

**Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Full Version 104 questions**

**Section 1. Physical Activity (25 questions)**

We will ask you about your physical activity. Please respond to each item by marking ONE box per row with an X.

**A. Please indicate which types of physical activity you like to do.**

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Walking at a brisk pace for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Doing housework with vigorous effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Biking using light to moderate effort for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Dancing in a group setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Doing moderate activities at the gym	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Playing with children with vigorous effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Doing vigorous activities at the gym	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Walking very quickly and/or uphill for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Walking at a brisk pace to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Bicycling using vigorous effort for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. Biking using light to moderate effort to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. Dancing at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
13. Biking using vigorous effort to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
14. Doing housework with moderate effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
15. Walking very quickly and/or uphill to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

16. Playing with children with moderate effort

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**Definitions.** For the following questions,

- **Moderate to vigorous** physical activities refer to activities that take moderate to vigorous physical effort and make you breathe somewhat harder or much harder than normal. You may have a difficult time having conversations. *Examples include* walking briskly, running, carrying children upstairs or for distances, and doing housework like carrying grocery bags.
- **“Regular”** physical activity means 2 ½ hours (150 minutes) per week. If we think about it on a daily basis, it would be 20 minutes every day or 30 minutes 5 times per week.

Please respond to each item by marking ONE box per row with an X.

**B. Please rate your confidence in participating in regular moderate to vigorous physical activity over the next month.**

**How confident are you that you could participate in regular moderate to vigorous physical activity over the next month?**

	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident
17. When you are a little tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When you are in a bad mood or feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When you have to do it by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When it becomes boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. When you can't notice any improvements in your fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When you have many other demands on your time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. When you feel a little stiff or sore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. When the weather is bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. When you have to get up early to do physical activity, even on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2. Fruits and Vegetable Intake (35 questions)

Please respond to each item by marking ONE box per row with an X.

A. For each of the fruits and vegetables listed below, how much you like or dislike each type of fruit or vegetable?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Leeks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Avocado	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Apples	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Scallions/ green onions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Green cabbage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Cauliflower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Arugula	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Spaghetti squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. Beets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. Mustard greens	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
13. Calabaza squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
14. Garbanzo beans (chickpeas)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
15. Collard greens	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
16. Kale	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
17. Shallots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
18. Spinach, baby spinach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
19. Tomatoes, tomato paste, canned tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
20. Parsnips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
21. Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
22. Sweet potatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
23. Turnips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
24. Purple cabbage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
25. Brussels sprouts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
26. Bell pepper	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
27. Butternut squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
28. Chard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking **ONE** box per row with an **X**.

**B. Assuming that you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
29. Eat a healthy snack, like a fruit or a vegetable, when you're really hungry?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
30. Eat healthy foods, like fruits or vegetables, when you are tired?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
31. Eat healthy foods, like fruits or vegetables, when there are junk foods in your house like chips, cookies, or candy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
32. Eat fruit instead of cake, cookies, candy, ice cream, or other sweets for dessert?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
33. Eat fruits and vegetables when your family and friends are eating junk foods like chips, cookies, or candy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
34. Buy or bring fruits and vegetables to eat at work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
35. Snack on fruits and vegetables rather than on junk foods while watching TV?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

### Section 3. Dietary Fat Intake (28 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Chicken or turkey slices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Low-fat 1% or non-fat skim milks (cow, almond, soy, rice)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Baked (not regular, fried) plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Chicken that is roasted, baked, broiled, boiled, or grilled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. 90% or 95% lean ground meat or turkey	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Chicken without the skin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Turkey burgers or veggie burgers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Low-fat or non-fat yogurt	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Baked (not fried) plantains or potatoes (white, red, sweet)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Pork and/ or beef without visible (white) fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. Fish that is baked, broiled, or grilled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. Foods made with oil instead of butter or lard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
13. Foods made with small amounts of fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
14. Foods made with a small amount of cheese	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking ONE box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident
15. <b>Choose chicken or turkey slices</b> instead of salami, sausage, or ham?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. <b>Choose low-fat 1% or non-fat skim milks (cow, almond, soy, rice)</b> instead of cream or 2% or whole milks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. <b>Choose baked (not regular, fried) plantain or potato chips</b> instead of regular plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. <b>Choose chicken that is roasted, baked, broiled, boiled, or grilled</b> instead of fried chicken?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. <b>Choose 90% or 95% lean ground meat or turkey</b> instead of less lean, 75% to 85% lean, ground meat or turkey?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. <b>Choose to eat chicken without the skin</b> instead of chicken with its skin?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. <b>Choose turkey burgers or veggie burgers</b> instead of hamburgers or cheeseburgers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. <b>Choose low-fat or non-fat yogurt</b> instead of regular fat yogurt, sour cream, or whipped cream?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. <b>Baked (not fried) plantains or potatoes (white, red, sweet)</b> instead of fried plantains, hash browns, or French fries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
24. <b>Choose pork and/or beef without visible (white) fat</b> instead of pork and/or beef with visible fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. <b>Choose fish that is baked, broiled, or grilled</b> instead of fried fish?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

