

## Appendix C1:

### Baseline Evaluation Survey



### Baseline Survey

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: (dd/mm/yy) \_\_\_\_\_  
Gender: ☐ M ☐ F  
Telephone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**IMPORTANT:** The FOOD STEPS program was developed for healthy, non-pregnant adults. This program should *NOT* be used by women who are pregnant, or by adults who have a medical condition and must follow a special diet.

Do you follow a special diet because you have a medical condition?

- ☐ no  
☐ yes

What is your highest level of schooling?

- ☐ primary school  
☐ some high school  
☐ high school  
☐ some college/university  
☐ college/university  
☐ other:

Which of the following best describes your employment status?

- ☐ self-employed  
☐ employed by someone else  
☐ student  
☐ currently unemployed or laid off  
☐ on strike or on leave  
☐ retired  
☐ homemaker  
☐ other:

What was the total income in your household before taxes last year?

- ☐ Under \$30,000  
☐ 31,000 - 40,000  
☐ 41,000 - 50,000  
☐ 51,000 - 60,000  
☐ 61,000 +

How many people are in your household? \_\_\_\_\_

Are you responsible for grocery shopping in your household?

- ☐ no  
☐ yes  
☐ sometimes

Are you responsible for planning/preparing meals in your household?

- ☐ no  
☐ yes  
☐ sometimes

How did you find out about **FOOD STEPS**?

- ☐ received a telephone call  
☐ newspaper article  
☐ other media  
☐ word of mouth (e.g. a friend told me)  
☐ other:

**Do you consistently avoid eating high-fat foods?**

- ☐ Yes, and I have been for more than 6 months.  
☐ Yes, I have been but for less than 6 months.  
☐ No, but I intend to in the next 30 days.  
☐ No, but I intend to in the next 6 months.  
☐ No, and I do **not intend** to in the next 6 months.

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#### (Fat Score Instrument)

The following section asks you some questions about what you normally eat. There are no right or wrong answers. If you do not eat some of the listed foods, either because you are a vegetarian or you dislike the food item, please check ☐ “Does not apply to me.”

For each statement, circle the number that best describes the way you have eaten over the past month.

#### Example: In the past month.....

Usually   Often   Sometimes   Rarely or never

...did you eat spaghetti or noodles?

☐ Does not apply to me

☐ No

✓ Yes → how often did you eat them plain, or with a red sauce or tomato sauce without meat?

1   2   ③   4

#### In the past month.....

Usually   Often   Sometimes   Rarely or never

...did you eat chicken?

☐ Does not apply to me

☐ No

☐ Yes → how often was it fried

1   2   3   4

→ how often did you take off the skin?

1   2   3   4

...did you eat red meat such as beef, pork, or lamb?

☐ Does not apply to me

☐ No

☐ Yes → how often did you trim all the visible fat?

1   2   3   4

...did you eat ground meat such as beef, pork, chicken or turkey?

☐ Does not apply to me

☐ No

☐ Yes → how often did you choose extra lean ground meat?

1   2   3   4

...did you eat fish?

☐ Does not apply to me

☐ No

☐ Yes → how often was it fried?

1   2   3   4

...did you have at least one vegetarian dinner or main meal, that is, without meat, fish, eggs or cheese?

☐ Does not apply to me

☐ No

☐ Yes → how often did you have a vegetarian dinner?

1   2   3   4

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In the past month.....	Usually	Often	Sometimes	Rarely or never
...did you eat spaghetti or noodles?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat them plain, or with a red sauce or tomato sauce without meat?	1	2	3	4
...did you eat cooked vegetables?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate cooked vegetables, how often did you add butter, margarine, or other fat?	1	2	3	4
→ how often were they fried?	1	2	3	4
...did you eat potatoes?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate potatoes, how often were they fried, like French Fries, home fries or hash.	1	2	3	4
...did you eat boiled or baked potatoes?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat boiled or baked potatoes without any butter, margarine, or sour cream?	1	2	3	4
...did you eat green salads?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you use no dressing?	1	2	3	4
→ how often did you use low-fat or non-fat salad dressing?	1	2	3	4
...did you eat bread, rolls, or muffins?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat them without butter or margarine?	1	2	3	4
...did you drink milk or use milk on cereal?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often was it 1% or skim milk?	1	2	3	4

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In the past month.....	Usually	Often	Sometimes	Rarely or never
... did you eat cheese, including cheese on sandwiches or in cooking?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often was it a low-fat cheese?	1	2	3	4
...did you eat dessert?				
<input type="checkbox"/> Does not apply				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat only fruit?	1	2	3	4
...did you eat home-baked cookies, cakes or pies?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate home-baked cookies, cakes or pies, how often were they made with less butter, margarine or oil than the recipe called for?	1	2	3	4
...did you eat frozen desserts like ice cream or sherbet?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate frozen desserts, how often did you choose frozen yogurt, sherbet, or low-fat or non-fat ice cream?	1	2	3	4
...did you eat snacks between meals?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate between meals, how often did you eat raw vegetables or fresh fruit?	1	2	3	4
...did you sauté or pan fry any foods?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you sautéed 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
...did you use mayonnaise or mayonnaise-type spread?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you used mayonnaise or mayonnaise-type spread, how often did you use low-fat or non-fat types?	1	2	3	4

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In the past month.....	Usually	Often	Sometimes	Rarely or never
...did you eat breakfast?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate breakfast, how often did you have fresh fruit?	1	2	3	4
...did you eat lunch?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate lunch, how often did you have one or more vegetables, not including potatoes or salad?	1	2	3	4
...at dinner (or your main meal), how often did you eat two or more vegetables, not including potatoes or salad?	1	2	3	4

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This study is being conducted by \_\_\_\_\_ . The information you provide is strictly CONFIDENTIAL. Only your answers will be included in summary reports; your name will NEVER appear. These reports will be shared with other health care professionals and researchers. The results of this study will improve our understanding of how people change the way they eat and help us provide better service. A final summary of the results will be available upon request. You may withdraw from this study at any time, without any negative effects to you.

Please check here if you do NOT want your answers to be included in the reports ☐