



FRED
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RESEARCH
CENTER

SEATTLE 5 A DAY WORKSITE PROJECT

QUESTIONNAIRE #4



Principal Investigator
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Thank you for your participation.

WELCOME

Welcome back to the Seattle 5 a Day Worksite project. Thank you for completing our first (and possibly second and third!) questionnaire in the series.

Each of the people who completed the first questionnaire in the series are being asked to complete this questionnaire. Of course, your participation is voluntary but the scientific value of this research depends on your continued support. We thank you in advance for helping us with our research effort.

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

Thank you for being an important contributor to the 5 a Day project.

Introduction

This questionnaire contains questions about your eating habits. The first section of the questionnaire is about your eating fruits and vegetables.

1. 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

12 or more

2. 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

3. 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?

 No Yes

4. 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

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

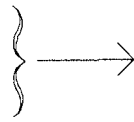
 No Yes

How successful were you?

 Very successful Somewhat successful Not successful

6. 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? *(Check one)*

- Less than one month
- One to five months
- Six months to eleven months
- One year or more

(Please continue to Question 7)

7. 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

8. 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
9.	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
10.	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
11.	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
12.	Did you eat red meat (beef, pork, lamb)?				
<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes				
	(answer both)				
	When you ate red meat, how often did you trim all the visible fat?	1	2	3	4
13.	Did you eat ground beef (hamburger)?				
<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes				
	(answer both)				
	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...

14.	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
15.	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...

			Usually or Always	Often	Sometimes	Rarely or Never
16. Did you drink milk or use milk on cereal?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you had milk, how often was it very low fat (1%) or nonfat, skim milk			
			1	2	3	4
↓						
17. Did you eat cheese (include on sandwiches or in cooking)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you ate cheese, how often was it specially-made, low fat (diet cheese)			
			1	2	3	4
↓						
18. Did you eat frozen desserts (ice cream, sherbet, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> 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...

19. Did you eat cooked vegetables (include beans like kidney and pinto, also split peas, lentils)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you ate cooked vegetables, how often did you:			
		(answer both)	a. add butter, margarine, salt pork, or bacon fat?	1	2	3
			b. have them fried?	1	2	3
				4		4
				4		
↓						
20. Did you eat potatoes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you ate potatoes, how often were they fried (french fries, hash browns, etc.)?			
				1	2	3
				4		4
↓						
21. Did you eat boiled or baked potatoes?	<input type="checkbox"/> No <input type="checkbox"/> 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		4
↓						
22. Did you eat rice?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you ate rice, how often did you eat brown instead of white rice?			
				1	2	3
				4		4
↓						
23. Did you eat green salads?	<input type="checkbox"/> No <input type="checkbox"/> Yes	→				
			When you ate green salads, how often did you:			
		(answer both)	a. use no dressing?	1	2	3
			b. use low calorie, diet dressing?	1	2	3
				4		4
				4		
↓						

MEAL PATTERNS

IN THE PAST 3 MONTHS...

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

FOOD PREPARATION

IN THE PAST 3 MONTHS...

30. Did you saute 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
31. 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
32. 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 before cooking?	1	2	3	4
33. 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
34. 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.

35. 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

36. 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

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

-
- 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 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

39. 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

40. 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

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

-
- 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 are about the fruits and vegetables you usually eat during a typical day.
(For each question, check the appropriate box.)**

42. Do you usually eat or drink before breakfast time?

No Yes →



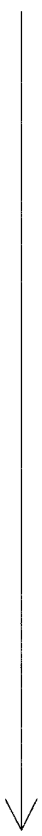
IF YES:

a. Before breakfast time, do you usually drink juice? No Yes

b. Before breakfast time, do you usually eat fruit? No Yes

43. Do you usually eat at breakfast time?

No Yes →



IF YES:

a. At breakfast time, do you usually drink juice? No Yes

b. At breakfast time, do you usually eat fruit (separately or on something else such as cereal or yogurt)? No Yes

c. At breakfast time, do you usually eat vegetables (e.g., in an omelet)? No Yes

d. At breakfast time, do you usually eat fried potatoes (e.g., hash browns)? No Yes

e. At breakfast time, do you usually eat potatoes other than fried? No Yes

44. Do you usually eat a snack between breakfast time and lunch time?

No Yes →



IF YES:

- a. Between breakfast time and lunch time, do you usually drink juice? No Yes
- b. Between breakfast time and lunch time, do you usually eat fruit? No Yes
- c. Between breakfast time and lunch time, do you usually eat vegetables? No Yes

45. Do you usually eat at lunchtime?

No Yes →



IF YES:

a. At lunch time, do you usually drink juice? No Yes

b. At lunch time, do you usually eat fried potatoes (i.e., french fries)? No Yes

c. At lunch time, do you usually eat potatoes (baked, boiled, mashed)? No Yes

d. At lunch time, do you usually eat green salad? No Yes

e. At lunch time, do you usually eat fruit (fresh or canned)? No Yes

If yes, about how many servings do you usually have at lunch time? _____

f. At lunch time, do you usually eat vegetables, other than potatoes (raw or cooked)? No Yes

