

# Healthy Hospitals New Mexico Diet and Physical Activity Behavior Survey

Please provide your honest responses to the following questions about your physical activity and diet behaviors. No question asks for personal identifying information, so there is no way to link your responses to your identity. Thank you for participating.

## Demographics

---

1. **Are you**

*Mark only one oval.*

Female

Male

2. **Which age range is yours?**

*Mark only one oval.*

25 years or less

26-35 years

36-45 years

46-55 years

56-65 years

66 years or older

3. **Are you full time or part time?**

*Mark only one oval.*

full time

part time

4. **Do you work**

*Mark only one oval.*

mostly days

mostly nights

my schedule varies

**5. How many times last week did you eat hospital food?**

*Mark only one oval.*

- not at all
- 1-2 days
- 3-4 days
- every day

**6. How many times last week did you exercise at the hospital?**

Include intentional walking or taking the stairs for working out for exercise purposes

*Mark only one oval.*

- not at all
- 1-2 days
- 3-4 days
- every day

**7. How long have you been employed at this hospital?**

*Mark only one oval.*

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- more than 20 years

## Physical Activity

---

**8. During the past week, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?**

*Mark only one oval.*

- Yes
- No
- Don't Know

9. **What type of physical activity or exercise did you spend the most time doing during the past week?**

Please be as specific as possible

.....  
.....  
.....  
.....  
.....

10. **During the past 7 days, how many days did you take part in this activity?**

Per Week

Mark only one oval.

- 0 days
- 1 days
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

11. **And when you took part in this activity, for how many minutes did you usually keep at it?**

Please specify the # of minutes

.....

12. **What OTHER type of physical activity gave you the next most exercise during the past week?**

If none, then write 0

.....

13. **During the past 7 days, how many days did you take part in this other activity?**

*Mark only one oval.*

- 0 days
- 1 days
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

14. **And when you took part in this OTHER activity, for how many minutes did you usually keep at it?**

Please specify the # of minutes

.....

## Strengthening Exercise

15. **During the past week, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands**

Per week - please specify # of times

.....

## Fruits and Vegetables

---

16. **During the past 7 days, how many times did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.**

*Mark only one oval.*

- I did not drink fruit juice during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

17. **During the past 7 days, how many times did you eat fruit? (e.g., apples, peaches, berries, bananas, mellon, etc.)**

*Mark only one oval.*

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

18. **During the past 7 days, how many times did you eat vegetables? (e.g., peas, carrots, broccoli, beans, salad)**

*Mark only one oval.*

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

19. **During the past 7 days, how often did you drink REGULAR soda or pop that contains sugar? Do not include diet soda or diet pop.**

*Mark only one oval.*

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times a day
- 4 or more times a day

20. **During the past 7 days, how often did you drink DIET soda or pop?**

*Mark only one oval.*

- I did not drink diet soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times a day
- 4 or more times a day

21. **During the past 7 days, how often did you drink bottled water OR glass of plain water?**

(Count tap, bottled, and unflavored sparkling water.)

*Mark only one oval.*

- I did not drink water during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times a day
- 4 or more times a day

22. **During the past 7 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks**

*Mark only one oval.*

- I did not drink sugar-sweetened fruit drinks during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times a day

## Thank You!

---

Powered by  
 Google Forms