

Nutrition Evaluation Questions for Adult Audiences

Name _____
 (First, Last)

Parish _____

Agent _____

Session Series _____

Date _____

ID – Month and Day of Birth – Please fill in the bubbles that correspond to the month and day of your birth date. For example, if your birth date is May 14 you would fill in the bubbles for 0 5 1 4 (filling in one bubble per line)

Month

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

Day

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

Please darken the circle that corresponds to your answer for each question.

Answer Selection: Correct = <input checked="" type="radio"/> Incorrect = <input type="radio"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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Core Questions

1. Which statement best shows your willingness to make healthy food choices a permanent part of your lifestyle?

- I am not thinking about eating healthy.
- I have started to think about eating healthy.
- I am ready to use my knowledge and skills to make permanent changes in my food choices.
- I have made changes in my food choices during the last 6 months.
- I have sustained a healthy eating pattern for over 6 months.

2. On an average day, how many cups of vegetables do you eat? Include starchy vegetables such as corn, green peas, white potatoes; dark green vegetables such as broccoli, raw leafy greens; orange vegetables such as carrots, sweet potatoes; dry beans and peas, and other.

None	½ - 1 cup	1 ½ - 2 cups	2 ½ - 3 cups	More than 3 cups
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. On an average day, how many cups of fruits do you eat? Include fresh, frozen, dried and canned.

None	½ - 1 cup	1 ½ - 2 cups	2 ½ - 3 cups	More than 3 cups
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. On an average day, how many ounce equivalents of whole grains do you eat? For example, a one ounce equivalent equals: ½ cup cooked brown rice, whole wheat pasta or cooked cereal such as oatmeal; 1 slice whole wheat bread; 1 cup whole grain cereal such as shredded wheat, toasted oats or whole wheat flakes; or 5 whole wheat crackers.

None	1 -2	3 – 5	6 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which statement below best explains how physical activity fits in your life? (Select one)

I am not thinking about being physically active.	<input type="radio"/>
I am starting to think about being more physically active.	<input type="radio"/>
I am ready to become more physically active.	<input type="radio"/>
I have become more physically active in the last 6 months.	<input type="radio"/>
I have been physically active for over 6 months for most days of the week.	<input type="radio"/>

6. How many minutes are you currently exercising most days of the week?

0 minutes	1 – 15 minutes	16 – 30 minutes	31 – 45 minutes	46 – 60 minutes	Over 60 minutes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. When you eat away from home how often do you choose a meal that is lower in fat and/or calories? Include when you dine in or take out from fast food and any other restaurants, convenience stores, vending machines, etc. for all meals and snacks.

Never	Rarely	Occasionally	Most of the time	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often do you begin to eat because you are hungry and finish eating when you feel full?

Never	Rarely	Occasionally	Most of the time	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>