



FRED
HUTCHINSON
CANCER
RESEARCH
CENTER

SEATTLE 5 A DAY WORKSITE PROJECT

FINAL QUESTIONNAIRE



Principal Investigator

Shirley A. A. Beresford, Ph.D.

Thank you for your participation.

INTRODUCTION

Welcome to the Seattle 5 a Day Worksite project. Your worksite is participating in a large, national study on diet. Some of you have heard from us before, but for some of you this is the first invitation to help us.

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. Your help is extremely important to us.

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. You are an important contributor to the 5 a Day project.

© 2003 Fred Hutchinson Cancer research Center and University of Washington

Introduction

This questionnaire contains questions about 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

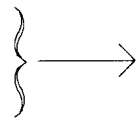
High

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...

	Usually or Always	Often	Sometimes	Rarely or Never
18. 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
↓				
19. 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
↓				
20. 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...

21. 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 add butter, margarine, salt pork, or bacon fat? (answer both)	1	2	3	4
↓				
22. 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
↓				
23. 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 <u>without</u> any butter, margarine, or sour cream?	1	2	3	4
↓				
24. 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
↓				
25. 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? b. use low calorie, diet dressing?	1 1	2 2	3 3	4 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	2	3	4
↓				
30. Did you eat dessert? <input type="checkbox"/> No <input type="checkbox"/> Yes → When you ate dessert, how often did you only fruit for dessert? (answer both)	1	2	3	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	2	3	4
↓				

FOOD PREPARATION
IN THE PAST 3 MONTHS...

32. 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
↓				
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 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
↓				
35. 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.

36. 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

37. 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

36. 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

39. 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

40. 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

41. 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

42. 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.)

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

No Yes →



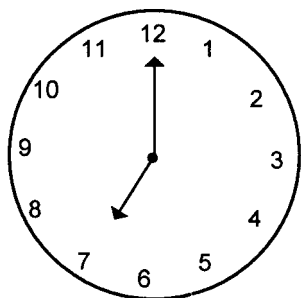
IF YES:

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

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

44. 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

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

No Yes →

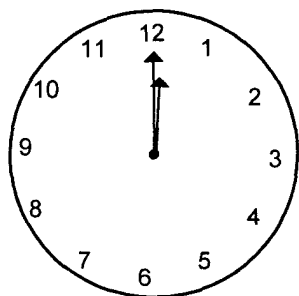


IF YES:

- 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

46. 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 (e.g., 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? _____

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

No Yes →

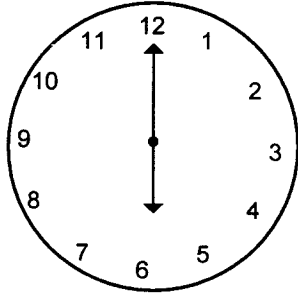


IF YES:

- 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

48. 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? _____

49. 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.

50. In the past 12 months, have any of the following healthy eating or nutrition programs been offered at your worksite?

Program

Available at worksite?

Working Well (*Check one*)

Yes No

Weight Watchers meetings (*Check one*)

Yes No

5 a Day Project (*Check one*)

Yes No

Stay Well (*Check one*)

Yes No

Healthwise (*Check one*)

Yes No

51. In the past 12 months, 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 (*Check one*)

Yes No

Posters (*Check one*)

Yes No

Brochures (*Check one*)


Yes No

Table tents (a folded card on a cafeteria table) (*Check one*)

Yes No

52. In the past 12 months, have you noticed any 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

These questions are about smoking.

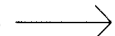
53. Have you smoked at least 100 cigarettes in your entire life? (*Check one*)

No

Yes

54. 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? _____

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

Never Smoked

No

Yes

These questions are about you.

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

Male

Female

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

____ month ____ day ____ year

58. 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 |

59. Are you (*Circle one*)

- | | |
|---|---|
| Currently married or living with a domestic partner | 1 |
| Widowed | 2 |
| Divorced | 3 |
| Separated | 4 |
| Never married | 5 |
| Prefer not to answer | 6 |

60. How many children live in your household?

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

No

Yes

Prefer not to answer

62. 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!

