

Starting the Conversation: Diet

(Scale developed by: the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, and North Carolina Prevention Partners)

Over the past few months:

1. How many times a week did you eat fast food meals or snacks?	Less than 1 <input type="checkbox"/> 0	1-3 <input type="checkbox"/> 1	4 or more <input type="checkbox"/> 2
2. How many servings of fruit did you eat each day?	5 or more <input type="checkbox"/> 0	3-4 <input type="checkbox"/> 1	2 or less <input type="checkbox"/> 2
3. How many servings of vegetables did you eat each day?	5 or more <input type="checkbox"/> 0	3-4 <input type="checkbox"/> 1	2 or less <input type="checkbox"/> 2
4. How many regular sodas or glasses of sweet tea did you drink each day?	Less than 1 <input type="checkbox"/> 0	1-2 <input type="checkbox"/> 1	3 or more <input type="checkbox"/> 2
5. How many times a week did you eat beans (like pinto or black), chicken, or fish?	3 or more <input type="checkbox"/> 0	1-2 <input type="checkbox"/> 1	Less than 1 <input type="checkbox"/> 2
6. How many times a week did you eat regular snack chips or crackers (not low-fat)?	1 or less <input type="checkbox"/> 0	2-3 <input type="checkbox"/> 1	4 or more <input type="checkbox"/> 2
7. How many times a week did you eat desserts and other sweets (not low fat)?	1 or less <input type="checkbox"/> 0	2-3 <input type="checkbox"/> 1	4 or more <input type="checkbox"/> 2
8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn?	Very little <input type="checkbox"/> 0	Some <input type="checkbox"/> 1	A lot <input type="checkbox"/> 2

SUMMARY SCORE (Sum of all items) _____