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Today's Date:

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Food Environment Survey

Marking Instructions

Please use blue or black ink.

Correct: ●

Incorrect:



We would like to find out about the way that you perceive or think about the food choices in your neighborhood. Please answer the following questions about your neighborhood, your home, and yourself.

This survey is to be completed by a person who is 18 years or older and does some or most of the food shopping for the household.

A. Home Food Environment

1. Which of these appliances do you have in your home to cook or store food? (check all that apply)

	Yes	No		Yes	No
a. Refrigerator	<input type="radio"/>	<input type="radio"/>	d. Stove	<input type="radio"/>	<input type="radio"/>
b. Freezer (<i>attached to refrigerator or stand-alone</i>)	<input type="radio"/>	<input type="radio"/>	e. Oven	<input type="radio"/>	<input type="radio"/>
c. Microwave oven	<input type="radio"/>	<input type="radio"/>	f. Other countertop cooking appliance (<i>toaster oven, slow cooker, or electric grill</i>)	<input type="radio"/>	<input type="radio"/>

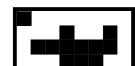
2. Please indicate whether each of these food items were available in your home in the past week:

	Yes	No		Yes	No
a. Bananas	<input type="radio"/>	<input type="radio"/>	j. Carrots	<input type="radio"/>	<input type="radio"/>
b. Apples	<input type="radio"/>	<input type="radio"/>	k. Tomatoes	<input type="radio"/>	<input type="radio"/>
c. Grapes	<input type="radio"/>	<input type="radio"/>	l. Dark leafy greens (<i>spinach, collards, kale, etc.</i>)	<input type="radio"/>	<input type="radio"/>
d. Candy or cookies	<input type="radio"/>	<input type="radio"/>	m. Regular hot dogs	<input type="radio"/>	<input type="radio"/>
e. Snack chips (<i>potato chips, corn chips, tortilla chips, etc.</i>)	<input type="radio"/>	<input type="radio"/>	n. Reduced-fat hot dogs	<input type="radio"/>	<input type="radio"/>
f. Regular whole milk	<input type="radio"/>	<input type="radio"/>	o. White bread	<input type="radio"/>	<input type="radio"/>
g. Low-fat milk	<input type="radio"/>	<input type="radio"/>	p. Whole grain bread	<input type="radio"/>	<input type="radio"/>
h. Regular (non-diet) soda	<input type="radio"/>	<input type="radio"/>	q. White rice	<input type="radio"/>	<input type="radio"/>
i. Diet soda	<input type="radio"/>	<input type="radio"/>	r. Brown rice	<input type="radio"/>	<input type="radio"/>

3. In your home, how often do you...?

	Never or rarely	Sometimes	Often	Almost Always
a. Have fruits and vegetables in the refrigerator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have candy or chips available to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have fruit available in a bowl or on the counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have ice cream, cake, pastries, or ready-to-eat sweet baked goods (<i>cookies, brownies, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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B. Food Shopping Questions

Please answer these questions thinking about the food stores **in the neighborhood near where you live**. Think of your **neighborhood** as the area within about a 20-minute walk or 10 -15 minute drive from your home.

4. Please mark whether you agree or disagree with the following statements:

Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
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a. It is easy to buy fresh fruits and vegetables in my neighborhood.

b. The fresh produce in my neighborhood is of high quality.

c. There is a large selection of fresh fruits and vegetables in my neighborhood.

d. It is easy to buy low-fat products, such as low-fat milk or lean meats, in my neighborhood.

e. The low-fat products in my neighborhood are of high quality.

f. There is a large selection of low-fat products available in my neighborhood.

5. How often do you usually shop for food?

More than once a week

Once a week

Once every 1-2 weeks

Once a month

Other (please specify): _____

6. Is there one store or more than one store where you do most of your food shopping?

One store

Two stores

More than two stores

7. What type of store is the store **where you buy most of your food**? (Choose the best answer)

Supermarket

Supercenter (like WalMart or Costco)

Small grocery store

Other (please specify): _____

Corner store or convenience store

8. Thinking about the store **where you buy most of your food**, how do you usually travel to this store? (check all that apply)

Walk

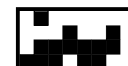
Bicycle

Bus or other public transportation

Drive your own car

Get a ride

Other (please specify): _____



9. About how long would it take to get from your home to the store **where you buy most of your food**, if you walked there?

