



FRED
HUTCHINSON
CANCER
RESEARCH
CENTER

SEATTLE 5 A DAY WORKSITE PROJECT

QUESTIONNAIRE #1



Principal Investigator
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Thank you for your participation.

INTRODUCTION

Welcome to the Seattle 5 a Day Worksite project. Your worksite has agreed to participate in this project, a large, national study on diet.

You were selected at random to be one of approximately 100 persons at your worksite to complete this questionnaire. Your participation is voluntary, but the scientific value of this research depends on your support. We thank you in advance for completing this questionnaire.

All of your answers are confidential. Only staff at the Fred Hutchinson Cancer Research Center will review your answers. Your employer will not have access to your answers.

Thank you again for your participation.

Introduction

This questionnaire contains questions about your eating habits. Shopping for and preparing food help define your eating habits. The first section of the questionnaire is about your food preparation and shopping.

| | At Home | Out | Don't Eat Meal |
|--|---------|-----|----------------|
| 1. In a typical week, where are MOST of your... | | | |
| a. breakfasts prepared? <i>(circle one)</i> | 1 | 2 | 3 |
| b. lunches prepared? <i>(circle one)</i> | 1 | 2 | 3 |
| c. dinners prepared? <i>(circle one)</i> | 1 | 2 | 3 |

| | Little or None | About Half | Most or All |
|---|----------------|------------|-------------|
| 2. In your household, how much responsibility do <u>you</u> have for... | | | |
| a. food shopping? <i>(circle one)</i> | 1 | 2 | 3 |
| b. planning meals? <i>(circle one)</i> | 1 | 2 | 3 |
| c. preparing meals? <i>(circle one)</i> | 1 | 2 | 3 |

3. How many servings of fruits and vegetables do you eat each day? *(Check one)*

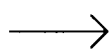
- 0 1-2 3-4 5-6 7-8 9-11 11 or more

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

- less than 1 month 1-3 months 4-6 months longer than 6 months

5. Are you seriously thinking about eating more servings of fruits and vegetables starting sometime in the next six months? *(Check one)*

- No
 Yes



| |
|--|
| Are you planning to eat more servings of fruits and vegetables during the next month? <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|

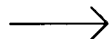
6. How many servings of fruits and vegetables do you think a person should eat each day for good health? *(Check one)*

- 0 1 2 3 4 5 6 7

7. In the past six months, have you tried to eat more servings of fruits and vegetables? *(Check one)*

No

Yes



| |
|--|
| How successful were you? |
| <input type="checkbox"/> Very successful |
| <input type="checkbox"/> Somewhat successful |
| <input type="checkbox"/> Not successful |

8. How high is your overall diet in fruits and vegetables? *(Check one)*

Very high

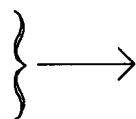
High

In the middle

Low

Very low

Don't know



| |
|--|
| If very high or high, how long have you followed a diet high in fruits and vegetables? <i>(Check one)</i> |
| <input type="checkbox"/> Less than one month |
| <input type="checkbox"/> One to five months |
| <input type="checkbox"/> Six months to eleven months |
| <input type="checkbox"/> One year or more |
| <i>(Please continue to Question 9)</i> |

9. How sure are you that you **can** eat more servings of fruits and vegetables? *(Check one)*

Extremely sure

Very sure

Somewhat sure

Slightly sure

Not sure

10. How sure are you that you can eat at least 5 servings of fruits & vegetables each day? *(Check one)*

Extremely sure

Very sure

Somewhat sure

Slightly sure

Not sure

These questions are about the way you ate over the past 3 months.
(Please circle your response.)

