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# HCHS/SOL Dietary Behavior Questionnaire

|            |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

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

Contact Occasion

SEQ #

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

## ADMINISTRATIVE INFORMATION

Oa. Completion Date: / /   
Month Day Year

Ob. 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<br>(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"/> |