

**PERS Pre-Survey**  
**PERS Fruit and Veggie Challenge Survey Instructions**

We are interested to learn more about your current fruit and vegetable consumption and the availability of fruits and vegetables to you. The project partners will use this information to evaluate the success of this program and to design additional nutrition education materials and programs in the future.

It will take you about 5-10 minutes to complete this survey. Your identity will not be revealed in the survey results. Only group comparisons will be made and reported in summary form. Your participation is voluntary and you may withdraw at any time. If you have any questions about the survey or would like a copy of the summarized results, please contact Julie Garden-Robinson at 701-231-7187 or email [julie.garden-robinson@ndsu.edu](mailto:julie.garden-robinson@ndsu.edu). If you have questions about the rights of human research subjects, you should contact the NDSU IRB office at (701) 231-8908.

Thank you for participating in this program! Please circle the letter that corresponds to your choice.

1. In the past month, how often did you drink fruit juices such as orange, grapefruit, or tomato? (Circle one)

- A. 1 time per day
- B. 2 times per day
- C. 3 times per day
- D. 4 times per day
- E. 5 or more times per day
- F. 1-2 times per week
- G. 3-4 times per week
- H. 5-6 times per week
- I. 1-3 times per month
- J. Never

2. In the past month, not counting juice, how often did you eat fruit? (Circle one)

- A. 1 time per day
- B. 2 times per day
- C. 3 times per day
- D. 4 times per day
- E. 5 or more times per day
- F. 1-2 times per week
- G. 3-4 times per week
- H. 5-6 times per week
- I. 1-3 times per month
- J. Never

3. In the past month, how often did you eat green salad? (Circle one)

- A. 1 time per day
- B. 2 times per day
- C. 3 times per day
- D. 4 times per day
- E. 5 or more times per day
- F. 1-2 times per week
- G. 3-4 times per week
- H. 5-6 times per week
- I. 1-3 times per month
- J. Never

4. In the past month, how often did you eat potatoes NOT including French fries, fried potatoes, or potato chips? (Circle one)

- A. 1 time per day
- B. 2 times per day
- C. 3 times per day
- D. 4 times per day
- E. 5 or more times per day
- F. 1-2 times per week
- G. 3-4 times per week
- H. 5-6 times per week
- I. 1-3 times per month
- J. Never

5. In the past month, how often did you eat carrots? (Circle one)

- A. 1 time per day
- B. 2 times per day
- C. 3 times per day
- D. 4 times per day
- E. 5 times per day
- F. 1-2 times per week
- G. 3-4 times per week
- H. 5-6 times per week
- I. 1-3 times per month
- J. Never

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Circle one)

*Example: A serving of vegetables at both lunch and dinner would be two servings. One serving is ½ cup cut-up fresh, frozen or canned vegetables, ¾ cup 100% juice, or 1 cup leafy greens.*

- A. 1 serving per day
- B. 2 servings per day
- C. 3 servings per day
- D. 4 servings per day
- E. 5 or more servings per day
- F. 1-2 servings per week
- G. 3-4 servings per week
- H. 5-6 servings per week
- I. 1-3 servings per month
- J. Not counting carrots, potatoes or salad, I don't eat any vegetables.



7. Think about your previous answers. On average, about how many TOTAL servings of FRUITS AND VEGETABLES do you consume daily? (Circle one) (One serving is ½ cup cut-up fresh, frozen or canned fruits or vegetables, ¾ cup 100% juice, 1 cup leafy greens, 1 medium piece of fruit, ¼ cup dried fruit)

- A. 1-2 servings
- B. 3-4 servings
- C. 5-6 servings
- D. 7-8 servings
- E. 9 or more servings

8. About how long have you been eating this number of daily servings of fruits and vegetables? (Circle one)

- A. Less than one month
- B. 1-3 months
- C. 4-6 months
- D. Longer than 6 months

9. Are you trying to eat at least 5 servings of fruits and vegetables each day? (Circle one)

- A. Yes
- B. No

10. How confident are you that you can eat at least 5 servings of fruits and vegetables each day? (Circle one)

- A. Very sure
- B. Slightly sure
- C. Not sure
- D. I'm not trying to eat 5 servings each day

Following is a list of what some people consider to be barriers to eating fruits and vegetables. Please rate the following items as to how much of a barrier each item is for you on a scale of 1 to 5, with 1 being not a barrier at all and 5 being a high barrier.

