

The Central Coast Cultures Project
2000 Garbage Project Survey
 California State University Monterey Bay

Resident Questionnaire

Note: Please answer the following questions as fully as possible. If you would like to remain anonymous please indicate your preference at the time of this interview (check one): yes, no, no preference.

Codes: Y=yes, N=no. Marital status: s=single, m=married, d=divorced. Quantities: lbs=pounds, unit=individual item count (e.g. one 12 oz. can or individual head of cabbage).

1. On a scale of from 1 to 10, with ten representing healthy eating habits, and 1 representing poor eating habits, how do you, or the members of your household, rate? ____.
2. Please provide statistics on family membership? Number in household? Health/handicaps? Children? Elderly? Renters? (*Record additional information on back of form*).

<i>relationship</i>	<i>status</i>	<i>age</i>	<i>gender</i>	<i>health</i>	<i>smoker</i>
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__
_____	s__m__d__	____	m__f__	exc__fair__poor__	yes__no__

3. How would you characterize your ethnicity?_____. Primary language?_____. How long have you been a Central Coast resident?_____. Were you born in California?_____. If not, what is your state or country of origin?_____. That of your family members (*optional*)? _____.
4. How would you characterize your respective educational level?_____. That of your family as a whole?_____.
5. How would you characterize the religious persuasion of your household?_____.
6. Would you characterize yourself as a: city dweller____ or as a resident of a suburb____ or rural area____? Within which of these areas have you spent most of your residential life?_____.
7. Your primary occupation?_____. Are you the primary provider____ and/or food preparer____? Employment of household members (*optional*)?
8. How would you characterize the income level of your household?

___2,000-10,000	___10,000-15,000	___15,000-25,000
___25,000-35,000	___35,000-50,000	___50,000-75,000
___75,000-125,000	___125,000+	
9. How would you characterize you and your household's activity/athletic levels? (___high, ___moderate,

- ____low). Do you exercise regularly?____. Do you participate in sports?____. If so, how often?____.
Are you and your household active members of a gym?_____.
10. Are there any illnesses among the members of your household that have an effect on your eating habits?____. Food allergies?____. Please note any items that cannot be eaten due to illness or allergy._____.
11. Which of the following best characterizes the way in which you prepare household meals (prioritize using numbers 0 through 6, where 0=absent and 6=frequent use): deepfry____, bake____, broil____, grill____, boil____, microwave____.
12. Do you have and use a microwave oven?____. If so, what types of foods do you prepare in your microwave oven?_____. Frequency of use?_____.
13. Do you have and use a freezer?____. Do you buy meats in quantity and employ freezer storage?____. What do you store and for how long?_____.
14. Did you restock your freezer during the course of this study?____. What was stocked?_____. When restocking your freezer do you unwrap and store meats in containers?_____.
15. Do you recycle____, compost____, use a disposal____, or feed left-overs to pets____. If applicable, numbers____ and types of pets_____.
16. What do you dispose of through the use of a garbage disposal?_____. Did you use the garbage disposal during the period of the study?____. If so, what did you dispose of and in what quantity?_____.
17. Are you on a city sewer line____, or septic tank____? If on a septic tank, does this have an effect on what you dispose of through a garbage disposal?_____.
18. Do you use tap water filters____ or bottled water____?
19. Do you use electric juicers____ or related appliances in the the home?____. Type?_____. Frequency of use?_____.
20. Do you have and use a deep fat fryer?____. What do you fry and how often?_____.
21. How would you characterize your family's eating habits? Light____ or ____heavy eaters? Vegetarian____ or ____meat eaters? Unhealthy____ or ____healthy eaters?
22. Are there any "out of the ordinary" dietary habits that you or the members of your household share?____. If so, please specify (*optional*)._____.
23. When family or household meals are served do you each eat individually____ or as a group____? Where do the majority of the members of your household eat their meals? (dining room____, kitchen____, t.v. room/den____, living room____, other____). If other than those options listed, please specify: _____.
24. Who prepares the food in your household?_____. Is this an individual____ or collective____ activity?

