

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

FOR OFFICE USE ONLY  
 ENTRY  EXIT

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, melons, 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 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 |

3. How many different kinds of vegetables do you usually eat a day?

- |  |  |
|--|--|
| <input type="checkbox"/> I rarely eat vegetables | <input type="checkbox"/> 3 kinds a day         |
| <input type="checkbox"/> 1 kind a day            | <input type="checkbox"/> 4 or more kinds a day |
| <input type="checkbox"/> 2 kinds a day           |  |

4. How many **times a day** do you drink milk or soy milk?

**Do not count almond or coconut milk or milk with cereal.**

- |  |  |
|--|--|
| <input type="checkbox"/> I do not drink milk | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> I rarely drink milk | <input type="checkbox"/> 3 or more times a day |
| <input type="checkbox"/> 1 time a day        |  |

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

Examples of **red and 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"/> 3 days a week   |
| <input type="checkbox"/> 1 day a week                           | <input type="checkbox"/> 4 days a week   |
| <input type="checkbox"/> 2 days a week                          | <input type="checkbox"/> 5 days a week   |
|   | <input type="checkbox"/> 6-7 days a week |

6. 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 green vegetables | <input type="checkbox"/> 3 days a week   |
| <input type="checkbox"/> 1 day a week                   | <input type="checkbox"/> 4 days a week   |
| <input type="checkbox"/> 2 days a week                  | <input type="checkbox"/> 5 days a week   |
|   | <input type="checkbox"/> 6-7 days a week |

7. Over the last week, **how many days** did you eat beans and peas?

Examples of **beans and peas** include pinto beans, black beans, navy beans, chili beans, refried beans, pork and beans, bean soup, barbeque beans, chickpeas, split peas, and black-eyed peas. **Include beans from a can or cooked from dry.**

- |   |  |
|---|--|
| <input type="checkbox"/> I did not eat beans and peas | <input type="checkbox"/> 3 days a week   |
| <input type="checkbox"/> 1 day a week                 | <input type="checkbox"/> 4 days a week   |
| <input type="checkbox"/> 2 days a week                | <input type="checkbox"/> 5 days a week   |
|   | <input type="checkbox"/> 6-7 days a week |

8. Over the last week, **how many days** did you eat yogurt or drink smoothies with yogurt?

- |   |  |
|---|--|
| <input type="checkbox"/> I did not eat yogurt | <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"/> 6-7 days a week |
| <input type="checkbox"/> 3 days a week        |  |

9. Over the last week, **how many days** did you eat cereal with milk?

- |   |  |
|---|--|
| <input type="checkbox"/> I did not eat cereal with milk | <input type="checkbox"/> 3 days a week   |
| <input type="checkbox"/> 1 day a week                   | <input type="checkbox"/> 4 days a week   |
| <input type="checkbox"/> 2 days a week                  | <input type="checkbox"/> 5 days a week   |
|   | <input type="checkbox"/> 6-7 days a week |

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

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

11. 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     |  |

12. 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 a few minutes 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 |

13. 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 |

14. 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                          |

15. 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                          |

16. 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                          |

17. 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                          |

18. 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                          |

19. 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                          |

20. 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                          |

21. 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                          |

22. 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                          |

23. How often do you use food coupons for food purchases?

- |  |  |
|--|--|
| <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                          |

24. How often do you use a written weekly or monthly food spending plan?
- |  |  |
|--|--|
| <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                          |
25. How often do you budget enough money for food purchases?
- |  |  |
|--|--|
| <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                          |
26. How often do you check for sales on foods before you shop?
- |  |  |
|--|--|
| <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                          |
27. How often do you check for food items on sale when you are at the store?
- |  |  |
|--|--|
| <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                          |

The next section has statements people have made about their food situation. Choose the answer that best fits your food situation over the last 30 days.

28. The food that I bought just didn't last, and I didn't have money to get more.
- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Often true     | <input type="checkbox"/> Never true |
| <input type="checkbox"/> Sometimes true | <input type="checkbox"/> Don't know |
29. I couldn't afford to eat balanced meals.
- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Often true     | <input type="checkbox"/> Never true |
| <input type="checkbox"/> Sometimes true | <input type="checkbox"/> Don't know |
30. Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No  |                                     |



**FCS-2065**

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This material is based upon work that is supported by the National Institute of Food and Agriculture, US Department of Agriculture. USDA is an equal opportunity provider, employer, and lender.

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Revised July 2020, FCS-2065

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