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# HCHS/SOL Dietary Behavior Questionnaire

ID NUMBER:

FORM CODE: DBE  
VERSION: A 6/25/07

Contact Occasion   SEQ #

Acrostic: \_\_\_\_\_

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Mark the appropriate box for the response. Unless instructed, mark ONLY one response.

1. Of Hispanic/Latino and American food, do you usually eat...? *(Mark only one)*

- Mainly Hispanic/Latino foods 1
- Mostly Hispanic/Latino foods and some American food 2
- Equal amounts of both Hispanic/Latino and American foods 3
- Mostly American foods and some Hispanic/Latino foods 4
- Mainly American foods 5

2. How often do you or your family usually go out to eat at or bring home ready-to-eat foods from...?

	Never	Less than once a week	1-2 times per week	3-4 times per week	5 or more times per week
a. Relatives' or Friends' homes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Fast food restaurants (including Latino and Chinese food)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Sit down restaurants (with table service)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Buffet restaurants (including Chinese buffet)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Pick-up-and-take-home restaurants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Grocery stores (hot or cold ready-to-eat food from store)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Cafeterias (school or work)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Vending machines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. On-street vendors (including trucks, carts, and wagons)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Other (for example quick marts, bakeries, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>