

Prime-Time Health Pre-Assessment

We are interested in knowing about your current activities related to food and exercise.
Please fill in the survey below.

1. In a typical week, how many times do you cook at home?

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 2-3 times | <input type="checkbox"/> 7 or more times |
| <input type="checkbox"/> One time | <input type="checkbox"/> 4-6 times | <input type="checkbox"/> Don't know |

2. In a typical week, how many times do you eat at fast food (drive thru, delivery or take out) and/or casual dining restaurants?

- | | | |
|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 1-3 times | <input type="checkbox"/> 7 or more times |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> 4-6 times | <input type="checkbox"/> Don't know |

3. In a typical day, how many servings of fruit, such as an apple or a banana, do you eat? (1 serving = 1/2 cup)

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 servings | <input type="checkbox"/> 6 or more servings |
| <input type="checkbox"/> 1 serving | <input type="checkbox"/> 4 servings | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 servings | |

4. In a typical day, how many servings of vegetables, such as a tomato or green beans, do you eat? (1 serving = 1/2 cup)

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 servings | <input type="checkbox"/> 6 or more servings |
| <input type="checkbox"/> 1 serving | <input type="checkbox"/> 4 servings | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 2 servings | <input type="checkbox"/> 5 servings | |

5. When you buy fruits and vegetables, which do you buy more of?

- | | | |
|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Fresh | <input type="checkbox"/> Frozen | <input type="checkbox"/> Canned |
|--------------------------------|---------------------------------|---------------------------------|

6. In a typical day, how many servings of the following do you drink? (1 serving = 8 ounces)

Water None 1 serving 2 servings 3 servings 4 or more servings

100% Juice None 1 serving 2 servings 3 servings 4 or more servings

Soda None 1 serving 2 servings 3 servings 4 or more servings

Milk None 1 serving 2 servings 3 servings 4 or more servings

Other* None 1 serving 2 servings 3 servings 4 or more servings

* Gatorade/PowerAde, juice (not 100%), Kool-aid, tea, energy drinks (i.e. Red Bull)

7. Where do you usually shop for food? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Supermarket chain
(for example: King Soopers,
Albertsons, Safeway) | <input type="checkbox"/> Warehouse supermarket (for
example: Costco or Sam's
Club) | <input type="checkbox"/> Farmers' Market |
| <input type="checkbox"/> Health Food Store (for
example, Whole Foods or Vitamin
Cottage) | <input type="checkbox"/> Local market (for example
Tony's Market) | <input type="checkbox"/> Other _____ |

8. Which of the following do you consider when preparing food? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Flavor of the food | <input type="checkbox"/> Availability of food | <input type="checkbox"/> Foods I ate growing up |
| <input type="checkbox"/> What my child wants | <input type="checkbox"/> Costs of food | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Convenient (quick to make) | <input type="checkbox"/> Nutrition of food | <input type="checkbox"/> Don't really think about it |

9. Before buying food, how often do you read the nutritional labels?

- | | | |
|---|--|---|
| <input type="checkbox"/> 100% of the time | <input type="checkbox"/> 50% of the time | <input type="checkbox"/> Never |
| <input type="checkbox"/> 75% of the time | <input type="checkbox"/> 25% of the time | <input type="checkbox"/> Don't know how |

10. In an average day, how much time do you spend...

	Less than 15 minutes	15-30 minutes	More than 30 minutes but less than one hour	More than 1 hour but less than 2 hours	2 or more hours
Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing physical activities (e.g., running, dancing, playing outside, playing organized sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In an average week, how many days do you exercise?

- I do not exercise at all
 3 – 4 days per week
 Every day
 1 – 2 days per week
 5 – 6 days per week
 Occasionally

12. On the days you exercise, how much time do you spend exercising?

- Less than 15 minutes
 More than 30 minutes but less than one hour
 2 or more hours
 15-30 minutes
 More than 1 hour but less than 2 hours
 Don't keep track

13. In an average day, how much time do you spend doing physical activities with your Family or friends? (i.e., playing outside, running, walking, riding bikes)

- Less than 15 minutes
 More than 30 minutes but less than one hour
 2 or more hours
 15-30 minutes
 More than 1 hour but less than 2 hours
 Don't keep track

14. What are some of the reasons you are taking this session?

“I want to learn about . . .” (check all that apply)

- Healthier eating habits
 I want to learn about nutrition
 Physical activities I can do
 Portion control
 Grocery shopping strategies
 What's in the food we eat
 Keeping my weight at an ideal level
 How nutrition can improve my memory and mood
 Other _____

15. How did you hear about this session? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Friend | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Brochure
Location _____ | <input type="checkbox"/> Internet website
_____ | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Doctor/Chiropractor | <input type="checkbox"/> Other _____ | |

Thank you so much for completing the survey