

Food and Health Questionnaire for Adults - Post-Survey

INSTRUCTIONS

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



DO NOT COPY

Q1 How many times a day do you eat fruit?

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

- I rarely eat fruit
- Less than 1 time a day (a couple times a week)
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day

Q2 How many times a day do you eat vegetables?

Example 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.*

- I rarely eat vegetables
- Less than 1 time a day (a couple times a week)
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day



Q3 Over the last week, how many days did you eat red and orange vegetables?

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

- I did not eat red and orange vegetables
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 or 7 days a week

Q4 Over the last week, how many days did you eat dark green vegetables?

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

- I did not eat dark green vegetables
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 or 7 days a week



Q5 How often do you drink regular sodas (not diet)?

- Never
- 1 to 3 times a week
- 4 to 6 times a week
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day

Q6 How often do you drink fruit punch, fruit drinks, sweet tea or sports drinks?

- Never
- 1 to 3 times a week
- 4 to 6 times a week
- 1 time a day
- 2 times a day
- 3 times a day
- 4 or more times a day



Q7 Would you say in general that your health is:

- Excellent
- Very Good
- Good
- Fair



Q8 Now thinking about your physical health, which includes physical illness and injury, **for how many days during the past 30 days was your physical health not good?**

▼ 0 ... 30

Q9 Now thinking about your mental health, which includes stress, depression, and problems with emotions, **for how many days during the past 30 days was your mental health not good?**

▼ 0 ... 30

Q10 During the past 30 days, for about how many days did poor physical or mental health **keep you from doing your usual activities**, such as self-care, work, or recreation?

▼ 0 ... 30



Please tell us about yourself.

Q11 How would you describe yourself?

- Hispanic/Latino
- Non-Hispanic/Latino
- Prefer not to answer

Q12 How would you describe yourself (select one or more)?

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Not listed (may specify here)
-

Prefer not to answer

Q13 How would you describe yourself?

- Female
 - Male
 - Not listed (may specify here)
-

Prefer not to answer

Q14a When is your birthday?

Select your birthday month.

▼ January ... December

Q14b Select your birthday day.

▼ 1 ... 31

Q15 What is your middle initial?

▼ A ... Z

Q16 What is your age?

▼ 18 ... 99

Submit

Thanks for taking this survey!

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