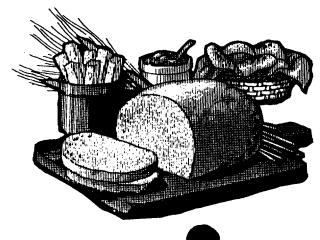
EATING HABITS QUESTIONNAIRE









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:

- 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









1.	How important do you feel other people's support is in helping you eat a healthy diet? Not Important Very Important	3. How interested do you think management is about whether you eat a healthy diet? — Extremely interested
2.	The important of the im	Very interested Somewhat interested Slightly interested Not at all interested
	a. Compliment your attempts to eat a healthy diet?	The second secon
	Often O Sometimes O Seldom O Never	FAMILY EATING HABITS
	b. Make you feel guilty or pester you for not eating a healthy diet?	TAMILI LATING HABITO
	Often O Sometimes O Seldom O Neve	**
	c. Encourage you to eat vegetables?	Yes (skip to question 11 under Personal Dietary Assessment)No (go to question 5)
	○ Often ○ Sometimes ○ Seldom ○ Never	
	d. Encourage you to eat fruit?	5. Not counting yourself, how many adults 18 years of age
	Often Sometimes Seldom Neve	
	e. Talk about food and nutrition with you?	○ None ○ 1 ○ 3 ○ 5 ○ 2 ○ 4 ○ 6 or more
	Often Sometimes Seldom Nevel	
	f. Bring healthy foods to work for you to try?	Yes No
	Often Sometimes Seldom Never	
	g. Bring fruit to work for you to try?	6. How many children under 18 years of age are living in
	Often Sometimes Seldom Nevel	and the same is a late.
	h. Bring vegetables to work for you to try?	○ None (go to question 7)
	Often Sometimes Seldom Neve	□ 1 □ 3 □ 5 r □ 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 m	neals with one or more members of your household?
	(Please blacken an answer for each item) 0 - 1	4 - 5 6 - 7
	days/week days/week	days/week days/week
	Breakfast?	
	Lunch?	