- 10 minutes or less 21 to 30 minutes
 11 to 20 minutes More than 30 minutes

10. How important are each of the following factors in your decision to shop at the store where you **buy most of your food**?

Not at all important	A little important	Somewhat important	Very important
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a. Near your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Near or on the way to other places where you spend time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your friend/relatives shop at this store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Selection of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Quality of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prices of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Access to public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. At the store **where you buy most of your food**, how hard or easy is it to get each of these types of foods?

Very easy	Somewhat easy	Somewhat hard	Very hard
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a. Fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Canned or frozen fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lean meats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Candy and snack chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Low fat products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Regular soda or other sugary drinks (sports drinks, juice drinks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. At the store **where you buy most of your food**, how would you rate the price of fresh fruits and vegetables?

- Very inexpensive
 Not expensive
 Somewhat expensive
 Very expensive

13. Where do you **usually** purchase fruits and vegetables? *Please select all that apply.*

- Supermarket
 Small grocery store
 Corner store or convenience store
 Farmer's market
 Fruit and vegetable truck
 Other (please specify): _____
 I don't buy fresh fruit and vegetables



14. Please mark whether you agree or disagree with the following statements for the store **where you buy most of your food** and your shopping habits at that store. Questions about unhealthy foods mean those foods often considered to be high in sugar, salt, fat and calories, such as candy, chips, regular soda, sugary cereals, bakery desserts, and so on.

Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
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- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I notice signs that encourage me to purchase healthy foods. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I often buy food items that are located near the cash register. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The unhealthy foods are usually located near the end of the aisles. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I often buy items that are eye-level on the shelves. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. There are a lot of signs and displays encouraging me to buy unhealthy foods. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I see nutrition labels or nutrition information for most packaged foods at the store. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The foods near the cash register are mostly unhealthy choices. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C. Restaurant/ Eating Out Questions

15. In an average week, how many times do you eat a meal away from home, or get take-out food, at a...

- a. Fast-food restaurant: times a week b. Sit-down restaurant: times a week
- c. Other type of "restaurant" (e.g., food truck, cafeteria, etc): times a week

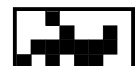
Please specify type: _____

16. About how long would it take to get from your home to the fast-food restaurant **where you go most often**, if you walked there?

- 10 minutes or less
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes
- I do not eat at fast-food restaurants

17. About how long would it take to get from your home to the sit-down restaurant **where you go most often**, if you walked there?

- 10 minutes or less
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes
- I do not eat at sit-down restaurants



Please check the answer that best describes the restaurant **where you go most often** (including getting take-out if that applies to you) and your opinion about that restaurant.

- Questions about healthy options mean choices that are low-fat, "heart healthy", small portions, fruits and vegetables, and so on.
- Questions about unhealthy foods mean those foods that are high in fat, sugar, salt and calories, such as "super-sized" items, foods that are deep-fried, sweet desserts, and so on.

18. Is the restaurant where you go most often a...

- Fast-food restaurant
- Sit-down restaurant
- Other (please specify): _____

19. Please mark whether you agree or disagree with the following statements about the **restaurant where you go most often** :

Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
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a. There are many healthy menu options at the restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is hard to find a healthy option when eating out at the restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is easy to find healthy fruit and vegetable choices at the restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is important to me to be able to make a healthy food choice when eating out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The restaurant provides nutrition information (such as calorie content) on a menu board or on the menu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Signs and displays encourage overeating or choosing unhealthy foods from the menu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It costs more to buy the healthy options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The menu or menu board highlights and promotes the healthy options at the restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

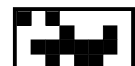
D. Your Thoughts and Habits about Food

20. In the last 12 months, how often were you concerned about having enough money to eat nutritious meals?

- Never
- A few times
- Frequently
- Almost all the time

21. How concerned are you about the nutritional content of the foods you eat?

- Not at all concerned
- Not too concerned
- Somewhat concerned
- Very concerned



22. When you shop for food, how important to you is...?

Not at all important	Somewhat important	Very important
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- | | | | |
|-------------------|-----------------------|-----------------------|-----------------------|
| a. Taste | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Nutrition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Cost | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Convenience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Weight control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. When you eat out at a restaurant or get take-out food, how important to you is...?