26. **Choose foods cooked with oil**  
instead of butter or lard?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

27. **Choose foods made with small  
amounts of fat**  
instead of foods made with a lot of  
fat?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

28. **Choose foods made with a small  
amount of cheese**  
instead of foods with a lot of  
cheese?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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## Section 4. Dietary Sugar Intake (16 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Coffee or tea without added sugar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Hot cereal without any type of added sugar like plain oatmeal or plain cream of wheat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Cold cereal without any type of added sugar like regular Cheerios	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Fresh or frozen fruit as a sweet, treat, or dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Plain yogurt (with or without adding fruit yourself) or "light" yogurt	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Water, sparkling water, or water mixed with slices of fruits or vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Plain, unsweetened, milks (cow, almond, soy, rice)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



Please respond to each item by marking ONE box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
9. <b>Choose coffee or tea without added sugar</b> instead of coffee or tea with added sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. <b>Choose hot cereal without any type of added sugar like plain oatmeal or plain cream of wheat</b> instead of hot cereal with added sugar like Maple and Brown Sugar Oatmeal, Cream of Wheat with added sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. <b>Choose cold cereal without any type of added sugar like regular Cheerios</b> instead of cold cereal with added sugar like Honey Nut Cheerios, Special K with Berries, Granola?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. <b>Choose fresh or frozen fruit as a sweet, treat, or dessert</b> instead of cookies, candy, cakes, or pastries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
13. <b>Choose plain yogurt (with or without adding fruit) or “light” yogurt</b> instead of ice cream, yogurt with more added sugar, milkshakes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
14. <b>Choose water, sparkling water, or water mixed with slices of fruits or vegetables</b> instead of drinks with added sugar such as flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
15. <b>Plain, unsweetened, milks (cow, almond, soy, rice)</b> instead of drinks with added sugar such as chocolate or vanilla milks, flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

16. Choose salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

instead of salad dressings and sauces with higher amounts of added sugar?

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**Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Full Version 104 questions**

Behavior	Questions
Physical Activity	25
Fruit and Vegetables	35
Dietary Fat	28
Dietary Sugar	16
Total	104

**Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Shortened version 1, 47 questions**

**Section 1. Physical Activity (13 questions)**

We will ask you about your physical activity. Please respond to each item by marking ONE box per row with an X.

**A. Please indicate which types of physical activity you like to do.**

	<b>Strongly dislike</b>	<b>Dislike</b>	<b>Neutral</b>	<b>Like</b>	<b>Strongly like</b>	<b>Never tried it</b>
1. Dancing in a group setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Playing with children with vigorous effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Doing vigorous activities at the gym	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Walking very quickly and/or uphill for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Walking at a brisk pace to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Bicycling using vigorous effort for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Dancing at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Doing housework with moderate effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Definitions.** For the following questions,

- **Moderate to vigorous** physical activities refer to activities that take moderate to vigorous physical effort and make you breathe somewhat harder or much harder than normal. You may have a difficult time having conversations. *Examples include* walking briskly, running, carrying children upstairs or for distances, and doing housework like carrying grocery bags.
- **“Regular”** physical activity means 2 ½ hours (150 minutes) per week. If we think about it on a daily basis, it would be 20 minutes every day or 30 minutes 5 times per week.

Please respond to each item by marking ONE box per row with an X.

