

Food Attitudes and Behaviors: Adults

The goal of this survey is to learn about your experience accessing food. The survey asks questions regarding your opinion on different foods, and how often you've eaten different foods in the past month.

Your participation in this survey is completely voluntary, and your responses will be kept confidential. The information you provide will be used to improve our programming. This survey should take 5-10 minutes to complete.

This survey was adapted from *Nebeling L, Oh A. (2007). Food Attitudes and Behaviors (FAB) Survey. National Cancer Institute of the National Institutes of Health* by the CUNY Urban Food Policy Institute.

For each statement below, put an "X" in the box that best indicates how much you personally agree or disagree with that statement. Use the scale of 1 (Strong Disagree) to 5 (Strongly Agree). If you don't understand a statement or don't have an opinion, please select "Does Not Apply".

	Strongly Disagree				Strongly Agree	Does Not Apply
	1	2	3	4	5	
1. I enjoy trying new foods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I eat enough fruits and vegetables to keep me healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It's hard for me to eat more vegetables because I don't know how to prepare them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is hard for me to purchase fruits and vegetables in my neighborhood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I eat out, it is easy for me to get fruits and vegetables.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How often have you worried about your overall health in the past year?

- Not at all
- A little
- Somewhat
- Quite a bit
- All the time

7. How much has worrying about your health led you to change the way you ate in the past year?

- Not at all
- A little
- Somewhat
- Quite a bit
- All the time

8. How many times a week do you usually eat a meal from a fast food restaurant like McDonald's, Burger King, Wendy's, Taco Bell, Pizza Hut, etc.? Consider breakfast, lunch, and dinner.

(Write in number) ____ Meals per week

9. During the last month, how often did you eat fruit? Count fresh, frozen and canned fruit. Do NOT count juices.

- Never
- 1-2 times last month
- 1-2 times per week
- 3-6 times per week
- 1 time per day
- 2+ times per day

10. During the last month, how often did you eat salad or vegetables? Examples include lettuce, spinach, string beans, carrots, peas, tomatoes, collard greens, and broccoli.

- Never
- 1-2 times last month
- 1-2 times per week
- 3-6 times per week
- 1 time per day
- 2+ times per day

11. During the last month, how often did you drink sugar sweetened soda or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. One drink of soda would equal a 12 ounce can, bottle or glass.

- Never
- 1-2 times last month
- 1-2 times per week
- 3-6 times per week
- 1 time per day
- 2+ times per day

Thank you for taking this survey!