Pretest title	Take Charge of your Health - Dietary Quality Assessment			
	total possilbe score=88			
Participant Name				
Last name	first name	ID#	age	ethnicity

			Grains
			1
			Do you eat 3 or more servings of grain products per day? 4=always, 3 = often, 2=sometimes, 1 = never
gender	date taken	location	

2	3
How many servings of grains do you eat each day? Score 2 for 6-11 servings, 1 for 3-6 serving, 0 for < 3 or > 11servings.	When you shop for grain products, do you look for whole wheat products? 4=always, 3 = often, 2=sometimes, 1 = never

	fruits
4	5
Would you describe your Grain intake as: 5= excellent, 4 = very good, 3= good, 2 = fair, 1 = poor	Do you eat more than 1 kind of fruit daily? 4=always, 3 = often, 2=sometimes, 1 = never

6	7
During the past week, did you have citrus fruit or citrus juice? 1 = yes, 0 = no	How many servings of fruit do you eat each day? Score 2 for 2-5 servings, score 1 for 1 or 6-9 servings, score 0 for none or > 9 servings

	vegetables
8	9
Would you describe your Fruit intake as: 5= excellent, 4 = very good, 3= good, 2 = fair, 1 = poor	Do you eat 2 or more servings of vegetables at your main meal? 4=always, 3 = often, 2=sometimes, 1 = never

10	11
Do you eat more than 1 vegetable a day?4=always, 3 = often, 2=sometimes, 1 = never	Do you eat fruit or vegetables as snacks?4=always, 3 = often, 2=sometimes, 1 = never

12	13
How many servings of vegetables do you eat each day? Score 3 for 3-6 servings, score 2 for 6-9 servings score 1 for 1-2 servings, score 0 for <1 or >9 servings	Would you describe your Vegetable intake as: 5= excellent, 4 = very good, 3= good, 2 = fair, 1 = poor

milk & dairy	
14	15
Do you drink milk daily? 4 = Always, 3 = Often, 2 = Sometimes, 1= Never	During the past week did you have milk as a beverage or on cereal? 1= yes, 0 = no

16	17
Do you drink regular soft drinks? 4 =Never, 3= Some-times, 2 =Often, 1 =Always	Do you buy Kool-Aid®, Gatorade®, Sunny Delight®, or other fruit drink/punch? 4 =Never, 3= Some-times, 2 =Often, 1 =Always

	fats and cholesterol
18	19
Would you describe your Milk/Dairy intake as: 5= excellent, 4 = very good, 3= good, 2 = fair, 1 = poor	Do you take the skin off the chicken? 4 = Always, 3 = Often, 2 = Sometimes, 1= Never

20	21
During the past week did you have fish? 1 = yes, 0 = no	Would you describe your intake of Fats and Cholesterol as: 5 = excellent, 4 = very good, 3= good, 2 = fair, 1 = poor

shopping for foods	
22	23
When shopping, do you use the Nutrition facts on the food label to choose foods? 4 = Always, 3 = Often, 2 = Sometimes, 1= Never	Do you run out of food before the end of the month? 4 =Never, 3= Some-times, 2 =Often, 1 =Always

24			
Would you describe your overall diet as : 5 = excellent, 4 = very good, 3= good, 2 = fair, 1 = poor	total score	% of total	
			ID#