**B. Please rate your confidence in participating in regular moderate to vigorous physical activity over the next month.**

**How confident are you that you could participate in regular moderate to vigorous physical activity over the next month?**

	<b>Not at all confident</b>	<b>Not very confident</b>	<b>Neutral</b>	<b>Very confident</b>	<b>Extremely confident</b>
9. When you can't notice any improvements in your fitness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. When you have many other demands on your time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. When you feel a little stiff or sore	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. When the weather is bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. When you have to get up early to do physical activity, even on weekends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section 2. Fruits and Vegetable Intake (10 questions)

Please respond to each item by marking ONE box per row with an X.

A. For each of the fruits and vegetables listed below, how much you like or dislike each type of fruit or vegetable?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Green cabbage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Spaghetti squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Kale	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Tomatoes, tomato paste, canned tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Butternut squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Chard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking ONE box per row with an X.

**B. Assuming that you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
7. Eat a healthy snack, like a fruit or a vegetable, when you're really hungry?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Eat healthy foods, like fruits or vegetables, when you are tired?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Eat fruits and vegetables when your family and friends are eating junk foods like chips, cookies, or candy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Snack on fruits and vegetables rather than on junk foods while watching TV?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

### Section 3. Dietary Fat Intake (12 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Baked (not regular, fried) plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Chicken that is roasted, baked, broiled, boiled, or grilled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. 90% or 95% lean ground meat or turkey	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Turkey burgers or veggie burgers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Foods made with oil instead of butter or lard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Foods made with a small amount of cheese	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking ONE box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident
7. <b>Choose baked (not regular, fried) plantain or potato chips</b> instead of regular plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. <b>Choose chicken that is roasted, baked, broiled, boiled, or grilled</b> instead of fried chicken?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. <b>Choose 90% or 95% lean ground meat or turkey</b> instead of less lean, 75% to 85% lean, ground meat or turkey?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. <b>Choose turkey burgers or veggie burgers</b> instead of hamburgers or cheeseburgers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. <b>Choose foods cooked with oil</b> instead of butter or lard?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. <b>Choose foods made with a small amount of cheese</b> instead of foods with a lot of cheese?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



## Section 4. Dietary Sugar Intake (12 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Hot cereal without any type of added sugar like plain oatmeal or plain cream of wheat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Fresh or frozen fruit as a sweet, treat, or dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Plain yogurt (with or without adding fruit yourself) or "light" yogurt	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Water, sparkling water, or water mixed with slices of fruits or vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Plain, unsweetened, milks (cow, almond, soy, rice)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking ONE box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
<b>7. Choose hot cereal without any type of added sugar like plain oatmeal or plain cream of wheat</b> instead of hot cereal with added sugar like Maple and Brown Sugar Oatmeal, Cream of Wheat with added sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>8. Choose fresh or frozen fruit as a sweet, treat, or dessert</b> instead of cookies, candy, cakes, or pastries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>9. Choose plain yogurt (with or without adding fruit) or “light” yogurt</b> instead of ice cream, yogurt with more added sugar, milkshakes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>10. Choose water, sparkling water, or water mixed with slices of fruits or vegetables</b> instead of drinks with added sugar such as flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>11. Plain, unsweetened, milks (cow, almond, soy, rice)</b> instead of drinks with added sugar such as chocolate or vanilla milks, flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>12. Choose salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself</b> instead of salad dressings and sauces with higher amounts of added sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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***Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Short version 1, 47 questions***

Behavior	Questions
Physical Activity	13
Fruit and Vegetables	10
Dietary Fat	12
Dietary Sugar	12
Total	47

**Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Shortened version 2, 41 questions**

**Section 1. Physical Activity (13 questions)**

We will ask you about your physical activity. Please respond to each item by marking ONE box per row with an X.

**A. Please indicate which types of physical activity you like to do.**

	<b>Strongly dislike</b>	<b>Dislike</b>	<b>Neutral</b>	<b>Like</b>	<b>Strongly like</b>	<b>Never tried it</b>
1. Dancing in a group setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Playing with children with vigorous effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Doing vigorous activities at the gym	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Walking very quickly and/or uphill for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Walking at a brisk pace to get from place to place	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Bicycling using vigorous effort for leisure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Dancing at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Doing housework with moderate effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**Definitions.** For the following questions,

- **Moderate to vigorous** physical activities refer to activities that take moderate to vigorous physical effort and make you breathe somewhat harder or much harder than normal. You may have a difficult time having conversations. *Examples include* walking briskly, running, carrying children upstairs or for distances, and doing housework like carrying grocery bags.
- **“Regular”** physical activity means 2 ½ hours (150 minutes) per week. If we think about it on a daily basis, it would be 20 minutes every day or 30 minutes 5 times per week.