Н	ow often does a member of your household:	9. In general your hou			_		otne	er men	nbers	of
a.	Compliment your attempts to eat a healthy diet?		emely v			_				ıll willing
	Often Sometimes Seldom Never	0,	1	○2		○3		○ 4		○5
b.	Make you feel guilty or pester you for not eating a healthy diet?									
	○ Often ○ Sometimes ○ Seldom ○ Never									
c.	Encourage you to eat vegetables?	10. In genera	al, how	willin	g are	most	othe	r men	bers o	of your
	○ Often ○ Sometimes ○ Seldom ○ Never	household								
d.	Encourage you to eat fruit?		emely v							all willing
	○ Often ○ Sometimes ○ Seldom ○ Never	0.	ı	○ 2		○3		O 4		\bigcirc 5
۵	Talk about food and nutrition with you?									
0.	○ 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									
F	or each food listed, fill in the oval indicating how	20	approx uld be AVER	imate once	3 mon per w US	ths thatek.	at it is	in sea	ason, t	hen the
. F	or each food listed fill in the oval indicating how	week during the average use wo	approx uld be AVER	imate once	3 mon per w US	ths thatek.	at it is	in sea	ason, t	hen the
F of	or each food listed fill in the oval indicating how	week during the average use wo	approx uld be AVER	imate once	3 mon per w US	ths thatek.	at it is	in sea	ason, t	hen the
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F ₀	or each food listed, fill in the oval indicating how fiten on average you have used the amount pecified 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)	week during the average use wo	AVER	AGE	3 mon per w	ths thateek.	ST S	YEAR	eson, t	No.
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ntinued) Please fill in your average use,		AVER	AGE	USE	LAS	T YE	-AR	
ring the past year, of each specified food.	leg _{er} On O. I		_					
	Per honth	Thomby	"Week	S Per Weet	, 'A	R. JA	X Sp	e ^x
VEGETABLES	NONEAN	TONEY	Week	week	Week	"day	آج _ه '	" day
Carrots, raw (1/2 carrot or 2-4 sticks)			w	Ö	Ö	(D)	Ö	Ō
Carrots, cooked (1/2 cup)			W		Ö	(D)	Com	
	C		(W)	Ö		(D)	0	\circ
Corn (1 ear or 1/2 cup frozen or canned)		Ö	w			(D)	Ö	
Peas or lima beans (1/2 cup fresh, frozen, canned)			(W)					
Yams or sweet potatoes (1/2 cup)						D		
Spinach or collard greens, cooked (1/2 cup)			W			(D)		
Beans or lentils, baked or dried (1/2 cup) Yellow (winter) squash (1/2 cup)		0	W W			(D)	0	
		-			1,00			W
MEAT SWEETS, BAKED GOODS, CEREAL, MIS	SC		W	(Company)		(D)	\bigcirc	\bigcirc
Eggs (1) Chicken or turkey with ckin (4.6 cz.)			W)			(D)		
Chicken or turkey, with skin (4-6 oz.)		Ö	W			(D)		
Chicken or turkey, without skin (4-6 oz.)			(W)			(D)	0	
Bacon (2 slices)								
Hot dogs (1)	<u> </u>		(W)	Same?	\bigcirc	D	\bigcirc	\bigcirc
Processed meat, e.g., sausage, salami, bologna, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,c=0	,	,,,,,,,	(E)	~~	
(piece or slice)		0	W			(D)		0
Liver (3-4 oz.)	9		W	\bigcirc		(D)	\bigcirc	\bigcirc
Hamburger (1 patty)			W	\bigcirc	\bigcirc	(D)	\circ	\circ
Beef, pork, or lamb as a sandwich or mixed dish, e.g.,								
stew, casserole, lasagna, etc.			(W)			(D)	\bigcirc	\bigcirc
Beef, pork, or lamb as a main dish, e.g., steak, roast,								
ham, etc. (4-6 oz.)	\bigcirc		(W)		\bigcirc	(D)	\bigcirc	\bigcirc
Fish (3-5 oz.)		\circ	W	0	\bigcirc	D	\bigcirc	\circ
Chocolate (1 oz.)	0	\bigcirc	W	\bigcirc	0	(D)	0	0
Candy without chocolate (1 oz.)		\bigcirc	(W)	\bigcirc	\bigcirc	(D)	\bigcirc	\circ
Pie, homemade (slice)		\circ	W	\circ	\circ	(D)	\circ	\circ
Pie, ready made (slice)		\bigcirc	W	\bigcirc	\bigcirc	(D)	\bigcirc	\bigcirc
Cake (slice)		\bigcirc	(W)	\bigcirc	\bigcirc	(D)	\bigcirc	\circ
Cookies (1)		\bigcirc	(W)	\bigcirc	\bigcirc	(D)	0	0
Cold breakfast cereal (1 cup)			(W)	\bigcirc	\bigcirc	D	0	\bigcirc
White bread (slice), including pita bread		\bigcirc	W	\bigcirc	\bigcirc	(D)		
Dark bread (slice), including wheat pita bread		\bigcirc	(W)	\bigcirc		D		
French fried potatoes (4 oz.)			(W)			(D)		$\overline{\bigcirc}$
Potatoes, baked, boiled (1) or mashed (1 cup)			W			D		0
Rice or pasta, e.g., spaghetti, noodles, etc. (1 cup)	ō		W			(D)		0
Potato chips or corn chips (small bag or 1 oz.)			w		Ö	0	0	
Nuts (small packet or 1 oz.)			W			(D)	0	
		0	(W)		0	(D)	0	0
Peanut butter (1 Tbs)			W					
Oil and vinegar dressing, e.g., Italian (1 Tbs)			w			D		0
BEVERAGES			,em				T	
Coffee, not decaffeinated (1 cup)		0	(W)		0	0		
Tea (1 cup), not herbal tea		0	W		0	0	0	0
Beer (1 glass, bottle, can)	0		W	\bigcirc	0	D	\bigcirc	0
Wine (4 oz. glass)	<u> </u>		W	\bigcirc	\circ	D	\circ	\circ
Liquor, e.g., whiskey, gin, etc. (1 drink or shot)		0	W	0	0	(D)	\circ	0
		\circ	W	\bigcirc	\bigcirc	(D)	\circ	\bigcirc
Low calorie carbonated beverage, e.g., Diet Coke Carbonated beverage with sugar, e.g., Coke, Pepsi			w		0	(D)		

