

Welcome to Healthy Habits for Life Staff Survey

Please take a moment to answer a few questions about YOU and YOUR HEALTH. We do NOT ask for your personal identification information. All information we collect from you will be kept **anonymous**. Before starting the survey, please make sure to

1. Weigh yourself
2. Measure your height

This information will be needed in the survey. Thank you!

*If you are using paper and pencil, please choose one answer for each question, unless instructed otherwise.

How would you describe your health?

- Poor Fair Good Very good Excellent

How would you describe your current weight?

- Underweight Normal Overweight Obese

On an average day, about how many times do you eat fruits?

- 0 1 2 3 4 5 6 or more

On an average day, about how many times do you eat vegetables?

- 0 1 2 3 4 5 6 or more

On an average day, about how many times do you drink milk or eat milk products?

- 0 1 2 3 4 5 or more

What kind of milk do you typically drink?

- non fat

- 1% low fat
- 2% low fat
- whole milk
- soy milk
- other milk (e.g. goat milk)
- don't drink any kind of milk

What kind of cheese do you typically eat?

- non fat
- low fat
- regular
- don't eat cheese

What kind of yogurt do you typically eat?

- non fat
- low fat
- regular
- don't eat yogurt

How many times per week do you typically eat fast food?

- Never
- Once a week or less
- 2-3 times/week
- 4-6 times/week
- 7-9 times/week
- 10 or more times/week

What kind of foods do you usually eat between meals? (choose all that apply)

- candies, cookies, chocolate, pastries, pan dulce, etc.
- yogurt, cheese
- pretzels, dry cereal, crackers, nuts
- potato chips, doritos, cheese puffs
- ice-cream, popsicle
- none
- other

If Other, please specify: |

On a typical day, how many 12 ounce servings (one can) of regular soda,

energy drinks and sweetened drinks (including juice, sports drinks, boba, sweetened coffee drinks, horchata, tampico, etc.) do you drink?

0 1 2 3 4 5 6 or more

On a typical day, how many 8 ounce servings of water do you drink?

0 1 2 3 4 5 6 7 8

How many days per week are you physically active?

0 1 2 3 4 5 6 7

When you are physically active, how many minutes per day are you physically active?

- don't exercise
 <15 minutes
 15-30 minutes
 31-45 minutes
 46-60 minutes
 >60 minutes

Below is a list bread and grain items. For each item, please indicate if you ever buy it for your family. Do not include items eaten at a restaurant.

Do you buy....(if sometimes, count as yes)

	Yes	No	Don't Know
Whole wheat bread or whole grain bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn Tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole wheat tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oatmeal (not instant oatmeal packets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
barley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bulgur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know why people choose some whole grain foods over others.

What is the reason you don't buy brown rice?

- I don't know what it is
- I have never tasted it
- I don't know how to cook it
- It takes too long to cook
- I don't like how it tastes
- My family doesn't like it
- It cost too much
- Someone in the family has a food allergy or medical reason not to eat it
- I can't find it in the store
- No specific reason
- Don't know
- Other
- I do buy brown rice

What is the reason you don't buy whole wheat tortillas?

- I don't know what they are
- I have never tasted them
- I make my own tortillas at home
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat them
- I can't find them in the store
- No specific reason
- Don't know
- Other
- I do buy whole wheat tortillas

What is the reason you don't buy corn tortillas?

- I don't know what they are
- I have never tasted them
- I make my own tortillas at home
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat them
- I can't find them in the store
- No specific reason

- Don't know
- Other
- I do buy corn tortillas

What is the reason you don't buy whole wheat or whole grain breads?

- I don't know what these products are
- I have never tasted these products
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat them
- I can't find these products in the store
- No specific reason
- Don't know
- Other
- I do buy whole wheat or whole grain breads

What is your height? (Please fill in both boxes)

Feet |
Inches |

What is your weight in pounds?

lbs.

Using Table 1 below, start by finding your weight in the left-hand column. (Find the box with a number that is equal to or closest to your weight). Then find your height in the top row. Follow your weight to the right across the row and follow your height going down the column. The number in the box where your weight and height cross is your BMI. Enter it in the space below.

BMI |

Table 1

BMI	Height (in)																		
	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
Wgt. (lbs)	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
100	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	13	12
105	22	21	21	20	19	19	18	18	17	16	16	16	15	15	14	14	14	13	13

110	23	22	22	21	20	20	19	18	18	17	17	16	16	15	15	15	14	14	13
115	24	23	23	22	21	20	20	19	19	18	18	17	17	16	16	15	15	14	14
120	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15
125	26	25	24	24	23	22	22	21	20	20	19	18	18	17	17	17	16	16	15
130	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16
135	28	27	26	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16
140	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
145	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18
150	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
155	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	20	20	19	19
160	34	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21	20	20
165	35	33	32	31	30	29	28	28	27	26	25	24	24	23	22	22	21	21	20
170	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
175	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22	21
180	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
185	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
190	40	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23
195	41	39	38	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24
200	42	40	39	38	37	36	34	33	32	31	30	30	29	28	27	26	26	25	24
205	43	41	40	39	38	36	35	34	33	32	31	30	29	29	28	27	26	26	25
210	44	43	41	40	38	37	36	35	34	33	32	31	30	29	29	28	27	26	26
215	45	44	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26
220	46	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	28	28	27
225	47	46	44	43	41	40	39	38	36	35	34	33	32	31	31	30	29	28	27
230	48	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	30	29	28
235	49	48	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29
240	50	49	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31	30	29
245	51	50	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31	30
250	52	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30
255	53	52	50	48	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31
260	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	33	32
265	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32
270	57	55	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35	34	33
275	58	56	54	52	50	49													

Table 2

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Now based on the BMI score you just found, please use Table 2 to find your weight status

- Underweight
 Normal
 Overweight

Obese

Have you had a "routine" physical (visit with doctor to check your health) in the past year?

- Yes
- No
- Don't know

Do you have diabetes?

- Yes
- No
- Pre-diabetes
- Don't know

Do you take medication for diabetes?

- Yes
- No
- Don't know

Do you have high cholesterol?

- Yes
- No
- Don't know

Do you take medication to lower your cholesterol?

- Yes
- No
- Don't know

Do you have high blood pressure?

- Yes
- No
- Don't know

Do you take medication to lower your blood pressure?

- Yes
- No

Don't know

How stressed do you feel on an average weekday?

- not at all
- a little
- somewhat
- a lot
- extremely
- don't know

What do you do to decrease your stress? (Choose all that apply)

- I don't feel stressed.
- I don't do anything.
- I talk to family and/or friends.
- I exercise.
- I practice deep breathing or other relaxation techniques.
- I spend time with my child/children.
- I have a drink (beer, wine, liquor).
- Other

If Other, please specify: |

What health-related goals are you working on? (Choose all that apply)

- reduce sweets intake
- reduce sugar drinks
- reduce fat in diet
- reduce salt intake
- reduce smoking
- reduce stress
- lose some weight
- eat more fruits and vegetables
- increase physical activities
- drink more water
- none
- other

If Other, please specify: _____

Which one of your goals from the list do you plan to work on first?

- reduce sweets intake
- reduce sugar drinks

- reduce fat in diet
- reduce salt intake
- reduce smoking
- reduce stress
- lose some weight
- eat more fruits and vegetables
- increase physical activities
- drink more water
- none
- other

If Other, please specify: |

WIC Agency

Agency -- Choose one --

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