MEAT, FISH AND MAIN DISHES

IN THE PAST 3 MONTHS...

| | | Usually or Always | Often | Sometimes | Rarely or Never |
|-----|--|-------------------------|-------|-----------|-----------------------|
| 11. | Did you eat fish? <input type="checkbox"/> No <input type="checkbox"/> Yes → (answer both) | | | | |
| | When you ate fish, how often was it: | | | | |
| | a. broiled, baked or poached? | 1 | 2 | 3 | 4 |
| | b. fried? | 1 | 2 | 3 | 4 |
| 12. | Did you eat chicken <input type="checkbox"/> No <input type="checkbox"/> Yes → (answer all three) | | | | |
| | When you ate chicken, how often was it: | | | | |
| | a. broiled, baked or poached? | 1 | 2 | 3 | 4 |
| | b. fried? | 1 | 2 | 3 | 4 |
| | c. without the skin? | 1 | 2 | 3 | 4 |
| 13. | Did you eat spaghetti or noodles? <input type="checkbox"/> No <input type="checkbox"/> Yes → (answer both) | | | | |
| | When you ate spaghetti or noodles: | | | | |
| | a. how often did you eat them plain or with a tomato sauce without meat? | 1 | 2 | 3 | 4 |
| | b. how often did you eat whole-wheat types? | 1 | 2 | 3 | 4 |
| 14. | Did you eat red meat (beef, pork, lamb)? <input type="checkbox"/> No <input type="checkbox"/> Yes → | | | | |
| | When you ate red meat, how often did you trim all the visible fat? | 1 | 2 | 3 | 4 |
| 15. | Did you eat ground beef (hamburger)? <input type="checkbox"/> No <input type="checkbox"/> Yes → | | | | |
| | When you ate ground beef, how often did you choose extra lean (very low fat) ground beef? | 1 | 2 | 3 | 4 |

BREADS, ROLLS, MUFFINS, AND CEREALS

IN THE PAST 3 MONTHS...

| | | | | | |
|-----|---|---|---|---|---|
| 16. | Did you eat bread, rolls, muffins or crackers? <input type="checkbox"/> No <input type="checkbox"/> Yes → (answer both) | | | | |
| | When you ate bread, rolls, muffins or crackers: | | | | |
| | a. how often did you eat them without butter or margarine? | 1 | 2 | 3 | 4 |
| | b. how often were they whole grain (whole-wheat, pumpernickel, rye) types? | 1 | 2 | 3 | 4 |
| 17. | Did you eat breakfast cereal? <input type="checkbox"/> No <input type="checkbox"/> Yes → (answer both) | | | | |
| | When you ate cereal: | | | | |
| | a. how often did you eat Fruit 'N Fiber, a bran cereal (raisin bran), or other special high-fiber cereals? | 1 | 2 | 3 | 4 |
| | b. how often did you add bran? | 1 | 2 | 3 | 4 |

MILK AND CHEESE

IN THE PAST 3 MONTHS...

18. Did you drink milk or use milk on cereal?

No Yes →

When you had milk, how often was it very low fat (1%) or nonfat, skim milk

| Usually or Always | Often | Sometimes | Rarely or Never |
|-------------------|-------|-----------|-----------------|
| 1 | 2 | 3 | 4 |



19. Did you eat cheese (include on sandwiches or in cooking)?

No Yes →

When you ate cheese, how often was it specially-made, low fat (diet cheese)

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|



20. Did you eat frozen desserts (ice cream, sherbet, etc.)?

No Yes →

When you ate frozen desserts, how often did you choose ice milk, nonfat ice cream (such as Simple Pleasures), frozen yogurt, or sherbet?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|



FRUITS, VEGETABLES AND SALADS

IN THE PAST 3 MONTHS...

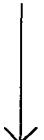
21. Did you eat cooked vegetables (include beans like kidney and pinto, also split peas, lentils)?

No Yes →

(answer both)

When you ate cooked vegetables, how often did you:
a. add butter, margarine, salt pork, or bacon fat?
b. have them fried?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 |



22. Did you eat potatoes?

No Yes →

When you ate potatoes, how often were they fried (french fries, hash browns, etc.)?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|



23. Did you eat boiled or baked potatoes?

No Yes →

When you ate boiled or baked potatoes, how often did you eat them without any butter, margarine, or sour cream?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|



24. Did you eat rice?

No Yes →

When you ate rice, how often did you eat brown instead of white rice?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|



25. Did you eat green salads?

No Yes →

(answer both)

When you ate green salads, how often did you:
a. use no dressing?
b. use low calorie, diet dressing?

