

# Food Behavior Checklist

These questions are about the ways you plan and fix food.  
Think about how you usually do things.

Date: \_\_\_\_\_

Entry

Exit

First letter of your <b>FIRST</b> name	First letter of your <b>LAST</b> name	Birth <b>MONTH</b>	Birth <b>DAY</b>
A-Z <input type="text"/>	A-Z <input type="text"/>	01-12 <input type="text"/> <input type="text"/>	01-31 <input type="text"/> <input type="text"/>

Choose one answer for each question.

1.



Do you eat fruits or vegetables as snacks?

- no     
  yes, sometimes     
  yes, often     
  yes, everyday

2.



Do you drink fruit drinks, sport drinks or punch?

- no     
  yes, sometimes     
  yes, often     
  yes, everyday

3.



Did you have citrus fruit or citrus juice during the past week?

- yes     
  no

4.



Do you drink regular soda?

no

yes,  
sometimes

yes,  
often

yes,  
everyday

5.



cold

hot

Did you drink milk or use milk on cereal during the past week?

yes

no

6. Fruit: How much do you eat each day?



none

1/2 cup



1 cup

1 1/2 cups



2 cups

2 1/2 cups



3 cups or more

7. Vegetables: How much do you eat each day?



none

1/2 cup



1 cup

1 1/2 cups



2 cups

2 1/2 cups



3 cups or more

8.



Do you eat more than one kind of **fruit** each day?

no

yes,  
sometimes

yes,  
often

yes,  
always

9.



Do you eat more than one kind of **vegetable** each day?

no

yes,  
sometimes

yes,  
often

yes,  
always

10.



Do you drink milk?

no

yes,  
sometimes

yes,  
often

yes,  
everyday

11.



Do you take the skin off chicken?

no

yes,  
sometimes

yes,  
often

yes,  
always

12.



Did you have fish during the past week?

yes

no



## Adult Physical Activity Survey

Please mark the response that **best** describes how you **usually** do things.

### 17. In the past week, how many days did you exercise for at least 30 minutes?

This includes things like jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This 30 minutes could be all at once or 10 minutes or more at a time. *Do not count housework, taking care of your kids, or walking from place to place.*

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

### 18. In the past week, how many days did you do workouts to build and strengthen your muscles?

This includes things like lifting weights and doing push-ups, sit-ups or planks.

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

### 19. How often do you make small changes on purpose to be more active?

This includes things like walking instead of driving, getting off the bus one stop early, doing a few minutes of exercise, or moving around instead of sitting while watching TV.

- Never
- Rarely (about 20% of the time)
- Sometimes (about 40% of the time)
- Often (about 60% of the time)
- usually (about 80% of the time)
- Always