

On the Road to Healthy Living - Now That We Are Done

Thank you for participating in our *On the Road to Healthy Living* program. Please take a few minutes to complete the following survey. There are no right or wrong answers, and your information will help us evaluate the program and explore ways that we can make it even better.

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Your first and last initials and last 4 digits of your home phone.

To keep this information confidential we are asking that you write your first and last initials and the last 4 digits of your home phone number. For example, if your name is John Smith and your phone number is 555-4433, you would write JS4433.

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ✗ ⊗ ⊖ ⊕

1. Would you say that in general your health is . . .

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't know / Not sure

2. During the past month, other than your regular job, did you participate in any moderate or vigorous intensity physical activities or exercises, such as the ones listed below Yes No

MODERATE INTENSITY: You can talk, but not sing- walking briskly, water aerobics, bicycling slowly, tennis (doubles), general dancing, general gardening.

VIGOROUS INTENSITY: You're unable to say more than a few words without pausing for a breath- race walking, jogging, running, swimming laps, aerobic dancing, tennis (singles), fast bicycling, hiking uphill, heavy gardening (continuous digging or hoeing).

a. How many times per week did you take part in these activities during the past month? times per week

b. And when you took part in these activities, for how many minutes did you usually keep at it? minutes

3. Generally speaking, how much of your lunch and dinner plates are filled with fruits and vegetables?



None



1/4



1/3



1/2



3/4

4. How many times a day do you eat fruit? Examples 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 1 time a day 3 times a day
 Less than 1 time a day (a couple times a week) 2 times a day 4 or more times a day

5. 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.

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

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

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



Please continue on the other side



MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

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

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

8. Please indicate your agreement or disagreement with the following statements::

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I eat fruits and vegetables every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing fresh or frozen vegetables is something I think I can do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like to cook because it takes too much time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to prepare a meal from basic ingredients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think cooking is too much work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how eating food relates to my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in preparing and eating meals that follow USDA's MyPlate guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand what proper food temperature ranges keep food safe to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'd rather eat food prepared at home than at a fast food place or restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing food at home is easy to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please tell us something you have learned or have particularly enjoyed about the classes:**10. Has anything changed for you as a result of participating in these classes?****11. What suggestions do you have for future classes?****12. Other comments you would like to make about the classes.****Thank You!**

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