

On the Road to Healthy Living - Before We Start

Any information that you provide will be kept confidential and will help us as we evaluate our program and make improvements.

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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. **Gender:** Male Female

2. **Birthdate:**

Month	Day	Year
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3. **Race/Ethnicity:** *(select one only)*

<input type="radio"/> African American	<input type="radio"/> American Indian or Alaskan Native
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Hispanic	<input type="radio"/> Other
<input type="radio"/> White (Non-Hispanic)	<input type="radio"/> Multiracial

4. **Would you say that in general your health is . . .**

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

5. **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).

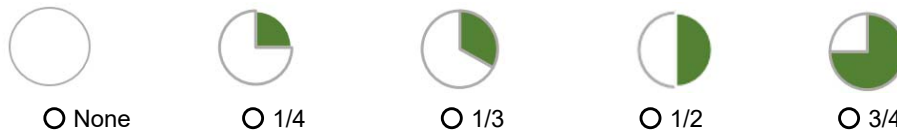
a. **How many times per week did you take part in these activities during the past month?**

 times per week

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

 minutes

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



7. **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 of 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



Please continue on the other side



MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

8. **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

9. **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

10. **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

11. **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"/>

12. **Please use this section to mention anything specific you would like to learn from the classes or other comments you would like to make before we begin.**

Thank You!

