California	BREAKFAST
1. During the past week, did you eat a breakfast that included at least 3 food groups?	□ Yes □ No
2. Within the next week, how often will you eat a breakfast that includes at least 3 food groups?	<ul> <li>□ Same as before</li> <li>□ More often</li> </ul>
Please share with us how this workshop will help yo	ou and your family:
	(ITC 2/22/13: breakfast)

California B	BREAKFAST
1. During the past week, did you eat a breakfast that included at least 3 food groups?	□ Yes □ No
2. Within the next week, how often will you eat a breakfast that includes at least 3 food groups?	<ul><li>□ Same as before</li><li>□ More often</li></ul>
Please share with us how this workshop will help yo	ou and your family:
	(ITC 2/22/13: breakfast)

California	FAST FOODS
1. During the past week, did you eat fast foods?	□ Yes □ No
2. Within the next week, how often will you eat fast foods?	<ul><li>□ Same as before</li><li>□ Less often</li></ul>
Please share with us how this workshop will help	you and your family:
	(ITC 2/22/13: fast foods)

California	FAST FOODS
1. During the past week, did you eat fast foods?	□ Yes □ No
2. Within the next week, how often will you eat fast foods?	<ul> <li>□ Same as before</li> <li>□ Less often</li> </ul>
Please share with us how this workshop will help yo	ou and your family:
	(ITC 2/22/13: fast foods)

California	FOOD GROUPS
1. During the past week, did you eat foods from all 5 food groups each day?	□ Yes □ No
2. Within the next week, how often will you eat foods from all 5 food groups each day?	<ul><li>Same as before</li><li>More often</li></ul>
Please share with us how this workshop will help	you and your family:
	(ITC 2/22/13: food groups)

California	FOOD GROUPS	
1. During the past week, did you eat foods from all 5 food groups each day?	□ Yes □ No	
2. Within the next week, how often will you eat foods from all 5 food groups each day?	<ul><li>Same as before</li><li>More often</li></ul>	
Please share with us how this workshop will help you and your family:		
	(ITC 2/22/13: food groups)	

California FOC	DD LABEL
1. The last time you shopped, did you use the "Nutrition Facts" on the food label to choose foods?	□ Yes □ No
2. The next time you go shopping, will you use the "Nutrition Facts" on the food label to choose foods?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you a	nd your family:
	(ITC 2/22/13: food label)

California FOC	DD LABEL
1. The last time you shopped, did you use the "Nutrition Facts" on the food label to choose foods?	□ Yes □ No
2. The next time you go shopping, will you use the "Nutrition Facts" on the food label to choose foods?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you a	and your family:
	(ITC 2/22/13: food label)

California	FRIED FOODS
1. During the past week, did you eat fried foods 2 or more times?	□ Yes □ No
2. Within the next week, how often will you eat fried foods?	<ul><li>□ Same as before</li><li>□ Less often</li></ul>
Please share with us how this workshop will help	you and your family:
<u> </u>	
	(ITC 2/22/13: fried foods)

California	FRIED FOODS
1. During the past week, did you eat fried foods 2 or more times?	□ Yes □ No
2. Within the next week, how often will you eat fried foods?	□ Same as before □ Less often
Please share with us how this workshop will help y	ou and your family:

California FR	luit	
1. During the past week, did you eat fruit at least 2 times a day?	□ Yes □ No	
2. Within the next week, how often will you eat fruit?	<ul> <li>□ Same as before</li> <li>□ More often</li> </ul>	
Please share with us how this workshop will help you and your family:		
	(ITC 2/22/13: fruit)	

California FF	RUIT
1. During the past week, did you eat fruit at least 2 times a day?	□ Yes □ No
2. Within the next week, how often will you eat fruit?	<ul><li>□ Same as before</li><li>□ More often</li></ul>
Please share with us how this workshop will help you and your family:	
	(ITC 2/22/13: fruit)

California	GRAINS
1. During the past week, did you eat whole grains or whole grain products every day?	□ Yes □ No
2. Within the next week, how often will you eat whole grains or whole grain products?	<ul><li>□ Same as before</li><li>□ More often</li></ul>
Please share with us how this workshop will help ye	ou and your family:
	(ITC 2/22/13: grains)

California	GRAINS
1. During the past week, did you eat whole grains or whole grain products every day?	□ Yes □ No
2. Within the next week, how often will you eat whole grains or whole grain products?	<ul><li>□ Same as before</li><li>□ More often</li></ul>
Please share with us how this workshop will help yo	u and your family:
	(ITC 2/22/13: grains)

California	LIST
1. The last time you bought food, did you make a list before going to the store?	□ Yes □ No
2. The next time you buy food, will you make a list before going to the store?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you a	and your family:
	(ITC 4/21/16: list)

California	LIST	
1. The last time you bought food, did you make a list before going to the store?	□ Yes □ No	
2. The next time you buy food, will you make a list before going to the store?	□ Yes □ Maybe □ No	
Please share with us how this workshop will help you and your family:		
	(ITC 4/21/16: list)	

or drink lower-fat milk products?	Iower-fat milk products at least 2 times a day? No   2. Within the next week, how often will you eat or drink lower-fat milk products? Image: Content of the sector of the secto	WER-FAT MILK
or drink lower-fat milk products?	or drink lower-fat milk products?	
Discos shows with us how this workshop will halp you and your family.	Please share with us how this workshop will help you and your family:	
Please share with us now this workshop will help you and your family:		and your family:
	(וו	

