

■ **24-hour recall:** Include all foods and beverages consumed in the last 24 hours, listing separately all the main ingredients in mixed dishes, such as casseroles.

Food/beverage item	Amount	Food/beverage item	Amount
Breakfast		Dinner/Supper	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Lunch/Dinner		Snacks	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ Please indicate which description represents your physical activity level most days of the week.

- Less than 30 minutes each day
- 30 to 60 minutes each day
- 60 or more minutes each day

■ Please put a check in the box that best answers each question. This is not a test. There are no wrong answers.

	Do not do	Seldom	Sometimes	Most of the time	Almost always
1. How often do you plan meals ahead of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you compare prices before you buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you run out of food before the end of the month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you shop with a grocery list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you let meat and dairy foods sit out more than two hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you thaw frozen foods at room temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When deciding what to feed your family, how often do you think about healthy food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you prepare foods without adding salt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often do you use the “Nutrition Facts” on the food label to make food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do you/your children eat something in the morning within 2 hours of waking up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>