

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
(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
(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?
- Never Often (about 60% of the time)
- Rarely (about 20% of the time) Usually (about 80% of the time)
- Sometimes (about 40% of the time) Always
25. How often do you budget enough money for food purchases?
- Never Often (about 60% of the time)
- Rarely (about 20% of the time) Usually (about 80% of the time)
- Sometimes (about 40% of the time) Always
26. How often do you check for sales on foods before you shop?
- Never Often (about 60% of the time)
- Rarely (about 20% of the time) Usually (about 80% of the time)
- Sometimes (about 40% of the time) Always
27. How often do you check for food items on sale when you are at the store?
- Never Often (about 60% of the time)
- Rarely (about 20% of the time) Usually (about 80% of the time)
- Sometimes (about 40% of the time) 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.
- Often true Never true
- Sometimes true Don't know
29. I couldn't afford to eat balanced meals.
- Often true Never true
- Sometimes true Don't know
30. Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
- Yes Don't know
- No



FCS-2090

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-2090

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