

# A CLOSER LOOK

NAME \_\_\_\_\_

DATE     /     /  
 \_\_\_\_\_

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

## 1. How many times a day do you eat fruit?

Examples of **fruits** are apples, bananas, oranges, grapes, raisins, melon and berries. Include fresh, frozen, dried, or canned fruit. **Do not include juice.**

- |  |  |
|--|--|
| <input type="checkbox"/> I rarely eat fruit                                | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> Less than 1 time a day<br>(a couple times a week) | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 1 time a day                                      | <input type="checkbox"/> 4 or more times a day |

## 2. How many times a day do you eat vegetables?

Examples of **vegetables** are green salad, corn, green beans, carrots, potatoes, greens, and squash. Include fresh, canned and frozen vegetables. **Do not count French fries, potato chips or rice.**

- |  |  |
|--|--|
| <input type="checkbox"/> I rarely eat vegetables                           | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> Less than 1 time a day<br>(a couple times a week) | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 1 time a day                                      | <input type="checkbox"/> 4 or more times a day |

## 3. Over the last week, how many days did you eat red and orange vegetables?

Examples of **red or orange vegetables** are tomatoes, red peppers, carrots, sweet potatoes, winter squash, and pumpkin.

- |   |   |
|---|---|
| <input type="checkbox"/> I did not eat red or orange vegetables | <input type="checkbox"/> 4 days a week      |
| <input type="checkbox"/> 1 day a week                           | <input type="checkbox"/> 5 days a week      |
| <input type="checkbox"/> 2 days a week                          | <input type="checkbox"/> 6 or 7 days a week |
| <input type="checkbox"/> 3 days a week                          |   |

## 4. Over the last week, how many days did you eat dark green vegetables?

Examples of **dark green vegetables** are broccoli, spinach, dark green lettuce, turnip greens, or mustard greens.

- |  |   |
|--|---|
| <input type="checkbox"/> I did not eat dark green vegetables | <input type="checkbox"/> 4 days a week      |
| <input type="checkbox"/> 1 day a week                        | <input type="checkbox"/> 5 days a week      |
| <input type="checkbox"/> 2 days a week                       | <input type="checkbox"/> 6 or 7 days a week |
| <input type="checkbox"/> 3 days a week                       |   |

## 5. How often do you drink regular sodas (not diet)?

- |   |  |
|---|--|
| <input type="checkbox"/> Never            | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> 1–3 times a week | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 4–6 times a week | <input type="checkbox"/> 4 or more times a day |
| <input type="checkbox"/> 1 time a day     |  |

## 6. How often do you drink fruit punch, fruit drinks, sweet tea or sports drinks?

- |   |  |
|---|--|
| <input type="checkbox"/> Never            | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> 1–3 times a week | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 4–6 times a week | <input type="checkbox"/> 4 or more times a day |
| <input type="checkbox"/> 1 time a day     |  |

## 7. 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 |

## 8. 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 |

## 9. 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

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**10. How often do you wash your hands with soap and running water before preparing food?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**11. After cutting raw meat or seafood, how often do you wash all items and surfaces that came in contact with these foods?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**12. How often do you thaw frozen food on the counter or in the sink at room temperature?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**13. How often do you use a meat thermometer to see if meat is cooked to a safe temperature?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**14. In the past month, how often did you eat less than you wanted so there was more food for your family?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**15. In the past month, how often did you not have money or another way to get enough food for your family (such as SNAP, WIC, or a food pantry)?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**16. How many days a week do you cook dinner (your main meal) at home?**

- |  |   |
|--|---|
| <input type="checkbox"/> I rarely eat dinner at home | <input type="checkbox"/> 4 days a week      |
| <input type="checkbox"/> 1 day a week                | <input type="checkbox"/> 5 days a week      |
| <input type="checkbox"/> 2 days a week               | <input type="checkbox"/> 6 or 7 days a week |
| <input type="checkbox"/> 3 days a week               |   |

**17. How often do you compare food prices to save money?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**18. How often do you plan your meals before you shop for groceries?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**19. How often do you look in the refrigerator or cupboard to see what you need before you go shopping?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

**20. How often do you make a list before going shopping?**

- |  |  |
|--|--|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Often (about 60% of the time)   |
| <input type="checkbox"/> Rarely (about 20% of the time)    | <input type="checkbox"/> Usually (about 80% of the time) |
| <input type="checkbox"/> Sometimes (about 40% of the time) | <input type="checkbox"/> Always                          |

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