

Food Behavior Checklist

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



Date: _____

- Pre
- Post

ID#:

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

Choose one answer for each question.

1.



Do you drink fruit drinks, sport drinks or punch?

- no
- yes, sometimes
- yes, often
- yes, everyday

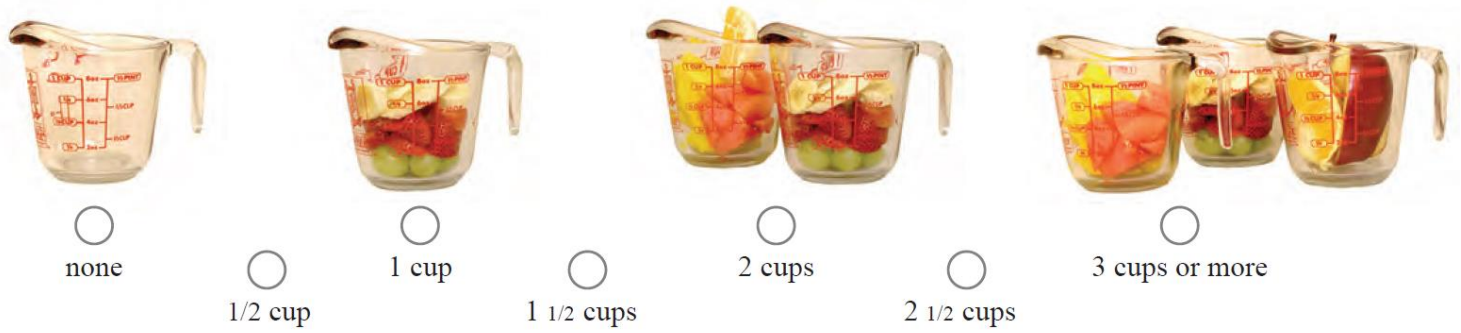
2.



Do you drink regular soda?

- no
- yes, sometimes
- yes, often
- yes, everyday

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



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



5.



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

- no
 yes, sometimes
 yes, often
 yes, always

6.



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

- no
 yes, sometimes
 yes, often
 yes, always

7.

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%
Trans Fat .5g	
Polyunsaturated Fat 0g	
Monounsaturated Fat .5g	
Cholesterol 0mg	0%
Sodium 170mg	7%
Potassium 15mg	0%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 0g	
Protein 1g	



Do you use this label when food shopping?

- no
 yes, sometimes
 yes, often
 yes, always

8.



Do you run out of food before the end of the month?

- no
 yes, sometimes
 yes, often
 yes, always

- 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.
- 6/2020 update - brand names were blurred in photo images to comply with FFY2021 SNAP Ed guidance.
- The University of California does not discriminate in any of its policies, procedures, or practices. The University is an affirmative action/equal opportunity employer. Funded by the University of California Cooperative Extension and UC Davis Design Program.

The next questions are about **physical activities** you do.
Please mark the response that **best** describes how you **usually** do things.

9. 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.



- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

10. 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.



- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

11. 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

12. Please share with us what, if any, changes you have made since taking these classes.

****Please SKIP this question on pre-survey. For post-survey only.****