

Food Behavior Checklist

These questions are about the ways you plan and fix food. Think about how you usually do things.

14.



Do you use this label when food shopping?

- no
 yes, sometimes
 yes, often
 yes, always

15.



Do you run out of food before the end of the month?

- no
 yes, sometimes
 yes, often
 yes, always

16.

How would you rate your eating habits?

- ① poor
 ②
 ③
 ④ fair
 ⑤
 ⑥
 ⑦ good
 ⑧
 ⑨
 ⑩ excellent

• Use the accompanying instruction guide when administering this tool.
 • Research and development for this illustrated diet quality checklist were a joint effort of University of California (UC) Cooperative Extension, the California Nutrition Network, UC Davis Design Program and UC Davis Nutrition Department. Authors: Kathryn Sylva, Marilyn Townsend, Anna Martin, Diane Metz.
 • The research for this diet quality instrument is available:
 Townsend MS, Kaiser LL, Allen LH, Joy AB, Murphy SP. Selecting items for a food behavior checklist for a limited resource audience. *Journal of Nutrition Education and Behavior*. 2003;35:69-82.
 Murphy SP, Kaiser LL, Townsend MS, Allen LH. Evaluation of Validity of Items in a Food Behavior Checklist. *Journal of the American Dietetic Association*. 2001;101:751-756, 761.
 Townsend MS, Sylva KG, Martin A, Metz D, Wooten-Swanson P, Follett J, Keim N, Sugerman S. Visually Enhanced Evaluation for Low-income Clients. *J Nutr Educ Behav*. 2005; 37 (1):S49.
 • Funded by the USDA Food Stamp Program via the California Nutrition Network, UC Cooperative Extension and UC Davis.

92006

<http://www.ca5aday.com>

Entry
 Exit

Name _____

Date _____

ID# _____

Choose one answer for each question.

1.



Do you eat fruits or vegetables as snacks?

- no
 yes, sometimes
 yes, often
 yes, everyday

2.



Do you drink fruit drinks, sport drinks or punch?

- no
 yes, sometimes
 yes, often
 yes, everyday

3.



Do you drink regular soda?

- no
 yes, sometimes
 yes, often
 yes, everyday

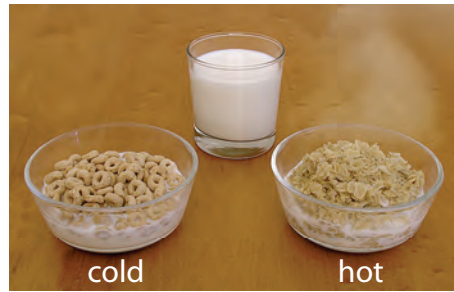
4.



Do you drink milk?

- no
 yes, sometimes
 yes, often
 yes, everyday

5.



Did you drink milk or use milk on cereal during the past week?

- yes
 no

6.



Did you have citrus fruit or citrus juice during the past week?

- yes
 no

7.



How many servings of fruit do you eat each day?

8.



Do you eat more than one kind of **fruit** each day?

- no
 yes, sometimes
 yes, often
 yes, everyday

9.



Do you eat more than one kind of **vegetable** each day?

- no
 yes, sometimes
 yes, often
 yes, always

10.



How many servings of vegetables do you eat each day?

11.



Do you take the skin off chicken?

- no
 yes, sometimes
 yes, often
 yes, always

12.



Did you have fish during the past week?

- yes
 no

13.



Do you eat 2 or more vegetables at your main meal?

- no
 yes, sometimes
 yes, often
 yes, everyday