Please respond to each item by marking ONE box per row with an X.

**B. Please rate your confidence in participating in regular moderate to vigorous physical activity over the next month.**

**How confident are you that you could participate in regular moderate to vigorous physical activity over the next month?**

	<b>Not at all confident</b>	<b>Not very confident</b>	<b>Neutral</b>	<b>Very confident</b>	<b>Extremely confident</b>
9. When you can't notice any improvements in your fitness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. When you have many other demands on your time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. When you feel a little stiff or sore	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. When the weather is bad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. When you have to get up early to do physical activity, even on weekends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section 2. Fruits and Vegetable Intake (10 questions)

Please respond to each item by marking ONE box per row with an X.

A. For each of the fruits and vegetables listed below, how much you like or dislike each type of fruit or vegetable?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Green cabbage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Spaghetti squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Kale	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Tomatoes, tomato paste, canned tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Butternut squash	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Chard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking ONE box per row with an X.

**B. Assuming that you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
7. Eat a healthy snack, like a fruit or a vegetable, when you're really hungry?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Eat healthy foods, like fruits or vegetables, when you are tired?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. Eat fruits and vegetables when your family and friends are eating junk foods like chips, cookies, or candy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Snack on fruits and vegetables rather than on junk foods while watching TV?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

### Section 3. Dietary Fat Intake (10 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Baked (not regular, fried) plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Chicken that is roasted, baked, broiled, boiled, or grilled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. 90% or 95% lean ground meat or turkey	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Pork and/or beef without visible (white) fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Foods made with oil instead of butter or lard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



Please respond to each item by marking ONE box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident
6. <b>Choose baked (not regular, fried) plantain or potato chips</b> instead of regular plantain or potato chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. <b>Choose chicken that is roasted, baked, broiled, boiled, or grilled</b> instead of fried chicken?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. <b>Choose 90% or 95% lean ground meat or turkey</b> instead of less lean, 75% to 85% lean, ground meat or turkey?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. <b>Choose pork and/or beef without visible (white) fat</b> instead of pork and/or beef with visible fat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. <b>Choose foods cooked with oil</b> instead of butter or lard?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section 4. Dietary Sugar Intake (8 questions)

Please respond to each item by marking ONE box per row with an X.

A. Next, how much you like or dislike each type of food or drink listed below?

	Strongly dislike	Dislike	Neutral	Like	Strongly like	Never tried it
1. Fresh or frozen fruit as a sweet, treat, or dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Water, sparkling water, or water mixed with slices of fruits or vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Plain, unsweetened, milks (cow, almond, soy, rice)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. Salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Please respond to each item by marking *ONE* box per row with an X.

**B. Assuming you want to, how confident are you that you could do each of the following starting this week and continuing for at least 1 month?**

How confident are you that you could...	Not at all confident	Not very confident	Neutral	Very confident	Extremely confident	Does not apply
5. <b>Choose fresh or frozen fruit as a sweet, treat, or dessert</b> instead of cookies, candy, cakes, or pastries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. <b>Choose water, sparkling water, or water mixed with slices of fruits or vegetables</b> instead of drinks with added sugar such as flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. <b>Plain, unsweetened, milks (cow, almond, soy, rice)</b> instead of drinks with added sugar such as chocolate or vanilla milks, flavored waters, sodas, juices, or energy drinks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. <b>Choose salad dressings and sauces (such as tomato sauce) with low amounts of added sugar or that you make yourself</b> instead of salad dressings and sauces with higher amounts of added sugar?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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**Preferences and Self-Efficacy of Diet and Physical Activity Behaviors Questionnaire for Latina Women – Short version 2, 41 questions**

Behavior	Questions
Physical Activity	13
Fruit and Vegetables	10
Dietary Fat	10
Dietary Sugar	8
Total	41