



BREAKFAST

1. During the past week, did you eat a breakfast that included at least 3 food groups?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat a breakfast that includes at least 3 food groups?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: breakfast)



BREAKFAST

1. During the past week, did you eat a breakfast that included at least 3 food groups?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat a breakfast that includes at least 3 food groups?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: breakfast)



FAST FOODS

1. During the past week, did you eat fast foods?

☐ Yes

☐ No

2. Within the next week, how often will you eat fast foods?

☐ Same as before

☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fast foods)



FAST FOODS

1. During the past week, did you eat fast foods?

☐ Yes

☐ No

2. Within the next week, how often will you eat fast foods?

☐ Same as before

☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fast foods)



FOOD GROUPS

1. During the past week, did you eat foods from all 5 food groups each day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat foods from all 5 food groups each day?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: food groups)



FOOD GROUPS

1. During the past week, did you eat foods from all 5 food groups each day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat foods from all 5 food groups each day?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: food groups)



FOOD LABEL

**1. The last time you shopped, did you use the
"Nutrition Facts" on the food label to choose foods?**

- ☐ Yes
☐ No

**2. The next time you go shopping, will you use the
"Nutrition Facts" on the food label to choose foods?**

- ☐ Yes
☐ Maybe
☐ No

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: food label)



FOOD LABEL

**1. The last time you shopped, did you use the
"Nutrition Facts" on the food label to choose foods?**

- ☐ Yes
☐ No

**2. The next time you go shopping, will you use the
"Nutrition Facts" on the food label to choose foods?**

- ☐ Yes
☐ Maybe
☐ No

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: food label)



FRIED FOODS

1. During the past week, did you eat fried foods 2 or more times?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat fried foods?

- ☐ Same as before
☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fried foods)



FRIED FOODS

1. During the past week, did you eat fried foods 2 or more times?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat fried foods?

- ☐ Same as before
☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fried foods)



FRUIT

1. During the past week, did you eat fruit at least 2 times a day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat fruit?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fruit)



FRUIT

1. During the past week, did you eat fruit at least 2 times a day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat fruit?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: fruit)



GRAINS

1. During the past week, did you eat whole grains or whole grain products every day?

☐ Yes

☐ No

2. Within the next week, how often will you eat whole grains or whole grain products?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: grains)



GRAINS

1. During the past week, did you eat whole grains or whole grain products every day?

☐ Yes

☐ No

2. Within the next week, how often will you eat whole grains or whole grain products?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: grains)



LOWER-FAT MILK

1. During the past week, did you eat or drink lower-fat milk products at least 2 times a day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat or drink lower-fat milk products?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: lower-fat milk)



LOWER-FAT MILK

1. During the past week, did you eat or drink lower-fat milk products at least 2 times a day?

- ☐ Yes
☐ No

2. Within the next week, how often will you eat or drink lower-fat milk products?

- ☐ Same as before
☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: lower-fat milk)



PORTIONS

1. During the past week, did you choose a smaller amount of food or beverages at least 1 time?

☐ Yes

☐ No

2. Within the next week, how often will you choose a smaller amount of food or beverages?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: portions)



PORTIONS

1. During the past week, did you choose a smaller amount of food or beverages at least 1 time?

☐ Yes

☐ No

2. Within the next week, how often will you choose a smaller amount of food or beverages?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: portions)



SWEET BEVERAGE

1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punches, teas, or other drinks sweetened with sugar) every day?

☐ Yes

☐ No

2. Within the next week, how often will you drink a sweet beverage?

☐ Same as before

☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: sweet beverage)



SWEET BEVERAGE

1. During the past week, did you drink a sweet beverage (regular sodas, sports drinks, fruit punches, teas, or other drinks sweetened with sugar) every day?

☐ Yes

☐ No

2. Within the next week, how often will you drink a sweet beverage?

☐ Same as before

☐ Less often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: sweet beverage)



VEGETABLES

1. During the past week, did you eat more than 1 kind of vegetable each day?

☐ Yes

☐ No

2. Within the next week, how often will you eat more than 1 kind of vegetable each day?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: vegetables)



VEGETABLES

1. During the past week, did you eat more than 1 kind of vegetable each day?

☐ Yes

☐ No

2. Within the next week, how often will you eat more than 1 kind of vegetable each day?

☐ Same as before

☐ More often

Please share with us how this workshop will help you and your family:

(ITC 2/22/13: vegetables)



LIST

1. The last time you bought food, did you make a list before going to the store?

☐ Yes

☐ No

2. The next time you buy food, will you make a list before going to the store?

☐ Yes

☐ Maybe

☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: list)



LIST

1. The last time you bought food, did you make a list before going to the store?

☐ Yes

☐ No

2. The next time you buy food, will you make a list before going to the store?

☐ Yes

☐ Maybe

☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: list)



MEAL

1. The last time you bought food, did you plan meals before going to the store?

- ☐ Yes
☐ No

2. The next time you buy food, will you plan meals before going to the store?

- ☐ Yes
☐ Maybe
☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: meal)



MEAL

1. The last time you bought food, did you plan meals before going to the store?

- ☐ Yes
☐ No

2. The next time you buy food, will you plan meals before going to the store?

- ☐ Yes
☐ Maybe
☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: meal)



UNIT PRICES

1. The last time you shopped, did you compare unit prices before choosing foods?

☐ Yes

☐ No

2. The next time you shop, will you compare unit prices before choosing foods?

☐ Yes

☐ Maybe

☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: unit prices)



UNIT PRICES

1. The last time you shopped, did you compare unit prices before choosing foods?

☐ Yes

☐ No

2. The next time you shop, will you compare unit prices before choosing foods?

☐ Yes

☐ Maybe

☐ No

Please share with us how this workshop will help you and your family:

(ITC 4/21/16: unit prices)