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 |



MEAL PATTERNS
IN THE PAST 3 MONTHS...

| | Usually or Always | Often | Sometimes | Rarely or Never |
|--|-------------------------|--------|-----------|-----------------------|
| 26. At dinner (or your main meal), how often did you have no meat, fish, eggs or cheese? | 1 | 2 | 3 | 4 |
| 27. At dinner (or your main meal), how often did you eat <u>two or more</u> vegetables (not potatoes or salad)? | 1 | 2 | 3 | 4 |
| 28. Did you eat lunch? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you ate lunch, how often did you have one or more vegetables (not potatoes or salad)? | 1 | 2 | 3 | 4 |
| 29. Did you eat breakfast? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you ate breakfast, how often did you eat: (answer both) a. fresh fruit, not juice? b. hot or cold cereal? | 1 1 | 2 2 | 3 3 | 4 4 |
| 30. Did you eat dessert? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you ate dessert, how often did you eat: both a. cream or whipped cream on top? b. only fruit for dessert? | 1 1 | 2 2 | 3 3 | 4 4 |
| 31. Did you eat snacks? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you ate snacks, how often did you eat: (answer both) a. raw vegetables? b. fresh fruit? | 1 1 | 2 2 | 3 3 | 4 4 |

FOOD PREPARATION
IN THE PAST 3 MONTHS...

| | | | | |
|--|---|---|---|---|
| 32. Did you sauté or pan fry any foods? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you sauteed or pan fried foods, how often did you use Pam® or other non-stick spray instead of oil, margarine, or butter? | 1 | 2 | 3 | 4 |
| 33. Did you make casseroles or mixed dishes? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you made casseroles or mixed dishes, how often did you add bran? | 1 | 2 | 3 | 4 |
| 34. Did you cook red meat (beef, pork, lamb)? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you cooked red meat, how often did you trim all the fat <u>before</u> cooking? | 1 | 2 | 3 | 4 |
| 35. Did you use mayonnaise or mayonnaise-type dressing? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you used mayonnaise or mayonnaise-type dressing, how often did you use low-fat or nonfat types? | 1 | 2 | 3 | 4 |
| 36. Did you bake cookies, cakes, or pies? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you baked cookies, cakes, or pies, how often did you change the recipe to use less butter, margarine, or oil? | 1 | 2 | 3 | 4 |

These questions are about foods you ate over the last month.

37. In the past month, about how often did you drink 100% orange juice or grapefruit juice?

- Never
 1-3 per month
 1-2 per week
 3-4 per week
 5-6 per week
 1 per day
 2 per day
 3 per day
 4 per day
 5 or more per day

38. In the past month, about how often did you drink other fruit juices **NOT COUNTING** fruit drinks like Hi-C, Kool-Aid or Tang?

- Never
 1-3 per month
 1-2 per week
 3-4 per week
 5-6 per week
 1 per day
 2 per day
 3 per day
 4 per day
 5 or more per day

39. In the past month, about how often did you eat fruit **NOT COUNTING** juices?

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | 1-3 per month | 1-2 per week | 3-4 per week | 5-6 per week | 1 per day | 2 per day | 3 per day | 4 per day | 5 or more per day |

40. In the past month, about how often did you eat green salad (with or without other vegetables)?

- Never
 1 per month
 2-3 per month
 1 per week
 2 per week
 3-4 per week
 5-6 per week
 1 per day
 2 or more per day

41. In the past month, how often did you eat french fries or fried potatoes?

- Never
 1 per month
 2-3 per month
 1 per week
 2 per week
 3-4 per week
 5-6 per week
 1 per day
 2 or more per day

42. In the past month, how often did you eat baked, boiled, or mashed potatoes?

- Never
 1 per month
 2-3 per month
 1 per week
 2 per week
 3-4 per week
 5-6 per week
 1 per day
 2 or more per day

