What’s on Your Plate?
Adult
Food and Nutrition Survey

1. Yesterday, I ate fruit as part of a meal or a snack...
   - No times
   - 1 time
   - 2 times
   - 3 times
   - 4 or more times

2. Yesterday, how many different kinds of fruit did you eat?
   - None
   - 1 kind
   - 2 kinds
   - 3 kinds
   - 4 or more kinds

3. Yesterday, I ate vegetables as part of a meal or snack...
   - No times
   - 1 time
   - 2 times
   - 3 times
   - 4 or more times

4. Yesterday, how many different kinds of vegetables did you eat?
   - None
   - 1 kind
   - 2 kinds
   - 3 kinds
   - 4 or more kinds

5. Yesterday, how many pops, sodas, fruit-flavored drinks, sports drinks, energy drinks, or sweetened coffee drinks did you have?
   - None
   - 1 drink
   - 2 drinks
   - 3 or more drinks

6. Yesterday, how often did you wash your hands with soap before eating?
   - Never
   - Sometimes
   - Most of the time
   - Every time

7. Yesterday, I was physically active for...
   - Less than half an hour
   - Half an hour to 1 hour
   - 1 to 3 hours
   - More than 3 hours

8. How often do you use nutrition labels to help pick your foods?
   - Never
   - Sometimes
   - Most of the time
   - Every time

9. How often do you eat meals prepared at home?
   - Less than once a week
   - 1–2 times a week
   - 3–4 times a week
   - 5–6 times a week
   - 7 or more times a week

10. Do you worry that you will run out of food before the end of the month?
    - Never
    - Sometimes
    - Most of the time
    - Every month