

Dietary Fat Stage of Change

Do you consistently avoid eating high fat foods?

PLEASE:

- * Fill in one circle completely.
- * Erase all changes completely.

NO, and I do NOT intend to in the next six months

NO, but I intend to in the next six months.

NO, but I intend to in the next 30 days.

YES, and I have been, but for LESS than 6 months.

YES, and I have been for MORE than 6 months.

Dietary Fat Change Strategies

The following are activities, thoughts, and feelings people use to help them change their dietary fat intake. Think of any similar experiences you may be having or have had in the past month. Then rate HOW OFTEN you do each of the following.

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

	Many Times	Often	Sometimes	Almost Never	Never	1	2	3	4	5
1. I set goals to eat low-fat foods.	<input type="radio"/>									
2. I say positive things to myself about eating low-fat foods.	<input type="radio"/>									
3. I put reminders around my home to eat low-fat foods.	<input type="radio"/>									
4. I do things to make low-fat foods more enjoyable.	<input type="radio"/>									
5. I think about the benefits I will get from eating low-fat foods.	<input type="radio"/>									
6. I keep track of how much high fat food I eat.	<input type="radio"/>									
7. I find ways to get around the things that get in the way of eating low-fat foods.	<input type="radio"/>									
8. When I get off track from my low-fat eating goals, I tell myself I can start again and get right back on track.	<input type="radio"/>									
9. I look for information about eating low-fat foods.	<input type="radio"/>									
10. I try to think more about the benefits of eating low-fat foods and less about the hassles to healthy eating.	<input type="radio"/>									
11. I reward myself for eating low-fat foods.	<input type="radio"/>									
12. I have a friend or family member who encourages me to eat low-fat foods.	<input type="radio"/>									
13. I try different kinds of low-fat foods so that I have more options to choose from.	<input type="radio"/>									
14. I think about how my surroundings affect the high fat food I eat. (Surroundings are things like fast food restaurants and pre-packaged foods in the store.)	<input type="radio"/>									
15. I make back-up plans to be sure I eat low-fat foods.	<input type="radio"/>									

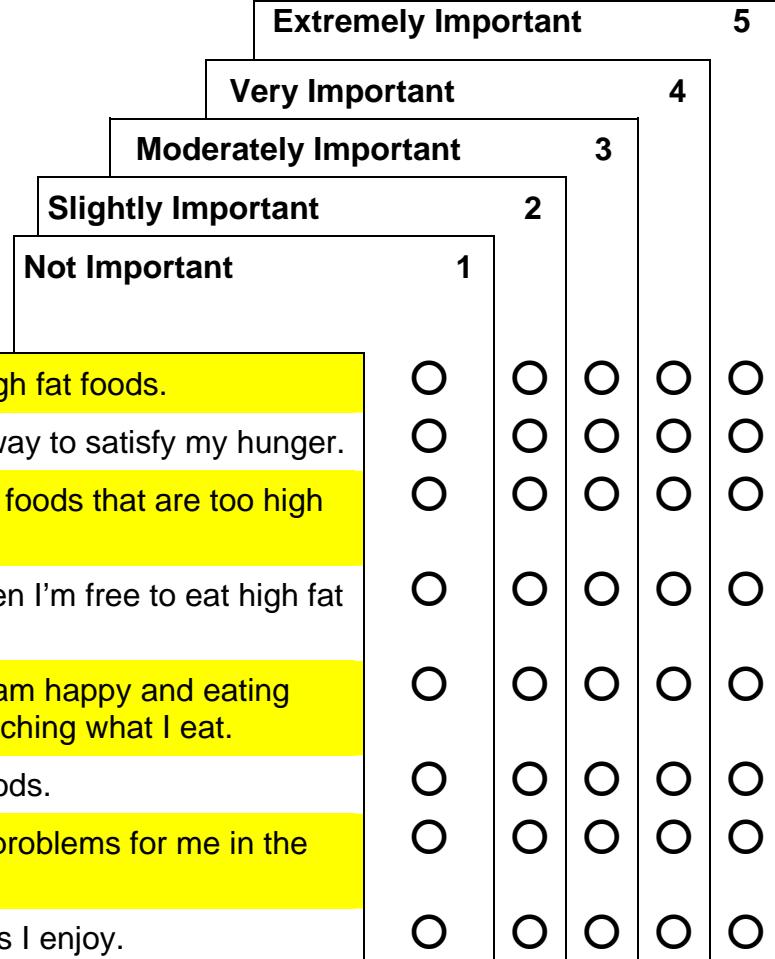
Dietary Fat Pros & Cons

The following statements are different beliefs about eating foods that are high in fat. Please rate **HOW IMPORTANT** each statement is to your decision to eat high fat foods. Use the following scale:

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

**HOW IMPORTANT IS EACH STATEMENT
TO YOU WHEN DECIDING WHETHER
OR NOT TO EAT HIGH FAT FOODS?**



Dietary Fat Confidence

There are many things that can get in the way of choosing to eat a diet in low-fat foods.
Rate **HOW SURE** you are that you can do the following in each situation.
Please answer **ALL** questions.

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

	I'm sure I can	5			
	I probably can	4			
	Neutral	3			
	I probably can't	2			
	I'm sure I can't	1			
1. Ask someone in your family to buy low fat foods at the grocery store?	<input type="radio"/>				
2. Choose low fat foods during those times when I feel depressed about something?	<input type="radio"/>				
3. Choose low fat foods even when it has been a while since I had a high fat snack or meal?	<input type="radio"/>				
4. Choose low fat items like grilled chicken instead of a cheeseburger at a restaurant?	<input type="radio"/>				
5. Choose low fat foods when others around me are eating high fat foods?	<input type="radio"/>				
6. Eat low fat snacks like pretzels or popcorn without butter instead of high fat snacks?	<input type="radio"/>				
7. Choose low fat foods when I am craving high fat food?	<input type="radio"/>				
8. Ask someone in your family to prepare meals that are low in fat?	<input type="radio"/>				

Dietary Fat Friend Support

During a typical week, how often:

PLEASE:

- * Fill in each circle completely.
- * Erase all changes completely.

Every day

5-6 days

3-4 days

1-2 days

Never

4

3

2

1

1. Do you encourage your friends to eat low-fat foods?
2. Do your friends eat low-fat foods with you?
3. Do your friends encourage you to eat low-fat foods?
4. Do other kids tease you for eating low-fat foods?

Dietary Fat Family Support

During a typical week, how many days has a member of your household:

(For example, your father, mother, brother, sister, grandparent, or other relatives)

Every day

5-6 days

3-4 days

1-2 days

Never

5

4

3

2

1

1. Provided low-fat foods as a snack or part of a meal?
2. Encouraged you to eat lower fat foods?
3. Eaten low-fat foods with you?
4. Told you that you are doing a good job at eating low-fat foods?