○ Low triglyceride

 \bigcirc No

O Low sodium

Other

Specify type of diet

21. How much responsibility do you have for:	22. In a	typical	week,	where	are r	most of	f your		
a. Food shopping?						At home	9 0		od 1
☐ Little or none ☐ About half ☐ Most or all	Br	eakfast	s?		'				•
O Entre of Hore O More of all			prepare	d?		0	C		
b. Planning meals?			repared			0			
☐ Little or none ☐ About half ☐ Most or all					_				
c. Preparing meals?									
Little or none About half Most or all									
C Little of Horie C. About Hall C. Wost of all									
23. How much do you agree or disagree with the following sta	tements?						T _		
	Strongly ag	ree	Agree		Disa	agree		trongl sagre	•
a. I can't get vegetables in restaurants	0		0		C	J.		Ö	
b. Members of my household won't eat vegetables	0		0			\supseteq		0	
c. Fruit is available where I work	0		0			\supseteq		0	
d. I like most vegetables	0		0			\supseteq	1	0 (
e. I don't like fruit	0 0		00					0	
f. I think vegetables are inexpensiveg. I don't have time to prepare vegetables	0 0		0))	1	0 0	
g. I don't have time to prepare vegetablesh. I usually keep fruit at home	0		0))		0	
i. I usually buy lots of vegetables	0		\circ			5	1	\circ	
j. I can't afford to buy fruit	0		\circ			5		$^{\circ}$	
k. I can't buy vegetables where I work			0.			5			
a. When you ate bread, how often did you eat whole-grain	b. When	you a	ver the	dast ce	ng qu ereal,	estions			
a. When you ate bread, how often did you eat whole-grain breads, e.g., whole wheat, whole-grain rye, multigrain? Almost always Often Sometimes Seldom Never Don't eat bread c. When you drank milk as a beverage, was it usually:	b. When brand: Al OSS SS N DD	you as that most a ften ometimeldom ever	ver the tite breal were highways es	dast ce	ng qu ereal,	estions			
a. When you ate bread, how often did you eat whole-grain breads, e.g., whole wheat, whole-grain rye, multigrain? . Almost always . Often . Sometimes . Seldom . Never . Don't eat bread c. When you drank milk as a beverage, was it usually: . Whole milk . Don't	b. When brand: Al O S S N D drink milk	you as that most a ften cometimeldom ever con't ea con't kn	ver the te break were highways es to cereal ow of fruit	es and	ng quereal, iber?	tables y	you no	ormali	ly
a. When you ate bread, how often did you eat whole-grain breads, e.g., whole wheat, whole-grain rye, multigrain? Almost always Often Sometimes Seldom Never Don't eat bread When you drank milk as a beverage, was it usually: Whole milk 1% milk Don't 2% milk Nonfat/skim milk The next seven questions provide a simple way to measure eat. Please blacken in the answer showing how often you ate or drank each of these foods in the past month.	b. When brand: Al O S S S N D drink milk	you as that most a ften ometimeldom ever on't ea on't kn	ver the te break were highways es to cereal ow of fruit	s and	ng quereal, iber?	tables y	you no	d you	ly
a. When you ate bread, how often did you eat whole-grain breads, e.g., whole wheat, whole-grain rye, multigrain? Almost always Often Sometimes Seldom Never Don't eat bread c. When you drank milk as a beverage, was it usually: Mhole milk Monfat/skim milk 2% milk Nonfat/skim milk 25. The next seven questions provide a simple way to measure 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.)	b. When brand: Al O S S S N D drink milk	you as that most a ften cometimeledom ever con't ea con't kn	ver the te break were highways es to cereal ow of fruit 2 3-4 times per week of the teach of the	s and 5-6 times per week	veget	tables y	you no	ormall	ly
a. When you ate bread, how often did you eat whole-grain breads, e.g., whole wheat, whole-grain rye, multigrain? Almost always Often Sometimes Seldom Never Don't eat bread When you drank milk as a beverage, was it usually: 'Whole milk 1% milk Don't 2% milk Nonfat/skim milk Don't 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.) FOOD ITEM 100% orange juice or grapefruit juice Other 100% fruit juices, not counting fruit drinks	b. When brands Al O S S S N D drink milk	you as that most a ften cometime eldom ever con't ea con't kn	ver the te break were highways es to cereal ow of fruit 22 3-4 es r week	s and 5-6 times per week	veget	tables y	you no	d you 4 times per day	ly
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About how many servings of fruit did you eat NOT

counting juices?

