EATING HABITS QUESTIONNAIRE

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:
   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

CORRECT  INCORRECT

USE A NO. 2 PENCIL ONLY
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 1 2 3 Very Important 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)
<table>
<thead>
<tr>
<th></th>
<th>0 - 1 days/week</th>
<th>2 - 3 days/week</th>
<th>4 - 5 days/week</th>
<th>6 - 7 days/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast?</td>
<td></td>
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</tr>
<tr>
<td>Lunch?</td>
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<tr>
<td>Dinner?</td>
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</tbody>
</table>
8. How often does a member of your household:
   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 home for you to try?
      - Often
      - Sometimes
      - Seldom
      - Never
   g. Bring fruit home for you to try?
      - Often
      - Sometimes
      - Seldom
      - Never
   h. Bring vegetables home for you to try?
      - Often
      - Sometimes
      - Seldom
      - Never

9. In general, how willing are most other members of your household to eat fruits?
   - Extremely willing
   - Very willing
   - Somewhat willing
   - Not so willing
   - Not at all willing

10. In general, how willing are most other members of your household to eat vegetables?
    - Extremely willing
    - Very willing
    - Somewhat willing
    - Not so willing
    - Not at all willing

PERSONAL DIETARY ASSESSMENT

11. For each food listed, fill in the oval indicating how often on average you have used the amount specified during the past year.

### DAIRY FOODS
- Skim or low fat milk (8 oz. glass)
- Whole milk (8 oz. glass)
- Yogurt (1 cup)
- Ice cream (1/2 cup)
- Cottage or ricotta cheese (1/2 cup)
- Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)
- Margarine (pat), added to food or bread; exclude use in cooking
- Butter (pat), added to food or bread; exclude use in cooking

### FRUITS
- Fresh apples or pears (1)
- Oranges (1)
- Orange juice or grapefruit juice (small glass)
- Peaches, apricots or plums (1 fresh, or 1/2 cup canned)
- Bananas (1)
- Other fruits, fresh frozen, or canned (1/2 cup)

### VEGETABLES
- Tomatoes (1) or tomato juice (small glass)
- String beans (1/2 cup)
- Broccoli (1/2 cup)
- Cabbage, cauliflower, or Brussels sprouts (1/2 cup)
11. (continued) Please fill in your average use, during the past year, of each specified food.

### VEGETABLES

<table>
<thead>
<tr>
<th>Item</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>5-6 per week</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrots, raw (1/2 carrot or 2 sticks)</td>
<td></td>
<td>W</td>
<td>D</td>
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<td></td>
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<tr>
<td>Carrots, cooked (1/2 cup)</td>
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<tr>
<td>Corn (1 ear or 1/2 cup frozen or canned)</td>
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<tr>
<td>Peas or lima beans (1/2 cup fresh, frozen, canned)</td>
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<td></td>
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<tr>
<td>Yams or sweet potatoes (1/2 cup)</td>
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<tr>
<td>Spinach or collard greens, cooked (1/2 cup)</td>
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<tr>
<td>Beans or lentils, baked or dried (1/2 cup)</td>
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<tr>
<td>Yellow (winter) squash (1/2 cup)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>5-6 per week</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
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<tbody>
<tr>
<td>Eggs (1)</td>
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<tr>
<td>Chicken or turkey, with skin (4-6 oz.)</td>
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<tr>
<td>Chicken or turkey, without skin (4-6 oz.)</td>
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<tr>
<td>Bacon (2 slices)</td>
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<td>Hot dogs (1)</td>
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<td>Processed meat, e.g., sausage, salami, bologna, etc. (piece or slice)</td>
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<tr>
<td>Liver (3-4 oz.)</td>
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<td>Hamburger (1 patty)</td>
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<tr>
<td>Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.</td>
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<tr>
<td>Beef, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)</td>
<td>W</td>
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<tr>
<td>Fish (3-5 oz.)</td>
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<tr>
<td>Chocolate (1 oz.)</td>
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<tr>
<td>Candy without chocolate (1 oz.)</td>
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<tr>
<td>Pie, homemade (slice)</td>
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<tr>
<td>Pie, ready made (slice)</td>
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<tr>
<td>Cake (slice)</td>
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<tr>
<td>Cookies (1)</td>
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<tr>
<td>Cold breakfast cereal (1 cup)</td>
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<tr>
<td>White bread (slice), including pita bread</td>
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<tr>
<td>Dark bread (slice), including wheat pita bread</td>
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<tr>
<td>French fried potatoes (4 oz.)</td>
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<tr>
<td>Potatoes, baked, boiled (1) or mashed (1 cup)</td>
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<td></td>
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<tr>
<td>Rice or pasta, e.g., spaghetti, noodles, etc. (1 cup)</td>
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<td>W</td>
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<tr>
<td>Potato chips or corn chips (small bag or 1 oz.)</td>
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<tr>
<td>Nuts (small packet or 1 oz.)</td>
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<tr>
<td>Peanut butter (1 Tbs)</td>
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<tr>
<td>Oil and vinegar dressing, e.g., Italian (1 Tbs)</td>
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</tbody>
</table>

