

# 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#:

First letter of your <b>FIRST</b> name	First letter of your <b>LAST</b> name	Birth <b>MONTH</b>	Birth <b>DAY</b>
A-Z	A-Z	01-12	01-31
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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.

Nutrition Facts	
Serving Size 5 Crackers (15g)	
Servings Per Container About 30	
Amount Per Serving	
<b>Calories</b> 60	Calories from Fat 15
% Daily Value*	
<b>Total Fat</b> 1.5g	<b>2%</b>
Saturated Fat .5g	<b>2%</b>
Trans Fat .5g	
Polyunsaturated Fat 0g	
Monounsaturated Fat .5g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 170mg	<b>7%</b>
<b>Potassium</b> 15mg	<b>0%</b>
<b>Total Carbohydrate</b> 11g	<b>4%</b>
Dietary Fiber 0g	<b>0%</b>
Sugars 0g	
<b>Protein</b> 1g	



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:

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.

Townsend MS, Sylva K, Martin A, Metz D, Wooten Swanson P. Improving readability of an evaluation tool for low-income clients using visual information processing theories. *J Nutr Educ Behav* 2008;40:181-186.

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.

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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.***



- |                              |                              |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day  | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 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.*



- |                              |                              |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day  | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 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