Not at all important	Somewhat important	Very important
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- | | | | |
|-------------------|-----------------------|-----------------------|-----------------------|
| a. Taste | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Nutrition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Cost | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Convenience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Weight control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24. Have you ever tried to lose 10 pounds or more?

- Yes No --> **If no, go to question #26**

25. If yes, think about your most recent effort to lose weight. How would you describe the results?

- Lost all I wanted to lose and kept it off
- Lost part of the weight I wanted to lose and kept it off
- Lost weight, but gained some of it back
- Lost weight, but gained all of it back
- Didn't lose any weight
- Still on a diet now

26. When you shop for groceries, how often do you use a list?

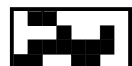
- Never Occasionally Sometimes Usually or always

27. How often does your family eat evening meals together?

- Never Occasionally Sometimes Usually or always

28. How often does your family eat meals in front of the TV, with the TV turned on?

- Never Occasionally Sometimes Usually or always



The next question asks about how often you eat certain foods. Think about what you **usually** eat, including all meals, snacks, and eating out.

29. About how often do you **usually** eat or drink each of the following items?

2 or more times a DAY	Once a DAY	5-6 times per WEEK	3-4 times per WEEK	1-3 times per MONTH	Less than once a month or never
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- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Fruit, not counting juice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Fruit juice, such as orange, grapefruit, or tomato | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Green salad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Vegetables, not counting potatoes or salad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

E. General Household Questions

30. How many people live in your household **other than you**? We define household as anyone who lives in your home and shares most meals or food with you.

Adults (18 or over)

Your own children (under 18)

Other children (under 18)

31. How many drive-able motor vehicles (cars, trucks, and motorcycles) are there in your household?

Vehicles

32. Which of these best describes the neighborhood where you live?

- Urban/city or town
- Suburban
- Rural or very rural

33. Do you or someone else in your household own your home?

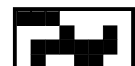
- Yes
- No (renter)

34. How long have you lived at your current address?

- Less than a year
- More than 1 year, but less than 2 years
- More than 2 years but less than 5 years
- More than 5 years but less than 10 years
- More than 10 years

35. Where do you spend most of your time when you are not at home?

- Work
- School
- Other (please specify): _____



F. Background Questions

36. Are you...? Male Female

37. How old are you? Years

38. What is your racial background or ethnicity?

Black/African American

Asian/South Asian/Pacific Islander

White/Caucasian

American Indian or Alaskan Native

Latino/Hispanic

Other (please specify): _____

39. Where were you born?

Philadelphia

United States, outside of Philadelphia (please specify state or city): _____

Another country (please specify country): _____

40. What is your marital status?

Married or living with a partner

Widowed

Separated or divorced

Never been married

41. How tall are you without shoes? feet and inches

42. How much do you weigh without shoes? pounds

43. How would you describe your current employment status?

Full-time employment (35 hours a week or more year-round)

Part-time employment

Unemployed, actively seeking employment

Not employed, not seeking employment (student, retired, home-maker, disabled, etc.)

44. What is your highest level of education?

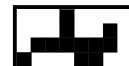
8th grade or less

Some high school

High school graduate or GED certificate

Some college or technical school

College graduate or more, such as graduate or professional degree



45. In general, would you say your health is:

- Poor Fair Good Very good Excellent

46. Do you smoke cigarettes?

- Yes, I currently smoke
 No, but I used to smoke and quit
 No, I have never smoked

47. How would you describe your level of physical activity?

- Not at all active, mostly sedentary
 Moderately active
 Moderately to very active
 Very active (vigorous activity at least 5 days a week)

48. Do you currently receive any of the following?

Yes	No
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- | | | |
|---|-----------------------|-----------------------|
| a. Food stamps (Supplemental Nutrition Assistance Program or SNAP benefits) | <input type="radio"/> | <input type="radio"/> |
| b. WIC benefits | <input type="radio"/> | <input type="radio"/> |
| c. Government cash assistance including TANF, SSI, SSDI, or GA (but not including social security benefits) | <input type="radio"/> | <input type="radio"/> |

49. What is the total yearly income for your household?

- Less than \$20,000 \$50,000 - \$100,000
 \$20,000 - \$34,999 More than \$100,000
 \$35,000 - \$49,999 Not willing to share

You're Finished!
Thank you for your time and effort!

Please take a moment to review your responses to make sure no questions were missed!

