Food Stamp Program

Food Behavior Checklist

These questions are about the ways you plan and fix food. Think about how you usually do things.

Name  Date  ID#

Choose one answer for each question.

1. Do you eat fruits or vegetables as snacks?
   - no
   - yes, sometimes
   - yes, often
   - yes, everyday

2. Do you drink fruit drinks, sport drinks or punch?
   - no
   - yes, sometimes
   - yes, often
   - yes, everyday

3. Do you drink regular soda?
   - no
   - yes, sometimes
   - yes, often
   - yes, everyday

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14. Do you use this label when food shopping?
   - no
   - yes, sometimes
   - yes, often
   - yes, always

15. Do you run out of food before the end of the month?
   - no
   - yes, sometimes
   - yes, often
   - yes, always

16. How would you rate your eating habits?
   - poor
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - good
   - excellent

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* Use the accompanying instruction guide when administering this tool.

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http://www.ca5aday.com
4. **Do you drink milk?**
   - no
   - yes, sometimes
   - yes, often
   - yes, everyday

5. **Did you drink milk or use milk on cereal during the past week?**
   - yes
   - no

6. **Did you have citrus fruit or citrus juice during the past week?**
   - yes
   - no

7. **How many servings of fruit do you eat each day?**

8. **Do you eat more than one kind of fruit each day?**
   - no
   - yes, sometimes
   - yes, often
   - yes, always

9. **Do you eat more than one kind of vegetable each day?**
   - no
   - yes, sometimes
   - yes, often
   - yes, always

10. **How many servings of vegetables do you eat each day?**

11. **Do you take the skin off chicken?**
   - no
   - yes, sometimes
   - yes, often
   - yes, always

12. **Did you have fish during the past week?**
   - yes
   - no

13. **Do you eat 2 or more vegetables at your main meal?**
   - no
   - yes, sometimes
   - yes, often
   - yes, everyday