Food Habits Questionnaire

Tell us how you shop, cook and eat, so we can plan better food support.

How to fill this in

There are no right or wrong answers, so please answer honestly about a typical week. Fill the circles and checkboxes completely with a blue or black pen. Your answers are anonymous.

Eating and cooking

How many times a week do you eat takeaway or fast food? *(Please cross one)*

◯ Never ◯ 1 or 2 times ◯ 3 or 4 times ◯ 5 or 6 times ◯ Every day

On a typical evening, how long do you spend preparing and cooking dinner? *(Please cross one)*

◯ Under 30 min ◯ 30 to 60 min ◯ 1 to 1.5 hours ◯ 1.5 to 2 hours ◯ Over 2 hours

How often do you cook a meal from basic ingredients? *(Please cross one)*

◯ Never ◯ Rarely ◯ Weekly ◯ Most days ◯ Daily

Who does most of the cooking in your home? *(Please cross one)*

◯ I do ◯ Someone else ◯ We share it ◯ Nobody cooks

How much do you agree with each statement? *(Please cross one in each line)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Preparing a balanced meal takes too long	◯	◯	◯	◯	◯
I feel confident cooking from basic ingredients	◯	◯	◯	◯	◯
I could improve my cooking skills	◯	◯	◯	◯	◯
I would cook more adventurously with the right ingredients	◯	◯	◯	◯	◯
I often throw away food I have bought	◯	◯	◯	◯	◯

Diet and health

Do you follow any of these diets? *(Please cross all that apply)*

☐ No special diet ☐ Vegetarian ☐ Vegan

☐ Gluten free ☐ Dairy free ☐ Halal

☐ Kosher ☐ Low sugar ☐ Other

Do you have a food allergy or intolerance? *(Please cross one)*

◯ Yes ◯ No ◯ Not sure

If yes, which foods do you avoid?

PREVIEW

How healthy would you say your diet is?

Very unhealthy ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 Very healthy

Would you like to eat more healthily? *(Please cross one)*

◯ Yes, a lot more ◯ Yes, a little more ◯ No, I am happy as I am

What you eat

How often do you eat or drink each of these? *(Please cross one in each line)*

	Never	Monthly	Weekly	Most days	Daily
Fresh fruit	◯	◯	◯	◯	◯
Vegetables or salad	◯	◯	◯	◯	◯
Wholegrain bread, rice or pasta	◯	◯	◯	◯	◯
Beans, lentils or pulses	◯	◯	◯	◯	◯
Fish	◯	◯	◯	◯	◯
Red or processed meat	◯	◯	◯	◯	◯
Milk, cheese or yogurt	◯	◯	◯	◯	◯
Sweets, cakes or crisps	◯	◯	◯	◯	◯
Sugary soft drinks	◯	◯	◯	◯	◯

How many portions of fruit and vegetables do you eat on a typical day? *(Please cross one)*

◯ None ◯ 1 or 2 ◯ 3 or 4 ◯ 5 or more

How often do you eat breakfast? *(Please cross one)*

◯ Never ◯ Rarely ◯ Sometimes ◯ Most days ◯ Every day

How many glasses of water do you drink on a typical day? *(Please cross one)*

◯ None ◯ 1 to 3 ◯ 4 to 6 ◯ 7 or more

Food shopping

How often do you shop for food? *(Please cross one)*

◯ Less than once a week ◯ Once a week

◯ Several times a week ◯ Every day

Where do you buy most of your food? *(Please cross one)*

◯ Supermarket ◯ Discount store ◯ Local shop

◯ Market ◯ Online delivery ◯ Other

About how much does your household spend on food each week?

Have you skipped a meal in the past month because money was short? *(Please cross one)*

◯ Never ◯ Once or twice ◯ Often

How important is each of these when you choose food?	Not at all	A little	Quite	Very
Price	◯	◯	◯	◯

PREVIEW

How important is each of these when you choose food?	Not at all	A little	Quite	Very
Taste	◯	◯	◯	◯
Health	◯	◯	◯	◯
Convenience	◯	◯	◯	◯
Where it comes from	◯	◯	◯	◯

About you

How old are you? *(Please cross one)*

◯ Under 15 ◯ 15 to 17 ◯ 18 to 25 ◯ 26 to 30

◯ 31 to 40 ◯ 41 to 50 ◯ 51 to 60 ◯ Over 60

How many people live in your household, including you? *(Please cross one)*

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

Your comments

What would help you eat more healthily?

Is there anything else you would like to tell us about food and cooking?

PREVIEW