

Name: _____ PIN: _____

Date: _____ Starting Time: _____ Ending Time: _____

Health Behavior Survey

This survey asks about your physical activity, fruits and vegetables consumption, fiber consumption, dietary fat intake, and other eating habits.

Read each question carefully. Select your answer choice and fill in each circle completely. If you wish to change an answer, please completely erase the previous choice.

Your answers are important. If you have any questions, please ask a PACE+ assistant for help.

Demographic Information

1. Gender:

- Male
- Female

2. What is your date of birth? Month _____ Day _____ Year _____

3. Are you Hispanic?

- Yes
- No

4. Please indicate your race. *Check as many as you feel apply to you.*

- Caucasian or white
- African American or black
- American Indian or Alaskan Native
- Asian
- Pacific Islander or Native Hawaiian
- Prefer not to state

PHYSICAL ACTIVITY: Staging

Purposeful physical activity is *planned in advance* and involves continuous movement in which *your heart beats faster and your breathing is heavier*.

Examples of purposeful physical activity include setting aside time for things like brisk walking, dancing, cycling, aerobic classes, using gym equipment, swimming, skating, jogging, or using a home exercise video.

Purposeful physical activity can be done all at once or it can be done in 15-minute increments to add up to at least 30 minutes.

A. In a typical week, how many days do you accumulate 30 minutes or more of purposeful physical activity per day? *Please select one and fill in the circle.*

- None (Go to Question B1)
- 1 Day (Go to Question B1)
- 2 Days (Go to Question B1)
- 3 Days (Go to Question B1)
- 4 Days (Go to Question B1)
- 5 Days (Go to Question B2)
- 6 Days (Go to Question B2)
- 7 Days (Go to Question B2)

B1. Do you think you will do at least 30 minutes of purposeful physical activity 5 or more days per week? *Please select one and fill in the circle.*

- No, and I don't intend to in the next 6 months (Go to Next Page)
- Yes, and I intend to in the next 6 months (Go to Next Page)
- Yes, and I intend to in the next 30 days (Go to Next Page)

B2. How many months have you been doing at least 30 minutes of purposeful physical activity on 5 or more days per week? *Please select one and fill in the circle.*

- Less than 6 months
- 6 months or more

PHYSICAL ACTIVITY: Change Strategies

The following are activities, thoughts, and feelings people use to help them change their physical activity. Think of any similar experiences you may be having or have had in the past month. Then rate HOW OFTEN you do each of the following using the scale below:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

	Never 1	Almost Never 2	Sometimes 3	Often 4	Many Times 5
1. I look for information about physical activity or sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep track of how much physical activity I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I find ways to get around the things that get in the way of being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I think about how my surroundings affect the amount of physical activity I do (surroundings are things like having exercise equipment at home or a park near by).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I put reminders around my home to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I reward myself for being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I do things to make physical activity more enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I think about the benefits I will get from being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I try to think more about the benefits of physical activity and less about the hassles of being active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I say positive things to myself about physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have a friend or family member who encourages me to do physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I try different kinds of physical activity so that I have more choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I set goals to do physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I make back-up plans to be sure I get my physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY: Pros & Cons

The following statements are different opinions about exercise or physical activity. Please rate **HOW IMPORTANT** each statement is to your decision whether or not to be more active. Use the following scale:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

		Extremely Important 5	Very Important 4	Moderately Important 3	Slightly Important 2	Not Important 1
1. I would have more energy for my family and friends if I did regular physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Regular physical activity would take too much of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Regular physical activity would help me to manage my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would feel self-conscious about how I look if people saw me doing physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing regular physical activity puts me in a better mood for the rest of the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel uncomfortable when I do physical activity because I get out of breath and my heart beats very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would look better if I did regular physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would have less time for my family and friends if I exercised regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY: Confidence

How confident are you that you would participate in regular exercise or physical activity in each situation? Use the following scale:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

		1	2	3	4	5
		Not At All Confident	Somewhat Confident	Moderately Confident	Very Confident	Extremely Confident
1. When I am tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I am in a bad mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I feel I don't have the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I am on vacation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When the weather is bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Make time for at least 30 minutes each day of physical activity (like walking).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY: Social Support

How often in the last 30 days has your family or friends done the following?

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

	1	2	3	4	5
	Almost Never	Once in Awhile	Sometimes	Often	Almost Always
1. Encourage you to do physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss how not doing physical activity is unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Remind you to do physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Share ideas on how to get enough physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do physical activity with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY: Enjoyment

Indicate how strongly you agree with each item using the following scale:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

	1	2	3	4	5
	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. I enjoy doing physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I enjoy sitting and watching TV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I enjoy working and playing on the computer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I enjoy sitting and reading books or magazines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY: Choice

1. How many family members and close friends can you count on for help and support with your physical activity? *Please select one and fill in the circle.*

- None
- 1 – 2
- 3 – 4
- 5 – 6
- 7 or more

2. What do you usually do when you have a choice about how you spend leisure time? *Please select one and fill in the circle.*

- Almost always choose activities like TV, reading, listening to music, or computers.
- Usually choose activities like TV, reading, listening to music, or computers.
- Just as likely choose active or inactive activities.
- Usually choose activities like walking, bicycling, dancing, or active sports.
- Almost always choose activities like walking, bicycling, dancing, or active sports.