11. Cost of fresh fruits and vegetables

1      2      3      4      5

12. Few fresh fruits and vegetables available in grocery stores

1      2      3      4      5

13. Few canned fruits and vegetables available in grocery stores

1      2      3      4      5

14. Few frozen fruits and vegetables available in grocery stores

1      2      3      4      5

15. Lack of variety of fruits and vegetables in restaurants

1      2      3      4      5

16. Lack of variety of fruits and vegetables at grocery stores

1      2      3      4      5

17. Lack of variety of fruits and vegetables at worksite

1      2      3      4      5

18. Poor quality of fresh fruits in restaurants

1      2      3      4      5

19. Poor quality of fresh fruits in grocery stores

1      2      3      4      5

20. Poor quality of fresh fruits at worksite

1      2      3      4      5

21. Do not like the taste of fruits

1      2      3      4      5

22. Do not like the taste of vegetables

1      2      3      4      5

23. Lack of times to prepare at home

1      2      3      4      5

24. How are fruits and vegetables available to you at your workplace? (Circle all that apply)

- A. I bring fruits for snacks or part of meals
- B. I bring vegetables as snacks or part of meals
- C. Fruits are available for sale in vending machines
- D. Vegetables are available for sale in vending machines
- E. Fruits are available for sale at a cafeteria
- F. Vegetables are available for sale at a cafeteria
- G. Employees bring fruit or vegetables as "special treats" for breaks
- H. The worksite subsidizes or provides fruit or vegetables for employees at work
- I. Other (Please specify)

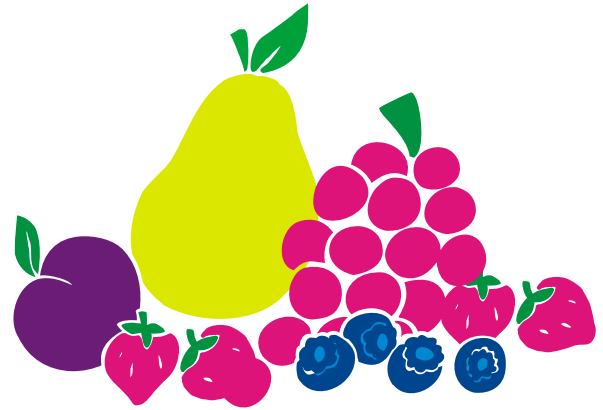
25. Which of these describes what happens at your office at "break time"? (Circle all that apply)

- A. There are almost always cookies, pastries, candies, and other "treats" available in the break room, by the coffee machine, etc.
- B. In addition to cookies, candies, pastries, etc, fruits and/or vegetables are always.
- C. We only have fruits, vegetables and low-fat snacks, like pretzels available.
- D. Treats (birthday cake, cookies, donuts, etc) are brought weekly for special events or celebrations.
- E. Treats (birthday cake, cookies, donuts, etc) are brought 2-3 times a month for special events or celebrations.
- C. Treats (birthday cake, cookies, donuts, etc) are brought at least once a month for special events or celebrations.
- G. We never have treats available in our break area.
- H. Other (Please specify)

26. What types of snacks do you typically keep at your desk/work-area? (Circle all that apply)

- A. Dried fruits (like Craisins, raisins, etc)
  - B. Crackers, pretzels and similar snacks
  - C. Peanut and other types of nuts
  - D. Cereal-based snack mixes
  - E. Potato chips, nacho chips and similar snacks
  - F. Chocolate bars and other types of candy
  - G. Fresh fruit like apples, bananas, etc.
  - H. Canned fruit
  - I. Instant drink mixes (like lemonade, coffee, cocoa)
  - J. Soup mixes
  - K. Microwave popcorn
  - L. I don't keep snacks at my desk/work area.
  - M. Other (Please specify)
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**Thank you for completing this survey!**



27. How often do you buy candy bars, chips, pretzels and similar foods (NOT including soda pop) from vending machines at work? (Circle one)

- A. Once a day
- B. Twice a day
- C. Three or more times a day
- D. Once a week
- E. Twice a week
- F. Three or more times a week
- G. Seldom – once or twice a month or less
- H. Does not apply – our worksite does not have vending machines

28. Please indicate your gender

- A. Male
- B. Female

29. Are you

- A. White, Non-Hispanic
- B. Black or African-American, Non-Hispanic
- C. Mexican American, Puerto Rican, or Other Hispanic
- D. Asian American
- E. Native American, American Indian
- F. Other

30. What is your age?

- A. Under 20
- B. 20 – 29
- C. 30 – 39
- D. 40 – 49
- E. 50 – 59
- F. 60 – 69
- G. 70 and over