not perfect, more often.

Section A:

Where are you getting your fiber?

Which of these foods are a part of your routine, and how often?

Daily | Weekly | Never

Beans like lentils, split peas, black, pinto, navy, soybean/tempeh, lima or garbanzo/chickpeas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains like oats, wheat, rice, millet, quinoa, barley and/or amaranth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flour or products with flour as an ingredient(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts like almonds, walnuts, pistachios, or hazelnuts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeds like flax, chia, sunflower, sesame and/or hemp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-starchy vegetables like mustard greens, collards, turnip and/or beet greens, Brussels sprouts, broccoli, green beans, cabbage, cauliflower, or spinach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starchy vegetables like potatoes, sweet potatoes, winter squash, beets, peas and/or corn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries like raspberries, strawberries, blueberries, and/or blackberries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fruits like avocado, pears, apples, kiwi, and/or oranges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooked oats (overnight oats or energy balls), Jerusalem artichoke, chicory, green banana, cooked then cooled pasta, or unmodified potato starch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you add spices to your foods and beverages like cinnamon, rosemary, oregano, coriander, fennel and/or caraway seeds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take a fiber supplement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your packaged foods state that it has "added fiber" is "high in fiber" and/or is a "good source of fiber"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B:

How much fiber are you getting in a day?

1 serving | > 1 serving | < 1 serving

Beans like lentils, split peas, black beans, or chickpeas? [1 serving is about ½ cup]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains like oats, quinoa, barley, brown rice, amaranth or whole grain flours? [1 serving is about ½ cup]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts like almonds, walnuts, pistachios, or hazelnuts? [1 serving is about ¾ cup]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeds like flax, chia, sunflower, sesame or hemp? [1 serving is about ½ cup]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-starchy vegetables like Brussels sprouts, broccoli, cauliflower? [2 cups Brussels, or 3 cups broccoli or cauliflower]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starchy vegetables like sweet potatoes, peas, and beets? [1 serving is 1 cup sweet potato with skin, 1 cup peas, or 2 cups beets]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries like raspberries, strawberries, blueberries, or blackberries? [1 serving is 1 cup raspberries/blackberries, or 2 cups strawberries/blueberries]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits like pears, apples, oranges, avocado, or kiwis? [1 serving is ½ avocado, 1 pear, 2 apples/oranges, or 3 kiwis]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spices like cloves, chili powder, curry, cinnamon, fennel, and caraway seeds? [1 serving is about 3 Tbsp]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A fiber supplement? [1 serving is about 7 grams, check label]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A prebiotic fiber supplement or foods? [1 serving is about 4 grams prebiotic fiber, check label]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a routine day, about how many grams of fiber are you getting _____?

Give yourself a +7 for each box where you checked one serving, and a +14 for each box where you checked more than one serving. For prebiotic fiber, add +4 _____ grams

Section C:

Tell us a little about yourself:

YES | NO

Are you still hungry or tired after eating a meal?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have digestive complaints such as bloating, constipation, loose stools?	<input type="checkbox"/>	<input type="checkbox"/>
Are you overweight or overfat (but a healthy weight)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high LDL cholesterol or elevated triglycerides?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure or family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have or have had or have a family history of cancers (especially breast, colon, prostate)	<input type="checkbox"/>	<input type="checkbox"/>
Do you struggle to maintain balanced blood sugar levels, have pre-diabetes, diabetes, PCOS or insulin resistance?	<input type="checkbox"/>	<input type="checkbox"/>

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NOTES:



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