SEDENTARY BEHAVIOR: Weekday

On a typical WEEKDAY, how much time do you spend (from when you wake up until you go to bed) doing the following?

	None	15 min. or less	30 min.	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs or more
1. Watching television (including videos on VCR/DVD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Playing computer or video games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sitting listening to music on the radio, tapes, or CDs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sitting and talking on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing paperwork or computer work (office work, emails, paying bills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sitting reading a book or magazine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Playing a musical instrument.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Doing artwork or crafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sitting and driving in a car, bus, or train.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEDENTARY BEHAVIOR: Weekend Day

On a typical WEEKEND DAY, how much time do you spend (from when you wake up until you go to bed) doing the following?

	None	15 min. or less	30 min	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs or more
1. Watching television (including videos on VCR/DVD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Playing computer or video games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sitting listening to music on the radio, tapes, or CDs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sitting and talking on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing paperwork or computer work (office work, emails, paying bills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sitting reading a book or magazine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Playing a musical instrument.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Doing artwork or crafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sitting and driving in a car, bus, or train.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FRUITS & VEGETABLES: Staging

Fruits and vegetables come in many forms: fresh, frozen, canned, dried, and 100% fruit and vegetable juices. Fruits and vegetables can be cooked or eaten raw. They can also be eaten by themselves or as part of a mixed dish such as soups or casseroles.

Use this table to help you count your fruit and vegetable servings...

COUNT AS ONE SERVING:

Vegetables:

- 1/2 cup of cooked or raw vegetables
- 1 cup of raw leafy greens

Fruit:

- 1/2 cup or a medium sized piece of fruit
- 3/4 cup of 100% fruit juice
- 1/4 cup of dried fruit

A. How many servings of fruits and vegetables do you usually eat each day? Please select one and fill in the circle.

- None (Go to Question B1)
- 1 Serving (Go to Question B1)
- 2 Servings Days (Go to Question B1)
- 3 Servings (Go to Question B1)
- 4 Servings (Go to Question B1)
- 5 Servings (Go to Question B2)
- 6 Servings or more (Go to Question B2)

B1. Do you intend to change what you eat so you will eat at least 5 servings of fruits and vegetables every day? Please select one and fill in the circle.

- No, and I don't intend to in the next 6 months (Go to Next Page)
- Yes, and I intend to in the next 6 months (Go to Next Page)
- Yes, and I intend to in the next 30 days (Go to Next Page)

B2. You report that you have been eating 5 or more regular servings of fruits and vegetables. For how many months have you been doing this? Please select one and fill in the circle.

- Less than 6 months
- 6 months or more

FRUITS & VEGETABLES: Confidence

There are many things that can get in the way of choosing to eat 5 fruits and vegetables each day. Rate HOW CONFIDENT you are that you can do the following using the scale below.

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

		Extremely Confident	4	5
		Very Confident		
		Moderately Confident	3	
		Somewhat Confident	2	
	Not at All Confident	1		
1. Eat 5 servings of fruits and vegetables everyday.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink 100% fruit juice instead of soda or fruit punch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eat fruits and vegetables for a snack instead of chips or candy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Eat fruits and vegetables when eating out at a restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eat fruits and vegetables when I am upset or having a bad day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eat fruits and vegetables when I am at a social event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIBER

A1. Please indicate how often you eat the following foods?

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

Always

Most of the time

Some of the time

Rarely

Never

1. I eat breads and crackers made with whole grains.

2. I eat whole, fresh or frozen fruit with skins.

3. I eat starchy vegetables like potatoes, corn and peas.

4. I eat fiber rich cereals.

5. I use dry beans, peas or legumes (like pinto, red or kidney beans) as side dishes or instead of meat as entrees.

6. I eat whole, fresh or frozen vegetables with skins.

7. I eat popcorn, dried fruit or fresh fruit for a snack instead of chips or pretzels.

FIBER: Staging

A2. Do you consistently choose to eat high fiber foods such as high fiber cereals (5 grams/serving), breads (2 grams per serving), beans and legumes, fruits, and vegetables. *Please select one and fill in the circle.*

- No, and I do NOT intend to in the next 6 months.
- No, but I intend to in the next 6 months.
- No, but I intend to in the next 30 days.
- Yes, I have been, but for LESS than 6 months.
- Yes, I have been for MORE than 6 months.

FIBER: Pros & Cons

The following statements are different opinions about eating high fiber foods. Please rate **HOW IMPORTANT** each statement is to your decision to eat foods high in fiber. Use the following scale:

		Extremely Important	4	5
PLEASE: * Fill in each circle completely. * Erase all changes completely.		Very Important		
		Moderately Important	3	
		Slightly Important	2	
		Not Important	1	
1. Eating high fiber foods fills me up so I do not over eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cereals and breads that are high in fiber are too expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am doing something good for my body when I eat high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I don't like the taste or texture of high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have more energy when I eat high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My family does not like whole grain breads and cereals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can be a good role model for others when I eat more high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. It takes too much time to find and prepare high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DIETARY FAT: Staging

A. Do you consistently avoid eating high fat foods?

- No, and I do NOT intend to in the next 6 months.
- No, but I intend to in the next 6 months.
- No, but I intend to in the next 30 days.
- Yes, I have been, but for LESS than 6 months.
- Yes, I have been for MORE than 6 months.

