

5 A Day Survey

The purpose of this survey is to gather information from public health professionals and to determine what is currently being done with the 5 A Day program. This information will help the Community Nutrition/Obesity Prevention Division create successful programs. The survey will only take a few minutes of your time. Please answer all the questions and submit this survey electronically by December 16, 2005. Thank you for your participation.

1. Do you receive 5 A Day information on a regular basis?
_____yes _____no

2. How often do you receive information?
 - a. Daily _____
 - b. Weekly _____
 - c. Monthly _____
 - d. Occasionally _____
 - e. Upon request _____
 - f. Not applicable _____

3. Whom do you receive this information from? Check all that apply.
 - a. Indiana State Department of Health (5 A Day Program) _____
 - b. USDA _____
 - c. State Agency (list) _____
 - d. Promotional/Marketing Firm _____
 - e. State or National Organization (i.e. Dairy Council) _____
 - f. 5 A Day Program (Produce for Better Living Foundation) _____
 - g. Other _____

4. Do you counsel individuals, families, or large groups on proper nutrition?
_____yes _____no

5. What types of materials are you most interested in receiving?
__Handouts, __Brochures, __CDs, __Videos, __Activity Sheets, __Posters

6. How do you currently promote the 5 A Day message? Check all that apply
 - a. Not applicable _____
 - b. Posters _____
 - c. Newsletters _____
 - d. Classroom instruction _____
 - e. Handouts _____
 - f. Other _____

7. How often do you promote the 5 A Day message?
 - a. Daily _____
 - b. Weekly _____
 - c. Monthly _____
 - d. Occasionally _____
 - e. Upon request _____

8. Are you the person responsible or able to impact the consumption of 5 A day?
_____yes _____no (if not who should we contact _____)

9. What field are you employed in?
 - a. Public Health _____
 - b. Education _____
 - c. WIC _____
 - d. MCH clinic _____
 - e. Other _____