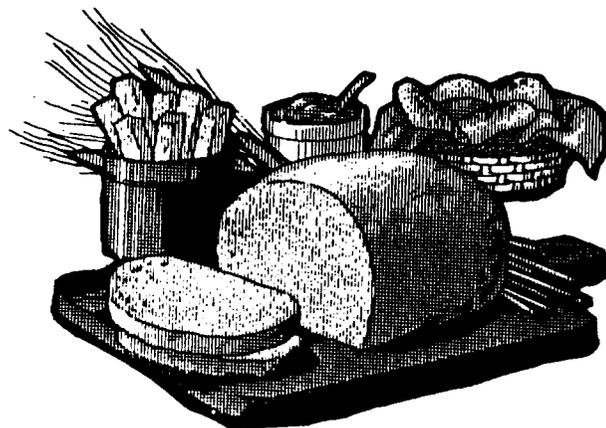


# EATING HABITS QUESTIONNAIRE



*Dedicated to Discovery . . . Committed to Care*

## INSTRUCTIONS

The following questions ask about your background and habits at home and at work that may relate to your health. The questions focus particularly on eating habits. The information you provide will help scientists understand more about ways to help people prevent disease. **Your completed survey will be completely confidential. No one at your health center will see your responses.** Your answers will help us determine potential programs to offer at your health center. While your responses are very important to us, you may skip any items you prefer not to answer. There is space reserved on the last page for any comments you would like to share with us after completing the questionnaire.

### PLEASE FOLLOW THESE INSTRUCTIONS:

- Use a No. 2 pencil only.
- Do **NOT** use pen or felt tip.
- Darken the oval completely.
- Erase cleanly any marks you wish to change.
- Do **NOT** make any other marks on this form.
- Do not fold or staple this form.

## MARKING EXAMPLES

Fill in one oval and then proceed to the next part of the question or the next question.

### 2. How often do any of your co-workers:

- Compliment your attempts to eat a healthy diet?  
 Often  Sometimes  Seldom  Never
- Make you feel guilty or pester you for not eating a healthy diet?  
 Often  Sometimes  Seldom  Never
- Encourage you to eat vegetables?  
 Often  Sometimes  Seldom  Never
- Encourage you to eat fruit?  
 Often  Sometimes  Seldom  Never



PLEASE DO NOT MARK IN THIS AREA

0132



In this survey, a "healthy diet" means eating a wide variety of foods which contain plenty of fiber and are low in fat, salt, and sugar.

## WORKSITE EATING HABITS

1. How important do you feel other people's support is in helping you eat a healthy diet?

Not Important Very Important  
 ①  ②  ③  ④  ⑤

2. How often do any of your co-workers:

- a. Compliment your attempts to eat a healthy diet?  
 Often  Sometimes  Seldom  Never
- b. Make you feel guilty or pester you for not eating a healthy diet?  
 Often  Sometimes  Seldom  Never
- c. Encourage you to eat vegetables?  
 Often  Sometimes  Seldom  Never
- d. Encourage you to eat fruit?  
 Often  Sometimes  Seldom  Never
- e. Talk about food and nutrition with you?  
 Often  Sometimes  Seldom  Never
- f. Bring healthy foods to work for you to try?  
 Often  Sometimes  Seldom  Never
- g. Bring fruit to work for you to try?  
 Often  Sometimes  Seldom  Never
- h. Bring vegetables to work for you to try?  
 Often  Sometimes  Seldom  Never

3. How interested do you think management is about whether you eat a healthy diet?

Extremely interested  
 Very interested  
 Somewhat interested  
 Slightly interested  
 Not at all interested

## FAMILY EATING HABITS

4. Do you live alone?

Yes (skip to question 11 under Personal Dietary Assessment)  
 No (go to question 5)

5. Not counting yourself, how many adults 18 years of age and older are living in your household?

None  1  3  5  
 2  4  6 or more

- a. Do you live with a spouse or partner?

Yes  No

6. How many children under 18 years of age are living in your household?

None (go to question 7)  
 1  3  5  
 2  4  6 or more

- a. How many of those are 5 and under?

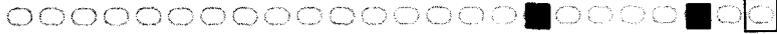
None  1  3  5 or more  
 2  4

7. In a typical week, how often do you eat the following meals with one or more members of your household?

(Please blacken an answer for each item)

	0 - 1 days/week	2 - 3 days/week	4 - 5 days/week	6 - 7 days/week
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Lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





11. (continued) Please fill in your average use, during the past year, of each specified food.

**AVERAGE USE LAST YEAR**

never or less than once per month    1-3 per month    1 per week    2-4 per week    5-6 per week    1 per day    2-3 per day    4-5 per day    6+ per day

**VEGETABLES**

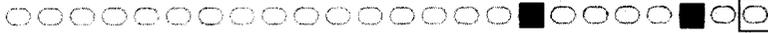
- Carrots, raw (1/2 carrot or 2-4 sticks)
- Carrots, cooked (1/2 cup)
- Corn (1 ear or 1/2 cup frozen or canned)
- Peas or lima beans (1/2 cup fresh, frozen, canned)
- Yams or sweet potatoes (1/2 cup)
- Spinach or collard greens, cooked (1/2 cup)
- Beans or lentils, baked or dried (1/2 cup)
- Yellow (winter) squash (1/2 cup)

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**MEAT SWEETS, BAKED GOODS, CEREAL, MISC.**

- Eggs (1)
- Chicken or turkey, with skin (4-6 oz.)
- Chicken or turkey, without skin (4-6 oz.)
- Bacon (2 slices)
- Hot dogs (1)
- Processed meat, e.g., sausage, salami, bologna, etc. (piece or slice)
- Liver (3-4 oz.)
- Hamburger (1 patty)
- Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.
- Beef, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)
- Fish (3-5 oz.)

