

DEMOGRAPHICS QUESTIONNAIRE*

* adapted from "Family Nutrition Program Participant Questionnaire" – Ohio FNP

Participant Name _____
(First) (Last)

Date / /
Month Day Year

To be completed by research personnel only.

County _____ Program Assistant _____

Participant ID# Lesson 1

Instructions to PA: Please read each question to the participants. Participants will record their answers.

1. Do you or anyone in your family currently participate in any of the following assistance program(s)? Check (✓) all that apply.

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamp Program
<input type="checkbox"/>	<input type="checkbox"/>	School Breakfast
<input type="checkbox"/>	<input type="checkbox"/>	School Lunch
<input type="checkbox"/>	<input type="checkbox"/>	Summer Food Service Program
<input type="checkbox"/>	<input type="checkbox"/>	Commodity Foods (TEFAP)
<input type="checkbox"/>	<input type="checkbox"/>	Food Pantry or Food Bank
<input type="checkbox"/>	<input type="checkbox"/>	Soup Kitchen
<input type="checkbox"/>	<input type="checkbox"/>	Senior Meal Sites
<input type="checkbox"/>	<input type="checkbox"/>	WIC

2. What is your gender? Check (✓) one.

_____ Female
_____ Male

3. What is your age? Check (✓) one.

_____ 59 or younger
_____ 60 or older

4. What is your race? You may choose more than one. Check (✓) all that apply.

_____ American Indian or Alaska Native
_____ Asian
_____ African American or Black
_____ Caucasian or White
_____ Native Hawaiian or other Pacific Islander

5. Are you Latino/Hispanic? Check (✓) one.

_____ Yes

_____ No

6. HOW MANY people living in your household are ages 0-4 years? (If none, write 0.) _____

7. HOW MANY people living in your household are ages 5-17 years? (If none, write 0.) _____

8. HOW MANY people living in your household, including yourself, are ages 18-59 years? (If none, write 0.) _____

9. HOW MANY people living in your household, including yourself, are ages 60 years or older? (If none, write 0.) _____

10. In the last 12 months, did you ever cut the size of your meals or skip meals because there was not enough money for food? Check (✓) one.

YES

NO

FAMILY NUTRITION PROGRAM

Fruits & Vegetables Retrospective Survey

Participant Name _____
(First) (Last)

Date / /
Month Day Year

To be completed by research personnel only.

County _____ Program Assistant _____

Participant ID#

Lesson (circle one) 4 7

Instructions to PA: Please read each question to the participants. Participants will record their answers.

Directions: CIRCLE the number that best answers each statement. Circle **ONE NUMBER** for each **“After” statement**. There are no right or wrong answers.

	AFTER I participated in this program, I NOW...				
	Never	Rarely	Sometimes	Usually	Always
Eat fruits and vegetables of different colors each day.	1	2	3	4	5
Eat more than one kind of vegetable each day.	1	2	3	4	5
Eat more than one kind of fruit each day.	1	2	3	4	5
Eat fruit or vegetables as snacks.	1	2	3	4	5

- How much **new information** did you learn from this program? **Check (✓) one.**
 NONE
 SOME
 A LOT

- How many **changes** recommended in this program do you plan to make? **Check (✓) one.**
 NONE
 SOME
 A LOT

FOOD BEHAVIOR CHECKLIST – Fruit and Vegetable Subscale*

* adapted from the 16-item "Food Behavior Checklist" — Townsend et al., 2003

Participant Name _____
(First) (Last)

Date / /
Month Day Year

To be completed by research personnel only.

County _____ Program Assistant _____

Participant ID# Lesson 1

Instructions to PA: Please read each question to the participants. Participants will record their answers.

These questions are about the ways you plan and eat foods. As you read each question, think about how you usually do things now.

		Always	Often	Some- times	Never
1. Do you eat more than one kind of fruit daily?	Do not eat fruit <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you eat fruit or vegetables as snacks?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you eat more than one kind of vegetable a day?	Do not eat vegetables <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you eat two or more cups of vegetables at your main meal?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How many cups of fruit do you eat each day? _____

6. How many cups of vegetables do you eat each day? _____

7. During the past week, did you have citrus fruit (orange or grapefruit) or citrus juice?

_____ Yes

_____ No