43. In the past month, about how many servings of vegetables did you eat, **NOT COUNTING** potatoes and salad?

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | 1-3 per month | 1-2 per week | 3-4 per week | 5-6 per week | 1 per day | 2 per day | 3 per day | 4 per day | 5 or more per day |

**These questions about the fruits and vegetables you usually eat during a typical week. "Usually" means at least 5 days out of 7.
(For each question, check the appropriate box.)**

44. Do you usually eat or drink before breakfast?

No Yes →



| | |
|--|--|
| If yes, before breakfast did you usually have: | |
| Juice | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Fruit | <input type="checkbox"/> No <input type="checkbox"/> Yes |

45. Do you usually eat breakfast?

No Yes →



| | |
|--|--|
| If yes, at breakfast did you usually have: | |
| Juice | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Fruit (separately or on something else such as cereal or yogurt) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Vegetables (i.e., in an omelet) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Fried potatoes (i.e., hash browns) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Potatoes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

46. Do you usually eat a snack after breakfast?

No Yes →



| | |
|---|--|
| If yes, after breakfast did you usually have: | |
| Juice | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Fruit | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Vegetables | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Remember: Usually means at least 5 days out of 7.

47. Do you usually eat lunch?

No Yes →



If yes, at lunch did you usually have:

Juice No Yes

Fried potatoes (i.e., french fries) No Yes

Potatoes (baked, boiled,
mashed) No Yes

Green salad No Yes

Fruit (fresh or canned) No Yes

If yes, about how many servings did you have? _____

Vegetables, other than

potatoes (raw or cooked) No Yes

If yes, about how many servings did you have? _____

48. Do you usually eat a snack after lunch?

No Yes →



If yes, after lunch did you usually have:

Juice No Yes

Fruit (fresh or canned) No Yes

Vegetables, other than potatoes No Yes

Potatoes (baked, boiled,
mashed) No Yes

Fried potatoes (i.e., french fries) No Yes

Remember: Usually means at least 5 days out of 7.

49. Do you usually eat dinner?

No Yes →



If yes, at dinner did you usually have:

Juice No Yes

Fried potatoes (i.e., french fries) No Yes

Potatoes (baked, boiled,
mashed) No Yes

Green salad No Yes

Fruit (fresh or canned) No Yes

If yes, about how many servings did you have? _____

Vegetables, other than
potatoes (raw or cooked) No Yes

If yes, about how many servings did you have? _____

50. Do you usually eat after
dinner?

No Yes →



If yes, after dinner did you usually have:

Juice No Yes

Fried potatoes (i.e., french fries) No Yes

Fruit (fresh or canned) No Yes

Vegetables, other than potatoes No Yes

These questions are about smoking.

51. Have you smoked at least 100 cigarettes in your entire life? (*Check one*)

- No
 Yes

52. Do you smoke cigarettes now? No
 Yes

If yes,

- a. About how many cigarettes do you smoke each day _____
b. How old were you when you first started smoking cigarettes fairly regularly? _____

53. Have you quit smoking cigarettes within the past two years? (*Check one*)

- Never Smoked
 No
 Yes

These questions are about you.

54. Are you a man or a woman? (*Check one*)

- Male
 Female

55. What is your birthdate? (*Write in*)

month day year

56. What is the highest grade or year of school you completed? (*Circle one*)

- | | |
|---|---|
| Eighth grade or less | 1 |
| Some high school (9+ years) | 2 |
| High school graduate or GED certificate | 3 |
| Some technical or business school | 4 |
| Technical or business school graduate | 5 |
| Some college | 6 |
| College graduate | 7 |
| Post graduate or professional degree | 8 |
| Prefer not to answer | 9 |

57. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican or Cuban?
(*Check one*)

- No
- Yes
- Prefer not to answer

58. What is your race? (*Circle one*)

- | | |
|--|---|
| White | 1 |
| Black | 2 |
| Asian or Pacific Islander | 3 |
| American Indian, Native American or Alaskan Native | 4 |
| Other—specify _____ | 5 |
| Prefer not to answer | 6 |

THANK YOU FOR YOUR TIME TODAY!



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