

Curricula \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_



# Survey

## Participant Information

Age: (Please check one)

- Teen
- Adult age 19-40
- Adult age 41-59
- Adult age 60+

Gender: (Please circle one)

Male      Female

## WHAT IS OSTEOPOROSIS?

Please help us make our programs and materials better by answering the following questions. First think about what you will do from now on and then think back to what you did before. *Circle the best answer for each.*

Never                      Often                      Always

**After today**, how often will you eat meals that include a variety of foods from MyPyramid?

1      2      3      4      5

**Before today**, how often did you eat meals that included a variety of foods from MyPyramid?

1      2      3      4      5

**After today**, how many cups from the milk group will you eat per day? \_\_\_\_\_

*Examples of 1 cup are:*

- 1 cup milk*
- 1½ ounces natural cheese*
- 2 ounces processed cheese*
- 1 cup yogurt*

**Before today**, how many cups from the milk group did you eat per day? \_\_\_\_\_

*Continued on back*

## WHAT IS OSTEOPOROSIS?

**After today**, which of the following will best describe your activity level?  
(Circle one)

- 1) not much physical activity
- 2) physical activity (like walking) in most weeks
- 3) physical activity (like walking) at least 30 minutes per day, 1 or 2 days per week
- 4) physical activity (like walking) at least 30 minutes per day, 3 or 4 days per week
- 5) physical activity (like walking) at least 30 minutes per day, 5 or more days per week

**Before today**, which of the following best described your activity level?  
(Circle one)

- 1) not much physical activity
- 2) physical activity (like walking) in most weeks
- 3) physical activity (like walking) at least 30 minutes per day, 1 or 2 days per week
- 4) physical activity (like walking) at least 30 minutes per day, 3 or 4 days per week
- 5) physical activity (like walking) at least 30 minutes per day, 5 or more days per week

**Which** of these food programs do you think you will use in the next 12 months?  
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program

**Which** of these food programs did you use in the last 12 months?  
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program