Food Behavior Checklist

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

Date:			LAST name Birth MONTH Birth DAY
		Choose one answer for each	
1.		Do you eat fruits or vege as snacks? O O O O O O O O O O O O O O O O O O O	tables yes, everyday
2.		Do you drink fruit drin or punch? O O O O O O O O O O O O O O O O O O O	O yes,
3.	ORANGE STATE OF THE STATE OF TH	Did you have citrus fruit or during the past week?	r citrus juice

yes

4.

Do you drink regular soda?

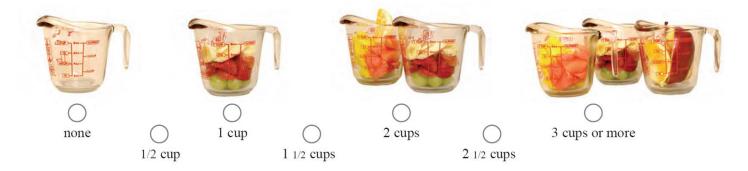
ono yes, yes, yes, sometimes often everyday

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 <u>day</u>?



7. Vegetables: How much do you eat each <u>day</u>?



8.		each da			d of fruit O yes, ways
9.			of vegetal	t more than of the each day for the each	? O yes,
10.	FAT FREE MILK SINI SINI SINI SINI SINI SINI SINI SIN	no	u drink mi yes, sometimes	yes,	yes, veryday
11.		no	ou take the yes, sometimes	skin off ch yes, often	icken? yes, always
12.	IB CRINCHY GOLDEN FISH STICKS TUNA TUNA	Did	you have	fish during t	he past <u>week</u> ?

13.		Do you eat 2 or more vegetables at your main meal? O O O O O O O O O O O O O O O O O O O	
14.	Nutrition Facts Serving Size 5 Crackers (15g) Servings Per Container About 30 Amount Per Serving Calories 60 Calories from Fat 15 ** Daily Value* Total Fat 1.5g 2** Saturated Fat .5g 2** Saturated Fat .5g 2** Polyunsaturated Fat 0g Monoursaturated Fat .5g Cholesterol 0mg 0** Sodium 170mg 7** Fotassium 15mg 0** Total Carbohydrate 11g 4** Dietary Fiber 0g 0** Sugars 0g Protein 1g	Do you use this label when food shopping? O O O O no yes, yes, yes, sometimes often always	
15.	AND GOST PROGRAM	Do you run out of food before the end of the month? O O O O O O O O O O O O O O O O O O O	
16.	How would you rate your eating habits?		
	1 2 3 4 5 poor fair	6 7 8 9 10 good excellent	

- · Use the accompanying instruction guide when administering this tool.
- Research and development for this illustrated diet quality checklist were a joint effort of University of California (UC) Cooperative Extension, the California Nutrition Network, UC Davis Design Program and UC Davis Nutrition Department. Authors: Kathryn Sylva, Marilyn Townsend, Anna Martin, Diane Metz.
- The research for this diet quality instrument is available:
 - Townsend MS, Kaiser LL, Allen LH, Joy AB, Murphy SP. Selecting items for a food behavior checklist for a limited resource audience. Journal of Nutrition Education and Behavior. 2003;35:69-82.
 - Murphy SP, Kaiser LL, Townsend MS, Allen LH. Evaluation of Validity of Items in a Food Behavior Checklist. Journal of the American Dietetic Association. 2001;101:751-756, 761.
 - Townsend MS, Sylva KG, Martin A, Metz D, Wooten-Swanson P, Follett J, Keim N, Sugerman S. Visually Enhanced Evaluation for Low-income Clients. J Nutr Educ Behav. 2005; 37 (1):S49.
 - Townsend MS, Sylva K, Martin A, Metz D, Wooten Swanson P. Improving readability of an evaluation tool for low-income clients using visual information processing theories. J Nutr Educ Behav 2008:40:181-186



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 no count housework, taking care of your kids, or walking from place to place.					
□ 0 days	☐ 4 days				
□ 1 day	☐ 5 days				
☐ 2 days	☐ 6 days				
☐ 3 days	☐ 7 days				
18. In the past week, <u>how many days</u> did you do workouts to build and strengthen your muscles?					
This includes things like lifting weights and doing push-ups, sit-ups or planks.					
□ 0 days	☐ 4 days				
□ 1 day	☐ 5 days				
☐ 2 days	☐ 6 days				
☐ 3 days	☐ 7 days				
19.How often o	do you make small cha	nges 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 (a	☐ 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					