21. How would you rate the quality of your overall diet (High quality = high in fresh foods, low in processed foods)?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Average
- ☐ Poor

22. The healthiness of foods has little impact on my food choices.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither or agree or disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

23. It is important for me that my daily diet contains a lot of vitamins and minerals.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither or agree or disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

24. I eat what I like and do not worry much about the healthiness of foods.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither or agree or disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

25. Do you proactively look for nutrition information?

- ☐ Yes
- ☐ No

26. How often do you read the nutrition facts label found on packaged foods?

- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

27. I prefer to eat home cooked meals rather than eating out or ready-made meals.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither or agree or disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

28. I am interested in tasting new food that I haven't tasted before.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat disagree
- ☐ Neither or agree or disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

29. What factors or circumstances would make it difficult (harder) to try a new diet? Please select all that apply.

- ☐ Cost
- ☐ Unable to access healthy food
- ☐ Unable to access cooking facilities at home
- ☐ Lack of knowledge about diet/nutrition
- ☐ Lack of time for cooking
- ☐ Inconvenience
- ☐ Satisfied with current diet
- ☐ Food taste preferences
- ☐ Other (please specify): _____

30. What factors or circumstances would facilitate or promote your willingness to try a new diet? Please select all that apply.

- ☐ Educational information
- ☐ One on one time with nutritionist/dietitian
- ☐ Ongoing nutritional support
- ☐ Access to food items
- ☐ Access to meal preparation resources e.g. cooking classes, meal plan, recipes
- ☐ Group meeting (i.e. attended with other participants) facilitated by nutritionist/dietitian
- ☐ Other (please specify): _____