

Starting The Conversation: Diet

The STC is available for use, free of charge.

The STC was developed by
University of North Carolina–Chapel Hill Center for Health Promotion and Disease Prevention,
North Carolina Prevention Partners,
Heart Disease and Stroke Prevention Branch
and North Carolina Department of Health and Human Services

Over the past few months:

- | | | | |
|--|---|--|---|
| 1. How many times a week did you eat fast food meals or snacks? | Less than 1
<u>Time</u>
☐ ₀ | 1-3
<u>Times</u>
☐ ₁ | 4 or More
<u>Times</u>
☐ ₂ |
| 2. How many servings of fruit did you eat each day? | <u>5 or More</u>
☐ ₀ | <u>3-4</u>
☐ ₁ | <u>2 or Less</u>
☐ ₂ |
| 3. How many servings of vegetables did you eat each day? | <u>5 or More</u>
☐ ₀ | <u>3-4</u>
☐ ₁ | <u>2 or Less</u>
☐ ₂ |
| 4. How many regular sodas or glasses of sweet tea did you drink each day? | <u>Less than 1</u>
☐ ₀ | <u>1-2</u>
☐ ₁ | <u>3 or More</u>
☐ ₂ |
| 5. How many times a week did you eat beans (like pinto or black beans), chicken, or fish? | 3 or More
<u>Times</u>
☐ ₀ | 1-2
<u>Times</u>
☐ ₁ | Less than 1
<u>Time</u>
☐ ₂ |
| 6. How many times a week did you eat regular snack chips or crackers (not low-fat)? | 1 Time
<u>or Less</u>
☐ ₀ | 2-3
<u>Times</u>
☐ ₁ | 4 or More
<u>Times</u>
☐ ₂ |
| 7. How many times a week did you eat desserts and other sweets (not the low-fat kind)? | 1 Time
<u>or Less</u>
☐ ₀ | 2-3
<u>Times</u>
☐ ₁ | 4 or More
<u>Times</u>
☐ ₂ |
| 8. How much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread, or corn? | <u>Very Little</u>
☐ ₀ | <u>Some</u>
☐ ₁ | <u>A Lot</u>
☐ ₂ |

SUMMARY SCORE (Sum of All Items):

(Spanish)

Considerando los últimos cuantos meses:

- | | | | |
|---|--|---|--|
| 1. ¿Cuántas veces a la semana comió usted comida rápida o golosinas o bocadillos? | <u>menos de 1</u>
☐ ₀ | <u>1-3</u>
☐ ₁ | <u>4 o más</u>
☐ ₂ |
| 2. ¿Cuántas porciones de frutas comió cada día? | <u>5 o más</u>
☐ ₀ | <u>3-4</u>
☐ ₁ | <u>2 or menos</u>
☐ ₂ |
| 3. ¿Cuántas porciones de verduras comió cada día? | <u>5 o más</u>
☐ ₀ | <u>3-4</u>
☐ ₁ | <u>2 or menos</u>
☐ ₂ |
| 4. ¿Cuántas sodas o vasos de té dulce tomó cada día? | <u>menos de 1</u>
☐ ₀ | <u>1-2</u>
☐ ₁ | <u>3 o más</u>
☐ ₂ |
| 5. ¿Cuántas veces a la semana comió frijoles (pintos o negros), pollo, o pescado? | <u>3 o más</u>
☐ ₀ | <u>1-2</u>
☐ ₁ | <u>menos de 1</u>
☐ ₂ |
| 6. ¿Cuántas veces a la semana comió papalinas, papas fritas o galletas (no dietéticas)? | <u>1 o menos</u>
☐ ₀ | <u>2-3</u>
☐ ₁ | <u>4 o más</u>
☐ ₂ |
| 7. ¿Cuántas veces a la semana comió postres y otras golosinas (no dietéticas)? | <u>1 o menos</u>
☐ ₀ | <u>2-3</u>
☐ ₁ | <u>4 o más</u>
☐ ₂ |
| 8. ¿Cuánta margarina, mantequilla, o grasa de carne usó para sazonar los vegetales, o puso en las papas, carne, o maíz? | <u>muy poca</u>
☐ ₀ | <u>algo de</u>
☐ ₁ | <u>mucha</u>
☐ ₂ |

SUMMARY SCORE (Sum of All Items):