26.	How many servings of fruits and vegetables (including	34.	What is your	current weight?	
	potatoes and 100% fruit juice) do you eat each day?		pounds	(0) (2) (3) (4) (5) (1) (2) (3) (4) (5)	
	○ 1-2 ○ 7-8			12345	6789
	○ 3-4 ○ '9-10				
		35.	How much scl	hool have you	completed?
27.	About how long have you been eating this number of	00.		an high school	
	daily servings of fruits and vegetables?		☐ 12th gra	de or GED	
	C Less than 1 month C Longer than 6 months			al/trade school	
	1-3 months 4-6 months		○ Some come come come come come come come c	ollege or Assoc	ciate degree
	4-6 months			aduate degree	
28.	Are you seriously thinking about eating more servings of				
20.	fruits and vegetables starting sometime in the next six	36.	Are you of His	spanic/Latino or	igin such as Mexican
	months?			tral American,	Puerto Rican, Cuban, or
	Yes (go to question 29)		Dominican?		
	O No (go to question 30)		○ Yes		
			○ No		
29.	Are you planning to eat more servings of fruits and				
	vegetables during the next month?	37.			ories best describes
	○Yes		your racial bac	ckground? Are	you:
	○ No		○ White		
				Pacific Islande	r
30.	How many servings of fruits and vegetables do you think		American	Indian/Native	American
	a person should eat each day for good health?		Other: F	Please specify	
	0 0 5-6 0 11 or more				
	☐ 1-2☐ 7-8☐ 3-4☐ 9-10	38.	What language	do vou usuali	ly speak at home?
	0 0 4 0 0 0 10	00.	◯∣English	, , , , , , , , , , , , , , , , , , , ,	,
			⊃¦Spanish		
PE	RSONAL BACKGROUND INFORMATION		Oltalian		
24	○ Mala		French		
31.	○ Male ○ Female		○ 'Creole ○ 'Cantone	SA	
	- Tomalo		○ 'Vietname		
			Other: F	Please specify	
32.	Year of birth YEAR				
	19	39.	Have you smol	kad 100 cigarat	tes or more in your
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	39.	entire life?	ked 100 cigaret	tes of more in your
	①①		○ Yes		
	22		○No		
	33				
	3 3	40.	Do you amaka	cigarettes now	12
	(5) (5) (6) (6)	40.	Yes	cigarettes now	, :
	T T				
	3 3				
	③ ④				
		41.	_	_	for this health center?
33.	What is your height?			n 1 year	•
55 .	,		○ 1-2 year ○ 3-5 year		☐ 11-15 years ☐ More than 15 years
	feet 1 2 3 4 5 6		00 year	~	more than to years
	inches				

42.	Center?	43.	what is your job title?
	○ Yes		
	○ No		
	 a. Does anyone in your family have a health care provider at this heath center? Yes 		
	○ No		
44.	Please mark the oval next to the description that best appli	ies to yo	our 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,	oto	
	Service work—For example: janitor, foodservice worker, c		ervice worker, security worker, etc.
	Para-professional work—For example: dental assistant, p		
	 Clerical or office work—For example: billing, payroll, adm Scientific technical work—For example: dental hygienis 		
	Professional—For example: physician, dentist, psychologist		
	Manager or Administrator—For example: administrator,	office ma	anager, clinic manager, etc.
5.	How many hours did you work for your health center last week?	46.	Which of the following best describes your yearly combined household income before taxes and
	Less than 10 26-30		payroll deductions?
	○ 11-15 ○ 31-35		○ Less than \$10,000 ○ \$50,000 - \$69,9
	☐ 16-20 ☐ 36-40		\$10,000 - \$29,999 \$70,000 and over
	□ 21-25		\$30,000 - \$49,999
	THANK YOU FO	R TA	KING THE TIME
	TO COMPLET	E TH	IS SURVEY
	FOR OFFIC	E USE	ONLY
	DATE IDENTIFICA MO DAY YEAR NUMBE		12 13
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PLEASE DO NOT MARK IN THIS AREA