

Brief Questionnaire on Daily Eating Habits

Answer truthfully and to the best of your ability. Thank you.

How healthy do you think your diet is?

1 2 3 4 5 6 7 8 9 10

Extremely unhealthy Extremely healthy

What diet do you follow currently?

- I don't follow a specific diet
- Weight Reduction (Low Calorie)
- Low Cholesterol / Low Sodium
- Diabetic
- Low Fat
- Low Triglyceride
- High Potassium
- Vegetarian
- Vegan
- Other (please indicate) _____

Food























During the **past month**, how many **meals** did you eat on a **typical day**? _____

During the **past month**, how many **times** did you eat between meals (**snacks**) on a **typical day**?

Use the following image as reference to estimate the number of servings you've eaten for each food group.

Let's Eat Healthy
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Serving-Size Chart

FOOD	SYMBOL	COMPARISON	SERVING SIZE	
Dairy: Milk, Yogurt, Cheese				
Cheese (string cheese)			Pointer finger	1½ ounces
Milk and yogurt (glass of milk)			One fist	1 cup
Vegetables				
Carrots			One fist	1 cup
Kale			Two fists	2 cups
Fruits				
Apple			One fist	1 medium
Peaches			One fist	1 cup
Grains: Breads, Cereals, Pasta				
Cereal (bowl of cereal)			One fist	1 cup
Noodles, rice, oatmeal (bowl of shredded wheat)			Handful	½ cup
Slice of whole-wheat bread			Flat hand	1 slice
Protein: Meat, Beans, Nuts				
Chicken, beef, fish, pork (chicken breast)			Palm	3 ounces
Peanut butter (spoon of peanut butter)			Thumb	1 tablespoon

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During the **past month**, how often did you eat **fruit**?

Examples: apples, bananas, pears, oranges, blackberries, raspberries, strawberries, blueberries, watermelon, cantaloupe, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **vegetables**?

Examples: broccoli, spinach, carrots, sweet potatoes, squash, pumpkin, cucumbers, green beans, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **poultry**?

Examples: chicken, turkey, duck, goose, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **fish**?

Examples: tuna, salmon, haddock, catfish, cod, tilapia, sea bass, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **red meat**?

Examples: beef, pork, lamb, veal, venison, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day

- Five or more servings a day

During the **past month**, how often did you eat **processed meat**?

Examples: sausage, ham, hotdogs, salami, pepperoni, beef jerky, pastrami, lunch meats, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **whole grains**?

Examples: whole grain bread, whole grain pasta, quinoa, brown rice, bulgur, oatmeal, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **refined grains**?

Examples: white bread, bagels, English muffins, white rice, pasta, corn tortillas, pita bread, pretzels, grits, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week
- One serving a day
- Two servings a day
- 3-4 servings a day
- Five or more servings a day

During the **past month**, how often did you eat **dairy products**?

Examples: milk, yogurt, cheese, cottage cheese, ice cream, etc.

- Never
- Less than one serving a week
- One serving a week
- 2-3 servings per week
- 4-6 servings per week

Beverages

Use the following image and text below to help answer the question “How much each time?”



4 oz = about the size of a very small glass of a beverage

8 oz = about the size of a small glass of a beverage

10 oz = about the size of a small cup of hot coffee from Dunkin Donuts

12 oz = about the size of a standard beverage can

16 oz = about the size of a standard bottle of water/soda

20 oz = about the size of a large hot coffee from Dunkin Donuts or venti hot coffee from Starbucks

24 oz = about the size of an extra-large hot coffee from Dunkin Donuts/Tim Horton's

During the **past month**, how often did you drink **water**?

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day

- How much each time?
 - Less than 4 fl oz
 - 4 fl oz

- 8 fl oz
- 10 fl oz
- 12 fl oz
- 16 fl oz
- 20 fl oz
- 24 fl oz
- More than 24 fl oz

During the **past month**, how often did you drink **soda**?

Examples: Coca-Cola (Coke), Pepsi, Root Beer, Sprite, 7-Up, Orange Crush, Dr. Pepper, etc.

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day

- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz
 - 12 fl oz
 - 16 fl oz
 - 20 fl oz
 - 24 fl oz
 - More than 24 fl oz

During the **past month**, how often did you drink **milk**?

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day

- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz

- 10 fl oz
- 12 fl oz
- 16 fl oz
- 20 fl oz
- 24 fl oz
- More than 24 fl oz

During the **past month**, how often did you drink **coffee**?

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day
- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz
 - 12 fl oz
 - 16 fl oz
 - 20 fl oz
 - 24 fl oz
 - More than 24 fl oz

During the **past month**, how often did you drink **juice with no added sugar (100% juice)**?

Examples: Orange juice, apple juice, pomegranate juice, grape juice, prune juice, etc.

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day
- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz

- 12 fl oz
- 16 fl oz
- 20 fl oz
- 24 fl oz
- More than 24 fl oz

During the **past month**, how often did you drink **juice with added sugar/juice-flavored drink**?

Examples: Hawaiian Punch, Sunny D, Kool-Aid, Capri Sun, etc.

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day
- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz
 - 12 fl oz
 - 16 fl oz
 - 20 fl oz
 - 24 fl oz
 - More than 24 fl oz

During the **past month**, how often did you drink **tea**?

