

Family Nutrition Program Checklist

Name:		ID Number:				
Date:	Entry <input type="checkbox"/>	Exit <input type="checkbox"/>	Staff:			

This is a survey about ways you plan and fix foods for you and/or your family. As you read each question, think about how you usually did things in the past month. If you do not have children, simply answer the questions for yourself.

<i>Please circle the number that best answers each question.</i>	Does Not Apply	Never	Rarely	Sometimes	Most Times	Always
1. How often do you plan meals ahead of time?	0	1	2	3	4	5
2. How often do you compare prices before you buy food?	0	1	2	3	4	5
3. How often do you run out of food before the end of the month?	0	1	2	3	4	5
4. How often do you shop with a grocery list?	0	1	2	3	4	5
5. How often do you let meat and dairy foods sit out for more than two hours?	0	1	2	3	4	5
6. How often do you thaw frozen foods at room temperature?	0	1	2	3	4	5
7. How often do you think about healthy food choices?	0	1	2	3	4	5
8. How often do you prepare foods without adding salt?	0	1	2	3	4	5
9. How often do you use the "Nutrition Facts" on the food label to make food choices?	0	1	2	3	4	5
10. How often do your children eat something in the morning within 2 hours of waking up?	0	1	2	3	4	5
11. Do you use low-fat (2%), very low-fat (1%), or nonfat milk?	0	1	2	3	4	5
12. Do you consume 2 or 3 servings of milk, yogurt, and cheese each day?	0	1	2	3	4	5
13. Do you eat 2 or more servings of fruits each day?	0	1	2	3	4	5
14. Do you eat 3 or more servings of vegetables each day?	0	1	2	3	4	5