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12. How many teaspoons of sugar do you add to your beverages or food each day?

\_\_\_\_\_ tsp.

13. Which cold breakfast cereal do you usually eat?

specify brand and type \_\_\_\_\_

Don't eat cold breakfast cereal

14. Do you take any vitamins on a daily basis?

Yes  No

15. How much of the visible fat on your beef, pork or lamb do you remove before eating?

- Remove all visible fat  
 Remove most  
 Remove small part of fat  
 Remove none  
 Don't eat meat

16. What kind of fat do you usually use for frying and sautéing at home? (Exclude "Pam"-type spray)

- Real butter  
 Regular margarine  
 Reduced-fat margarine  
 Vegetable oil  
 Vegetable shortening  
 Lard  
 Don't know/Don't cook

17. What kind of fat do you usually use for baking at home?

- Real butter  
 Regular margarine  
 Reduced-fat margarine  
 Vegetable oil  
 Vegetable shortening  
 Lard  
 Don't know/Don't bake

18. How often do you eat food that is fried at home?

(Exclude "Pam"-type spray)

- Less than once a week  
 1-3 times per week  
 4-6 times per week  
 Daily

19. How often do you eat fried food away from home?

(e.g., french fries, fried chicken, fried fish)

- Less than once a week  
 1-3 times per week  
 4-6 times per week  
 Daily

20. Do you currently follow a special diet?

Yes  No

a. If yes, for how many years?

Number of years on diet

b. If yes, what kind of diet do you follow? (Select more than one if necessary.)

- Weight reduction (low calorie)  Diabetic  Ulcer  
 Low cholesterol  Low fat  High Potassium  
 Low sodium  Low triglyceride



Other

Specify type of diet





26. How many servings of fruits and vegetables (including potatoes and 100% fruit juice) do you eat each day?

- 0             5-6             11 or more
- 1-2            7-8
- 3-4             9-10

27. About how long have you been eating this number of daily servings of fruits and vegetables?

- Less than 1 month     Longer than 6 months
- 1-3 months
- 4-6 months

28. Are you seriously thinking about eating more servings of fruits and vegetables starting sometime in the next six months?

- Yes (go to question 29)
- No (go to question 30)

29. Are you *planning* to eat more servings of fruits and vegetables during the next month?

- Yes
- No

30. How many servings of fruits and vegetables do you think a person *should* eat each day for good health?

- 0             5-6             11 or more
- 1-2            7-8
- 3-4             9-10

**PERSONAL BACKGROUND INFORMATION**

31.  Male  
 Female

32. Year of birth

YEAR	
19	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

33. What is your height? \_\_\_\_\_

feet	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
------	---

inches	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
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34. What is your current weight? \_\_\_\_\_

pounds	<input type="radio"/> 100 <input type="radio"/> 200 <input type="radio"/> 300 <input type="radio"/> 400 <input type="radio"/> 500 <input type="radio"/> 600 <input type="radio"/> 700 <input type="radio"/> 800 <input type="radio"/> 900
	<input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30 <input type="radio"/> 40 <input type="radio"/> 50 <input type="radio"/> 60 <input type="radio"/> 70 <input type="radio"/> 80 <input type="radio"/> 90
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

35. How much school have you completed?

- Less than high school graduate
- 12th grade or GED
- Vocational/trade school
- Some college or Associate degree
- Bachelor degree
- Post graduate degree

36. Are you of Hispanic/Latino origin such as Mexican American, Central American, Puerto Rican, Cuban, or Dominican?

- Yes
- No

37. Which of the following categories best describes your racial background? Are you:

- White
- Black
- Asian or Pacific Islander
- American Indian/Native American
- Other: Please specify \_\_\_\_\_

38. What language do you *usually* speak at home?

- English
- Spanish
- Italian
- French
- Creole
- Cantonese
- Vietnamese
- Other: Please specify \_\_\_\_\_

39. Have you smoked 100 cigarettes or more in your entire life?

- Yes
- No

40. Do you smoke cigarettes now?

- Yes
- No

41. How long have you worked for this health center?

- Less than 1 year                       6-10 years
- 1-2 years                                 11-15 years
- 3-5 years                                  More than 15 years

42. Do you have a health care provider at this health Center?

- Yes
- No

a. Does anyone in your family have a health care provider at this health center?

- Yes
- No

43. What is your job title?

\_\_\_\_\_

44. Please mark the oval next to the description that best applies to your current job. If your job fits into several groups, mark the ONE that represents the job you do most often.

- Skill or Craft—For example: dental technician, optician, etc.
- Service work—For example: janitor, foodservice worker, cleaning service worker, security worker, etc.
- Para-professional work—For example: dental assistant, practical nurse, health aide, nutrition assistant, etc.
- Clerical or office work—For example: billing, payroll, administrative support, typist, receptionist, secretary, etc.
- Scientific technical work—For example: dental hygienist, medical technician, etc.
- Professional—For example: physician, dentist, psychologist, registered nurse, dietitian, social worker, etc.
- Manager or Administrator—For example: administrator, office manager, clinic manager, etc.

45. How many hours did you work for your health center last week?

- Less than 10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- More than 40

46. Which of the following best describes your yearly combined household income before taxes and payroll deductions?

- Less than \$10,000
- \$10,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 and over

COMMENTS:

THANK YOU FOR TAKING THE TIME  
TO COMPLETE THIS SURVEY

FOR OFFICE USE ONLY

DATE		
MO	DAY	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

IDENTIFICATION NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
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4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
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8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

12	
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2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

13		
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2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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PLEASE DO NOT MARK IN THIS AREA

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