



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?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: food groups)



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(ITC 2/22/13: food groups)



FOOD 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 and your family:

(ITC 2/22/13: food label)



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(ITC 2/22/13: food label)



FRUIT

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?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fruit)



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Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fruit)



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)



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☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: list)



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)



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Please share with us how this workshop will help you and your family:

(ITC 4/21/16: meal)



PHYSICAL ACTIVITY (hours)

1. During the past week, did you engage in moderate physical activity for at least 2 ½ hours? ☐ Yes ☐ No

This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This could be all at once or a little at a time.

2. Within the next week, how often will you engage in moderate physical activity? ☐ Same as before ☐ More often

Please share with us how this workshop will help you and your family:

(ITC FY20: physical activity/hours)



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1. During the past week, did you engage in moderate physical activity for at least 2 ½ hours? ☐ Yes ☐ No

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2. Within the next week, how often will you engage in moderate physical activity? ☐ Same as before ☐ More often

Please share with us how this workshop will help you and your family:

(ITC FY20: physical activity/hours)



PHYSICAL ACTIVITY (mins)

1. During the past week, did you engage in moderate physical activity for at least 30 minutes on 5 or more days? ☐ Yes ☐ No

This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. These 30 minutes could be all at once or a little at a time.

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

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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

Please share with us how this workshop will help you and your family:

(ITC FY20: physical activity/minutes)



SWEET BEVERAGE

1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punches, teas, or other drinks sweetened with sugar) every day? ☐ Yes ☐ No

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 you and your family:

(ITC 2/22/13: sweet beverage)



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Please share with us how this workshop will help you and your family:

(ITC 2/22/13: sweet beverage)



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:

(ITC 4/21/16: unit prices)



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(ITC 4/21/16: unit prices)



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)



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