### BEVERAGES

<table>
<thead>
<tr>
<th>Item</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>5-6 per week</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
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</thead>
<tbody>
<tr>
<td>Coffee, not decaffeinated (1 cup)</td>
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<tr>
<td>Tea (1 cup), not herbal tea</td>
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<tr>
<td>Beer (1 glass, bottle, can)</td>
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<tr>
<td>Wine (4 oz. glass)</td>
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<tr>
<td>Liquor, e.g., whiskey, gin, etc. (1 drink or shot)</td>
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<td>Low calorie carbonated beverage, e.g., Diet Coke</td>
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<tr>
<td>Carbonated beverage with sugar, e.g., Coke, Pepsi</td>
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<tr>
<td>Hawaiian Punch, lemonade, or other fruit drinks</td>
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</tbody>
</table>
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
PERSONAL EATING HABITS

21. How much responsibility do you have for:
   a. Food shopping?
      ○ Little or none  ○ About half  ○ Most or all
   b. Planning meals?
      ○ Little or none  ○ About half  ○ Most or all
   c. Preparing meals?
      ○ Little or none  ○ About half  ○ Most or all

22. In a typical week, where are most of your...
<table>
<thead>
<tr>
<th>At home</th>
<th>Out</th>
<th>Don't eat meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfasts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunches prepared?</td>
<td></td>
<td></td>
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<tr>
<td>Dinners prepared?</td>
<td></td>
<td></td>
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</tbody>
</table>

23. How much do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I can’t get vegetables in restaurants</td>
<td></td>
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<tr>
<td>b. Members of my household won’t eat vegetables</td>
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<tr>
<td>c. Fruit is available where I work</td>
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<tr>
<td>d. I like most vegetables</td>
<td></td>
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<tr>
<td>e. I don’t like fruit</td>
<td></td>
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<tr>
<td>f. I think vegetables are inexpensive</td>
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<tr>
<td>g. I don’t have time to prepare vegetables</td>
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<tr>
<td>h. I usually keep fruit at home</td>
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<tr>
<td>i. I usually buy lots of vegetables</td>
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<tr>
<td>j. I can’t afford to buy fruit</td>
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<tr>
<td>k. I can’t buy vegetables where I work</td>
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</tbody>
</table>

24. Please think carefully about how you usually ate over the last year as you answer the following questions.
   a. When you ate bread, how often did you eat whole-grain
      | b. When you ate breakfast cereal, how often did you eat
      |   breads, e.g., whole wheat, whole-grain rye, multigrain?
      |   | brands that were high in fiber?
      |   ○ Almost always |
      |   ○ Often |
      |   ○ Sometimes |
      |   ○ Seldom |
      |   ○ Never |
      |   ○ Don’t eat bread |
      |   ○ Almost always |
      |   ○ Often |
      |   ○ Sometimes |
      |   ○ Seldom |
      |   ○ Never |
      |   ○ Don’t eat cereal |
      |   ○ Don’t know |
   c. When you drank milk as a beverage, was it usually:
      |   ○ Whole milk |
      |   ○ 1% milk |
      |   ○ 2% milk |
      |   ○ Nonfat/skim milk |

25. The next seven questions provide a simple way to measure how many servings of fruits and vegetables you normally
    eat. Please blacken in the answer showing how often you
    ate or drank each of these foods in the past month.
    (Please blacken an answer for each item.)

<table>
<thead>
<tr>
<th>FOOD ITEM</th>
<th>1-3 times per month</th>
<th>1-2 times per week</th>
<th>3-4 times per week</th>
<th>5-6 times per week</th>
<th>1 times per day</th>
<th>2 times per day</th>
<th>3 times per day</th>
<th>4 times per day</th>
<th>5 or more times per day</th>
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</thead>
<tbody>
<tr>
<td>100% orange juice or grapefruit juice</td>
<td>○ ○ ○ ○ ○</td>
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<tr>
<td>Other 100% fruit juices, not counting fruit drinks</td>
<td>○ ○ ○ ○ ○</td>
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<tr>
<td>Green salad (with or without other vegetables)</td>
<td>○ ○ ○ ○ ○</td>
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<tr>
<td>French fries or fried potatoes</td>
<td>○ ○ ○ ○ ○</td>
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<tr>
<td>Baked, boiled or mashed potatoes</td>
<td>○ ○ ○ ○ ○</td>
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</tbody>
</table>
| About how many servings of vegetables did you eat
  NOT counting salad or potatoes? | ○ ○ ○ ○ ○ |
| About how many servings of fruit did you eat NOT counting juices? | ○ ○ ○ ○ ○ |
26. How many servings of fruits and vegetables (including potatoes and 100% fruit juice) do you eat each day?
   - 0
   - 1-2
   - 3-4
   - 5-6
   - 7-8
   - 9-10
   - 11 or more

27. About how long have you been eating this number of daily servings of fruits and vegetables?
   - Less than 1 month
   - 1-3 months
   - 4-6 months
   - Longer than 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
   - 1-2
   - 3-4
   - 5-6
   - 7-8
   - 9-10
   - 11 or more

31. Personal background information
   - Male
   - Female

32. Year of birth
   - 19
   - 20
   - 21
   - 22
   - 23
   - 24
   - 25
   - 26
   - 27
   - 28
   - 29
   - 30

33. What is your height? ________________
   - feet
   - inches

34. What is your current weight? __________

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
   - 1-2 years
   - 3-5 years
   - More than 5 years
   - 6-10 years
   - 11-15 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
   ☐ 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 - $39,999
   ☐ $40,000 - $49,999
   ☐ $50,000 - $69,999
   ☐ $70,000 and over

COMMENTS:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

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