25. Do you store left-over foods?____. Frequency?_____. Quantities?_____. Types of containers?_____. Method of disposal?_____.
26. Where do you shop for groceries?_____. How often? (daily____, weekly____, monthly____). Which of the following best characterize the store where you do the majority of your grocery shopping: supermarket____, neighborhood grocery____, specialty shop____, or health food store____. When shopping for groceries, do you purchase items in large____ or small____ quantities?
27. What are your average weekly expenses for groceries?_____.
28. Do you or any members of your household consume coffee or other related caffeinated drinks?____. How often?_____. Quantity?____(cups).
29. Do you or any members of your household smoke tobacco products?____. How often?_____. Quantity?_____.
30. Are you or any members of your household on a diet?____. If so, is the diet for weight loss____, nutritional health____, or illness____?
31. Do you have any religious dietary restrictions?____. If so, please specify (*optional*): _____.
32. How would you characterize the amount of red meat that your family consumes? Light____, Moderate____, Heavy____? Quantity per week?____(lbs.).
33. When eating or preparing red meat, do you cut away the fat?_____.
34. How would you characterize the quantity of vegetables that your family consumes? Light____, Moderate____, Heavy____? Quantity per week?_____ (estimated lbs. or number of units per week).
35. Are you or anyone in your household vegetarian?____. If so, how strictly do you adhere to a vegetarian diet? (strictly____, moderately____, occasionally____).
36. Do you or any members of your household use vitamin supplements?____. Types?_____. Frequency?_____.
37. Do you or any members of your household enjoy alcoholic beverages?____. Type?_____. Frequency of use? (light____, moderate____, heavy____). Quantity?_____(estimated number of units per week).
38. Do you or any members of your household use drugs for medical purposes?____. Specific medical ailment (*optional*)?_____. Recreational use (*optional*)?_____.
39. Do you or any of the members of your household enjoy between meal snacks? _____. Frequency of snack use? ____*H*=heavy, ____*M*=moderate, ____*L*=light, ____*A*=absent.
40. Do you and/or the members of your household eat popcorn? _____. How often per week/month? _____. Brand? _____. Low cal____/Low fat____? Buttered____?
41. Do you use mayonaise?____. Miracle whip?_____.

42. Do you use baby formulas? _____. Brand names used?_____.

43. Of the following food groups, which do you and your family prioritize in your diet?

meats_____ cereals/grains_____ vegetables/fruits_____ dairy_____

44. Indicate preferences for the aforementioned food groups -- by age, gender, food group, and meat preference -- by members of your household.

Food Group Codes: (*mt*=meats, *cg*=cereals/grains, *vf*=vegetables/fruits, *dy*=dairy; **Meats:** *bf*=beef, *pl*=poultry, *sf*=seafood, *pk*=pork, *pm*=processed meats)

<i>relationship</i>	<i>age</i>	<i>gender</i>	<i>health</i>		<i>food group</i>	<i>meat code</i>
_____	_____	m__ f__	exc__ fair__ poor__	_____	_____	_____
_____	_____	m__ f__	exc__ fair__ poor__	_____	_____	_____
_____	_____	m__ f__	exc__ fair__ poor__	_____	_____	_____
_____	_____	m__ f__	exc__ fair__ poor__	_____	_____	_____
_____	_____	m__ f__	exc__ fair__ poor__	_____	_____	_____

45. When preparing foods what oils do you use the most? (codes: *H*=heavy, *M*=moderate, *L*=light, *A*=absent use).

<i>Type</i>	<i>Use</i>
peanut oil	_____
olive oil	_____
safflower oil	_____
vegetable shortening	_____
salad oil	_____
lard or animal shortening	_____

46. Which of the following foods do you and the members of your household consume, and in what quantities?

<i>Food Type</i>	<i>Quantity per Week</i>	<i>Calories (Hi/Lo)</i>	<i>Brand/Type</i>
prepared foods:			
tv dinners	_____	_____	_____
frozen food	_____	_____	_____
fast food	_____	_____	_____
junk food	_____	_____	_____
cottage cheese	_____	_____	_____
red meats	_____	_____	_____
beef	_____	_____	_____
poultry	_____	_____	_____
seafood	_____	_____	_____
pork	_____	_____	_____
processed meats	_____	_____	_____
lean ground meat	_____	_____	_____
fruits:			
oranges	_____	_____	_____

grapefruit	_____	_____	_____
apples	_____	_____	_____
bananas	_____	_____	_____
other	_____	_____	_____
vegetables:			
carrots	_____	_____	_____
celery	_____	_____	_____
sprouts	_____	_____	_____
spinach	_____	_____	_____
other	_____	_____	_____
whole grains	_____	_____	_____
cereals	_____	_____	_____
yogurt	_____	_____	_____
eggs	_____	_____	_____
milk:			
whole fat	_____	_____	_____
low fat	_____	_____	_____
butter	_____	_____	_____
coffee creamers	_____	_____	_____
ice cream	_____	_____	_____
chocolates	_____	_____	_____
cookies	_____	_____	_____
candy	_____	_____	_____
salad dressings:			
regular	_____	_____	_____
low cal	_____	_____	_____
vegetable/fruit juices:			
orange	_____	_____	_____
apple	_____	_____	_____
carrot	_____	_____	_____
celery	_____	_____	_____
other	_____	_____	_____

47. Did you sponsor any significant social gatherings in your home during the course of the study?____. Parties?____. Receptions?____. Entertain guests?____. Estimated number of guests?_____.
48. Did you and your family eat away from the home at any time during the period of this study (e.g. ____restaurants, ____relatives)? If so, how often_____, when_____, and where? _____.
49. Were you and the members of your household away from home at any point during the course of the garbage project survey of your residence?____. Were there any major disruptions in your normal household routine during the course of the study?____. If so, what type of disruption?_____.

Thank you for your kind cooperation in this study.

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