



## 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)



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)





### 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)



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)



## PHYSICAL ACTIVITY (hours)

- 1. During the past week, did you engage in moderate physical activity for at least 2 ½ hours?**  Yes  No

*This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This could be all at once or a little at a time.*

- 2. Within the next week, how often will you engage in moderate physical activity?**  Same as before  More often

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

---

---

(ITC FY20: physical activity/hours)



## PHYSICAL ACTIVITY (hours)

- 1. During the past week, did you engage in moderate physical activity for at least 2 ½ hours?**  Yes  No

*This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. This could be all at once or a little at a time.*

- 2. Within the next week, how often will you engage in moderate physical activity?**  Same as before  More often

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

---

---

(ITC FY20: physical activity/hours)



### PHYSICAL ACTIVITY (mins)

- 1. During the past week, did you engage in moderate physical activity for at least 30 minutes on 5 or more days?**  Yes  No

*This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. These 30 minutes could be all at once or a little at a time.*

- 2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?**  Same as before  More often

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

---

---

(ITC FY20: physical activity/minutes)



### PHYSICAL ACTIVITY (mins)

- 1. During the past week, did you engage in moderate physical activity for at least 30 minutes on 5 or more days?**  Yes  No

*This includes activities that get your heart beating faster like brisk walking, jogging, playing soccer, and doing fitness or dance classes, or exercise videos. These 30 minutes could be all at once or a little at a time.*

- 2. Within the next week, how often will you engage in moderate physical activity for at least 30 minutes a day?**  Same as before  More often

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

---

---

(ITC FY20: physical activity/minutes)



## 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)



### 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)



## 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)