Food Behavior Checklist

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

Date: ____________________  ○ Pre
 ○ Post

ID#:  

Choose one answer for each question.

1. Do you drink fruit drinks, sport drinks or punch?
   ○ no  ○ yes, sometimes  ○ yes, often  ○ yes, everyday

2. Do you drink regular soda?
   ○ no  ○ yes, sometimes  ○ yes, often  ○ yes, everyday
3. Fruit: How much do you eat each day?

- none
- 1/2 cup
- 1 cup
- 1 1/2 cups
- 2 cups
- 2 1/2 cups
- 3 cups or more

4. Vegetables: How much do you eat each day?

- none
- 1/2 cup
- 1 cup
- 1 1/2 cups
- 2 cups
- 2 1/2 cups
- 3 cups or more

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

- no
- yes, sometimes
- yes, often
- yes, always
6. Do you eat more than one kind of vegetable each day?

- [ ] no
- [ ] yes, sometimes
- [ ] yes, often
- [ ] yes, always

7. Do you use this label when food shopping?

- [ ] no
- [ ] yes, sometimes
- [ ] yes, often
- [ ] yes, always

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

- [ ] no
- [ ] yes, sometimes
- [ ] yes, often
- [ ] yes, always

- 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:

6/2020 update - brand names were blurred in photo images to comply with FFY2021 SNAP Ed guidance.

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The next questions are about **physical activities** you do. Please mark the response that **best** describes how you **usually** do things.

9. In the past week, **how many days** did you exercise for at least 30 minutes?

*This includes things like jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This 30 minutes could be all at once or 10 minutes or more at a time. Do not count housework, taking care of your kids, or walking from place to place.*

- [ ] 0 days
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days
- [ ] 6 days
- [ ] 7 days

10. In the past week, **how many days** did you do workouts to build and strengthen your muscles?

*This includes things like lifting weights and doing push-ups, sit-ups or planks.*

- [ ] 0 days
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days
- [ ] 6 days
- [ ] 7 days

11. How often do you make small changes on purpose to be more active?

*This includes things like walking instead of driving, getting off the bus one stop early, doing a few minutes of exercise, or moving around instead of sitting while watching TV.*

- [ ] Never
- [ ] Rarely (about 20% of the time)
- [ ] Sometimes (about 40% of the time)
- [ ] Often (about 60% of the time)
- [ ] Usually (about 80% of the time)
- [ ] Always