If yes, about how many servings do you usually have at lunch time? _____

46. Do you usually eat a snack between lunch time and dinner time?

No Yes →



IF YES:

a. Between lunch time and dinner time, do you usually drink juice? No Yes

b. Between lunch time and dinner time, do you usually eat fruit (fresh or canned)? No Yes

c. Between lunch time and dinner time, do you usually eat vegetables, other than potatoes? No Yes

d. Between lunch time and dinner time, do you usually eat potatoes (baked, boiled, mashed)? No Yes

e. Between lunch time and dinner time, do you usually eat fried potatoes (i.e., french fries)? No Yes

47. Do you usually eat at dinner time?

No Yes →



IF YES:

a. At dinner time, do you usually drink juice? No Yes

b. At dinner time, do you usually eat fried potatoes (i.e., french fries)? No Yes

c. At dinner time, do you usually eat potatoes (baked, boiled, mashed)? No Yes

d. At dinner time, do you usually eat green salad? No Yes

e. At dinner time, do you usually eat fruit (fresh or canned)? No Yes

If yes, about how many servings do you usually have at dinner time? _____

f. At dinner time, do you usually eat vegetables, other than potatoes (raw or cooked)? No Yes

If yes, about how many servings do you usually have at dinner time? _____

48. Do you usually eat after dinner time?

No Yes →



IF YES:

a. After dinner time, do you usually drink juice? No Yes

b. After dinner time, do you usually eat fried potatoes (i.e., french fries)? No Yes

c. After dinner time, do you usually eat fruit (fresh or canned)? No Yes

d. After dinner time, do you usually eat vegetables, other than potatoes? No Yes

This section of the questionnaire is about nutrition awareness.

49. Have any of the following healthy eating or nutrition programs been offered at your worksite?

Program	Available at worksite?	
Working Well (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight Watchers meetings (<i>Check One</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 a Day Project (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stay Well (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Healthwise (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

50. Have you noticed any healthy eating or nutrition **information** being distributed or displayed at your worksite?

No

Yes

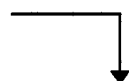
a. Have you **seen or read** any of the following healthy eating or nutrition information materials at your worksite?

Materials	Seen or read at work?	
Newsletter articles (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Posters (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brochures (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Table tents (a folded card on a cafeteria table) (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

51. Have you noticed healthy eating or nutrition **activities** at your worksite?

No

Yes



a. Have you **attended or participated** in any healthy eating or nutrition activities at your worksite?

Activity	Participated in at work?	
Fruit and vegetable taste tests (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contests (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nutrition information booths (<i>Check one</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

52. In the last six months, how often have you noticed advertisements (in newspapers, magazines, on television or the radio) about the benefits of eating fruits and vegetables? (*Check one*)

Very Often

Often

Sometimes

Rarely

Never

53. Do you believe that eating fruits and vegetables will reduce your risk of cancer? (*Check one*)

Yes, a great deal

Yes, a little

Maybe, not sure

No, not really

No, not at all

54. When choosing meals or snacks, how often do you think about choosing fruits and vegetables? (*Check one*)

Very Often

Often

Sometimes

Rarely

Never

55. Do you think you would feel better if you ate more fruits and vegetables? (*Check one*)

Yes, definitely

Yes, probably

Maybe, not sure

No, probably not

No, definitely not

56. Would you get more enjoyment from eating if you ate more fruits and vegetables? *(Check one)*

Yes,
definitely

Yes,
probably

Maybe,
not sure

No,
probably not

No,
definitely not

57. How often do you look for ways to add fruits or vegetables to your meal? *(Check one)*

Very Often

Often

Sometimes

Rarely

Never

58. How often do you look for fruits and vegetables when choosing a snack? *(Check one)*

Very Often

Often

Sometimes

Rarely

Never

59. How often do you count the number of servings of fruits and vegetables that you eat? *(Check one)*

Very Often

Often

Sometimes

Rarely

Never

60. How easy or hard is it for you to eat fruits or vegetables, when eating at home by yourself?
(Check one)

Very easy

Somewhat easy

Neither

Somewhat hard

Very hard

61. How easy or hard is it for you to eat fruits or vegetables, when eating at home with family or friends? *(Check one)*

Very easy

Somewhat easy

Neither

Somewhat hard

Very hard

62. How easy or hard is it for you to eat fruits or vegetables, when eating at work with your coworkers? (*Check one*)

Very easy

Somewhat easy

Neither

Somewhat hard

Very hard

63. Can you find fruits or vegetables you like to eat at your worksite cafeteria? (*Check one*)

Yes, all the time

Yes, often

Sometimes

Rarely

Never

64. How often do you notice other people choosing fruits and vegetables for snacks (*Check one*)

Very often

Often

Sometimes

Rarely

Never

65. Do you think the managers in your workplace believe that fruits and vegetables should be available at your workplace for snacks or meals? (*Check one*)

Yes, strongly

Yes, somewhat

Maybe, not sure

No, not really

No, not at all

THANK YOU FOR YOUR TIME TODAY!



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