Work time Snack and Beverage Habits and Vending Machine Use Survey

Snack and Beverage Habits

This section asks about the types of snacks and beverages you enjoy while at work. Please mark the selection which best fits the frequency you enjoy each snack and beverage type during the workday.

	Never, or less than once per week	1-3 days perweek	Once per work day	2 or more times per workday
Salty Snacks Popcorn, chips, pretzels, chex mix	0	0	0	0
Sweet Pastry Snacks Doughnuts, Pop-Tarts, cookies, pies	0	0	0	0
Low Fat Snacks Chips, crackers, cookies, brownies	0	0	0	0
Candies Gummy candies, chocolate bars	0	0	0	0
Fruit and/or Vegetables Fresh, canned, frozen, pickled, dried	0	0	0	0
Full Fat Dairy Products Whole or 2% milk, cheese, yogurt	0	0	0	0
Low Fat Dairy Products 1% or skim milk, reduced fat yogurt and cheese	0	0	0	0
100% Juice Orange, apple, cranberry, vegetable	0	0	0	0
Sugar Sweetened Beverages Fruit drinks, regular sodas, sports drinks, Vitamin Water, energy drinks	0	0	0	0
Calorie Free Beverages Water, diet sodas, zero calorie energy drinks, unsweetened tea	0	0	0	0
Coffee/ Tea Black	0	0	0	0
Coffee/Tea With cream or sugar	0	0	0	0

How offen do yo	u purcnase a sno	ack from a vending	g machine whil	e at work?
0	0	0	0	
Never, or less than once per week	1-3 days per week	Once per work day	2 or more times pe workday	er
How offen do yo	u purchase a be	verage from a ven	ding machine	while at work?
0	0	0	0	
Never, or less than once per week	1-3 days per week		2 or more times per workday	
•	ending machine	ges while at work e, where do your sr)	-	
O Home				
Snackshop	at work			
Grocery/co	onvenience store av	way from work		
Other		-		
Nutritional Info	rmation			
better understan	d your idea of w	snack and bevera hat a healthy snac of a snack would c	ck is. Please sele	ect whether
		Healthy S		
High Fiber		Yes	No	
High Calorie				
Low in Vitamins	and Minerals	0	0	
Low Sugar				

High Sodium

High Fat

Please select th	ne snack that is lowest i	n salt.	
\circ	\circ	\circ	
Potato chips	Fresh fruit	Pretzels	
Please select th	ne snack that is highest	in fiber.	
\circ	\circ	\circ	
Pop-Tart	Low-fat cheese	Granola bar	
Please select th	ne item that is lowest in	calories.	
\circ	\circ	\circ	
Peanuts	Baked chips	Candy bar	
Please select th	ne beverage that is low	est in sugar.	
\circ	\circ	\circ	
Water	Soda	Energy Drink	
Thoughts on s	snacks and beverag	ges es	
and high in fibe	er, vitamins, and minera ables, low-fat dairy prod	at is low in fat, sugar, sodium, and calorients. Examples of healthy snacks include ducts, and whole grain products such as	
When given the less healthful sr	-	y choose healthful snack foods instead o)f
	o not intend to change th	is within the next six months.	
O No, but I inte	end to change this within	the next six months.	
O No, but I inte	end to change within the	next month.	
Yes, and I he	ave started doing so in the	e last six months.	
Yes, and I he	ave done so for more tha	n six months.	

When given the choice, do you usu less healthful beverages?	ally choo	se healthi	ful bevero	iges inst	ead of
No, and I do not intend to change	this within t	he next six	months.		
O No, but I intend to change this with	in the next	six months			
O No, but I intend to change within th	e next mo	nth.			
Yes, and I have started doing so in t	the last six i	months.			
Yes, and I have done so for more th	ıan six mor	nths.			
Please indicate how strongly you ag statements.	Strongly disagree	sagree wi	Neither agree or disagree	owing Agree	Strongly agree
I don't enjoy the taste of healthful snacks or beverages	0	0	0	0	0
Healthful snacks and beverages are not sweet enough	0	0	0	0	0
Healthful snacks and beverages are not readily available at work	0	0	0	0	0
Healthful snacks and beverages take too long to prepare	0	0	0	0	0
Healthful snacks and beverages are too expensive	0	0	0	0	0
Healthful snacks and beverages don't satisfy a craving	0	0	0	0	0
Healthful snacks and beverages don't give me the energy I need	0	0	0	0	0
I don't know how to choose healthful snacks and beverages	0	0	0	0	0
I don't know where to find healthful snacks and beverages	0	0	0	0	0
Please share your general thou workplace.	ughts on	vending	g machii	nes in y	our/

Demographics

This information will be used to describe the group of people who complete this survey. It will not be used to determine who took the survey.

What is your gender?									
0	Male Female								
What is your age?									
18-2	7 28-3	7	O 38-47	O 48-57	O 58-62	O 63 or over			
How would you describe your race/ethnicity? (select all that apply)									
	0	0	0	0		0	0		
	rican Indian askan Native	Asian	Black or Africa American	n Hispanio Latino		ative Hawaiian or her Pacific Islander			