DIETARY FAT: Pros & Cons

The following statements are different opinions about eating foods that are high in fat. Please rate **HOW IMPORTANT** each statement is to your decision to eat high fat foods. Use the following scale:

		Extremely Important 5	Very Important 4	Moderately Important 3	Slightly Important 2	Not Important 1
PLEASE: * Fill in each circle completely. * Erase all changes completely.						
1. Eating my favorite high fat foods is a quick way to satisfy my hunger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Eating high fat foods now can mean health problems for me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Foods high in fat taste better than low fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People close to me disapprove of me eating foods that are high in fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel good when I'm eating the high fat foods I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eating high fat foods makes it hard to manage my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My family and friends like me better when I am happy and eating high fat foods rather than miserable and watching what I eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel sluggish and heavy when I eat high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DIETARY FAT: Confidence

There are many things that can get in the way of choosing to eat a diet low in fat. HOW CONFIDENT are you that you can choose low fat foods in each situation?

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

	Extremely Confident	Very Confident	Moderately Confident	Somewhat Confident	Not at All Confident
	5	4	3	2	1
1. When others around you are eating high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When you are craving high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When you are out at a restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you are upset or having a bad day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you are at a social event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTHY EATING: Change Strategies

The following are activities, thoughts, and feelings people use to help them change their dietary habits. Think of any similar experiences you may be having or have had in the past month. Then rate HOW OFTEN you do each of the following using the scale below:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

	Never 1	Almost Never 2	Sometimes 3	Often 4	Many Times 5
1. I look for information about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep track of what I eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I find ways to get around the things that get in the way of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I think about how my surroundings affect the foods I eat (surroundings are things like fast food restaurants, vending machines, and pre-packaged foods in the store).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I put reminders around my house to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I reward myself for eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I do things to make eating healthy foods more enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I think about the benefits I will get from eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I try to think more about the benefits of eating healthy foods and less about the hassles of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I say positive things to myself about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I get off track from my healthy eating goals, I tell myself I can start again and get right back on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have a friend or family member who encourages me to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I try different kinds of healthy foods so that I have more choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I set goals to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I make back-up plans to be sure I eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTHY EATING: Social Support

A. How often in the last 30 days has your family or friends done the following?

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

	Almost Never 1	Once in Awhile 2	Sometimes 3	Often 4	Almost Always 5
1. Encourage you to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss the benefits of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Remind you to choose healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Share ideas on healthy eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eat healthy meals with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Complain about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How many family members and close friends can you count on for help and encouragement with eating healthy foods? Please select one and fill in the circle.

- None
- 1 – 2
- 3 – 4
- 5 – 6
- 7 or more

HEALTHY EATING: Environment

A. In a typical week, how many times do you eat out at a restaurant? Please select one and fill in the circle.

- None
- 1 – 2
- 3 – 4
- 5 – 6
- 7 or more

B. Indicate how strongly you agree with each item using the following scale:

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
	1	2	3	4	5	
1. There is at least one option at work where I have healthy selections to choose from.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is a wide variety of fresh fruits and vegetables where I shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The fruits and vegetables where I shop are at good prices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The fruits and vegetables where I shop are of good quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTHY EATING: Enjoyment

Indicate how strongly you agree with each item using the following scale:

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

		Strongly Disagree 1	Somewhat Disagree 2	Neutral 3	Somewhat Agree 4	Strongly Agree 5
1. I enjoy low fat (1%) or nonfat dairy products (e.g. milk, cheese, yogurt, cottage cheese).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I enjoy eating fresh fruits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I enjoy eating fresh raw and cooked vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I enjoy eating whole grain breads and crackers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy eating high fiber breakfast cereals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I enjoy eating lean cuts of meat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I enjoy eating foods containing cooked beans (e.g. kidney, pinto).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EATING HABITS

In thinking of your typical eating habits, how often do these statements apply to you?

PLEASE:

* Fill in each circle completely.

* Erase all changes completely.

5+ times per week

3-4 times per week

1-2 times per week

2-3 times per month

Never

	Never	2-3 times per month	1-2 times per week	3-4 times per week	5+ times per week
1. I eat more quickly than others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I eat when I am not hungry (e.g. to reward myself or when I am bored).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I tend to eat so much food I feel stuffed afterwards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I seem to be continually eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I snack a lot during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I take second helpings during meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I take larger helpings of food than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I eat while cooking or preparing food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I snack while watching TV, even if I'm not hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am hungry enough to eat at any time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I eat dessert even when I am no longer hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Even when I am not hungry, I eat when I am bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I eat too much at social occasions like parties and picnics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. If I am with someone who is eating, I will eat too, even if I am not hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I eat anything I want, any time I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I overeat as a way to avoid doing chores or to forget about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>