California	LOWER-FAT MILK
1. During the past week, did you eat or drink lower-fat milk products at least 2 times a day?	□ Yes □ No
2. Within the next week, how often will you eat or drink lower-fat milk products?	<ul> <li>□ Same as before</li> <li>□ More often</li> </ul>
Please share with us how this workshop will help	you and your family:

California	MEAL
1. The last time you bought food, did you plan meals before going to the store?	□ Yes □ No
2. The next time you buy food, will you plan meals before going to the store?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you	and your family:
	(ITC 4/21/16: meal)

California	MEAL
1. The last time you bought food, did you plan meals before going to the store?	□ Yes □ No
2. The next time you buy food, will you plan meals before going to the store?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you	and your family:
	(ITC 4/21/16: meal)

California PHY	SICAL ACTIVITY (hours)	
1. During the past week, did you engage in moderate physical activit for at least 2 ½ hours?	y □ Yes □ No	
This includes activities <u>that get your heart beating faster</u> like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. <u>This could be all at once or a little at a time.</u>		
2. Within the next week, how often will you engage in moderate physical activity?	<ul><li>Same as before</li><li>More often</li></ul>	
Please share with us how this workshop will help you and your famil	y:	
(ITC	C FY20: physical activity/hours)	
California PHY	SICAL ACTIVITY (hours)	
1. During the past week, did you engage in moderate physical activit for at least 2 $\frac{1}{2}$ hours?	y □ Yes □ No	
This includes activities <u>that get your heart beating faster</u> like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. <u>This could be all at once or a little at a time.</u>		
2. Within the next week, how often will you engage in moderate physical activity?	<ul> <li>Same as before</li> <li>More often</li> </ul>	
Please share with us how this workshop will help you and your family:		
(ITC	C FY20: physical activity/hours)	

CALIFORNIA PH'	YSICAL ACTIVITY (mins)
1. During the past week, did you engage in moderate physical act	i <b>vity</b> 🗆 Yes
for at least 30 minutes on 5 or more days?	□ No
This includes activities <u>that get your heart beating faster</u> like brisk walking, j	iogging, playing soccer, and doing
fitness or dance classes, or exercise videos. <u>These 30 minutes could be all at</u>	once or a little at a time.
2. Within the next week, how often will you engage in moderate	□ Same as before
fitness or dance classes, or exercise videos. <u>These 30 minutes could be all at</u> 2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?	
2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?	□ Same as before □ More often
2. Within the next week, how often will you engage in moderate	□ Same as before □ More often
2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?	□ Same as before □ More often
2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?	□ Same as before □ More often

California PHYS	SICAL ACTIVITY (mins)
1. During the past week, did you engage in moderate physical activ	ity 🗆 Yes
for at least 30 minutes on 5 or more days?	🗆 No
This includes activities that get your heart beating faster like brisk walking, jog	gging, playing soccer, and doing
fitness or dance classes, or exercise videos. <u>These 30 minutes could be all at or</u>	nce or a little at a time.
2. Within the next week, how often will you engage in moderate	□ Same as before
physical activity for at least 30 minutes a day?	□ More often
Please share with us how this workshop will help you and your family	<i>ı</i> :
(IT	C FY20: physical activity/minutes)

California P	ORTIONS
1. During the past week, did you choose a smaller amount of food or beverages at least 1 time?	□ Yes □ No
2. Within the next week, how often will you choose a smaller amount of food or beverages?	<ul> <li>□ Same as before</li> <li>□ More often</li> </ul>
Please share with us how this workshop will help you	and your family:
	(ITC 2/22/13: portions)

California PC	DRTIONS	
1. During the past week, did you choose a smaller amount of food or beverages at least 1 time?	□ Yes □ No	
2. Within the next week, how often will you choose a smaller amount of food or beverages?	<ul> <li>□ Same as before</li> <li>□ More often</li> </ul>	
Please share with us how this workshop will help you and your family:		
	(ITC 2/22/13: portions)	

California	SWEET BEVERAGE
1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punche teas, or other drinks sweetened with sugar) every o	•
2. Within the next week, how often will you drink a sweet beverage?	□ Same as before □ Less often
Please share with us how this workshop will help ye	ou and your family:
(1	ITC 2/22/13: sweet beverage)

1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punch teas, or other drinks sweetened with sugar) every	-
2. Within the next week, how often will you drink a sweet beverage?	□ Same as before □ Less often
Please share with us how this workshop will help y	(ITC 2/22/13: sweet beverage)

California	UNIT PRICES
1. The last time you shopped, did you compare unit prices before choosing foods?	□ Yes □ No
2. The next time you shop, will you compare unit prices before choosing foods?	□ Yes □ Maybe □ No
Please share with us how this workshop will help you and your family:	
דו)	C 4/21/16: unit prices)

California	UNIT PRICES	
1. The last time you shopped, did you compare unit prices before choosing foods?	□ Yes □ No	
2. The next time you shop, will you compare unit prices before choosing foods?	□ Yes □ Maybe □ No	
Please share with us how this workshop will help you and your family:		
ті)	C 4/21/16: unit prices)	

California	VEGETABLES	
1. During the past week, did you eat more than 1 kind of vegetable each day?	□ Yes □ No	
2. Within the next week, how often will you eat more than 1 kind of vegetable each day?	□ Same as before □ More often	
Please share with us how this workshop will help you and your family:		
	(ITC 2/22/13: vegetables)	

California	/EGETABLES	
1. During the past week, did you eat more than 1 kind of vegetable each day?	□ Yes □ No	
2. Within the next week, how often will you eat more than 1 kind of vegetable each day?	<ul><li>□ Same as before</li><li>□ More often</li></ul>	
Please share with us how this workshop will help you and your family:		
	(ITC 2/22/13: vegetables)	