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day
- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz
 - 12 fl oz

- 16 fl oz
- 20 fl oz
- 24 fl oz
- More than 24 fl oz

During the **past month**, how often did you drink **energy drinks**?

Examples: Red Bull, Monster Energy, Rockstar, NOS, Bang, Celsius, etc.

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Once a day
- Twice a day
- 3-4 times a day
- Five or more times a day

- How much each time?
 - Less than 4 fl oz
 - 4 fl oz
 - 8 fl oz
 - 10 fl oz
 - 12 fl oz
 - 16 fl oz
 - 20 fl oz
 - 24 fl oz
 - More than 24 fl oz

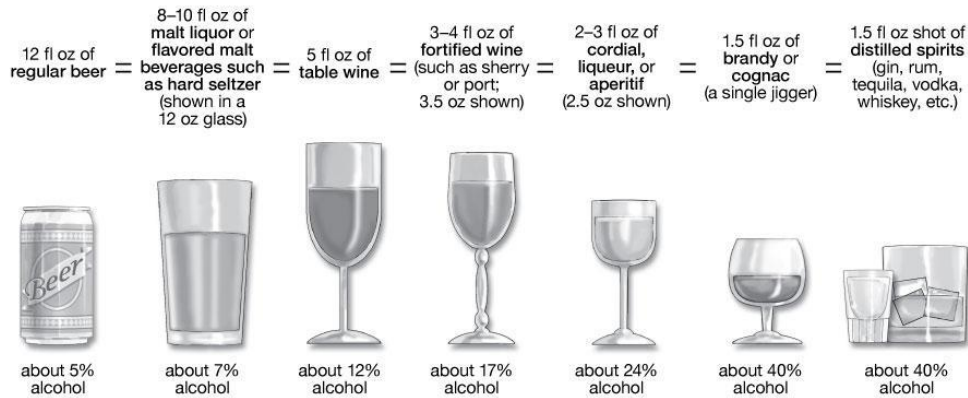
During the **past month**, how often did you drink **alcohol**?

- Never
- Less than once a week
- Once a week
- 2-3 times per week
- 4-6 times per week
- Everyday

During the **past month**, how many **standard drinks** did you consume, on average, on a **typical day** that you drink alcohol? _____

Use the image below as reference for determining the number of standard drinks.

For example, one 12 fl oz can of regular beer would equal one standard drink; two 5 fl oz glasses of table wine would equal two standard drinks etc.



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of "pure" ethanol.

Do you think your diet could be healthier?

- Yes
- No

If you indicated "yes" in the previous question, indicate what prevents you from changing your diet (check all that apply).

If you indicated "no", skip this question.

- Lack of time
- Money (i.e., I can't afford to buy healthier foods)
- Lack of transportation (i.e., I don't have a way to get to a store that sells healthier food options)
- Lack of convenient places to buy better food
- Unsafe neighborhood for shopping
- Stress
- Mental health issues
- Physical health issues
- Someone else buys the food I eat
- Not sure what foods are better than what I eat now
- I don't want to change my diet
- Other _____

Do you think your eating habits last month were different than they were a year ago?

- Yes
- No

Was your eating habit before better or worse? _____

Why?

Is there anything else about your diet that you would like to mention (good or bad)?

Please indicate your primary psychiatric diagnosis below. By primary, we mean the main diagnosis that you are being treated for or the one that causes you the most problems. Include the age at which you received the diagnosis. Examples: Depression - 21; Schizophrenia - 22

Please indicate any other psychiatric diagnoses that you are being treated for.

What physical health conditions have you been diagnosed with? Check all that apply.

- I have not been diagnosed with the conditions below
- Hypertension (High Blood Pressure)
- Type 1 Diabetes
- Type 2 Diabetes
- Heart Disease
- High Cholesterol
- Other _____

Are you currently prescribed or taking any medications? _____

Which medications are you currently taking (list all)? How long have you been taking it for?

Example: Clozapine - 5 years

Do you take your medication exactly as you're supposed to, as indicated by your doctor? Do you take it each time you're supposed to and never skip doses?

- Not applicable (not currently prescribed any medication)
- I am currently prescribed medication, but I never take it
- I am currently prescribed medication, and I only take it sometimes

- I am currently prescribed medication, and I only take it about half the time
- I am currently prescribed medication, and I take it most of the time
- I am currently prescribed medication, and I take it all the time

How old are you? _____

What is your sex?

- Male
- Female
- Non-binary

What is your race? (check all that apply)

- American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Other (please indicate) _____

What is the highest level of education you have completed?

- Elementary school
- Middle school
- Some high school, no diploma (i.e., did not graduate)
- High school (graduated and received diploma or got GED)
- Some college (did not graduate)
- Associate Degree (e.g., AA, AS)
- Bachelor's Degree (e.g., BA, BS)
- Master's Degree (e.g., MPH, MSW, MA, MS)
- Doctorate or Professional Degree (e.g., PhD, MD, DO)

Total years spent in school _____

What is your current weight (pounds)? _____

What is your current height (inches)? _____

What is your total yearly household income?

- \$0 - \$19,999
- \$20,000 - \$49,999
- \$50,000 - \$89,999
- \$90,000 - \$129,999
- \$130,000 - \$149,999
- \$150,000+

Thank you for your time! Here are some healthy eating resources:

American Heart Association

Ethos Primary Care

Nutrition