

Health and Diet Questionnaire

ID

This is a short survey to see your health and dietary status, and ask your attitude, and behavior regarding your eating habit. Your responses are very important to plan health promoting hospital activities which improve health and wellbeing of patients, visitors, and staff yourselves. If you find any problems during the survey, please contact Health promotion committee members.

Please check the appropriate option(s) for the following questions.

[1] How is your current health?

☐ Very good ☐ Good ☐ Neither ☐ Bad ☐ Very bad

[2] Are you satisfied with your current eating life?

☐ Very satisfied ☐ Satisfied ☐ Neither ☐ Dissatisfied ☐ Very Dissatisfied

[3] How often do you eat out?

☐ Twice a day or more ☐ Once a day ☐ 4-6times a week ☐ 2-3times a week ☐ Once a week or less

[4] How often do you use take-out service?

☐ Twice a day or more ☐ Once a day ☐ 4-6times a week ☐ 2-3times a week ☐ Once a week or less

[5] How frequently do you refer nutrition labeling when you buy groceries or eat out?

☐ Every time ☐ Occasionally ☐ Seldom ☐ Never

[6] How frequently do you use the food related information on POP and posters from the hospital convenient store?

☐ Every time ☐ Occasionally ☐ Seldom ☐ Never

[7] Where do you usually get your meals at work? Please choose **only one** which is the most common.

☐ Bring cooked lunch from home ☐ Use delivery service ☐ Eat out
☐ Buy at the convenience store in the hospital ☐ Buy at stores near the hospital
☐ I don't eat meals at work

[8] How many days a week do you take well-balanced meal* more than twice?

* well-balanced meal consists of staple food (grain), main dish (mainly fish and meat) and side dish (mainly vegetables)

☐ Almost every day ☐ 4-5days ☐ 2-3days ☐ Seldom

[9] How important it is to you taking well-balanced meal more than twice almost every day?

☐ Very important ☐ Important ☐ Neither ☐ Not very important ☐ Not important at all

[10] How confident are you that you can take well-balanced meal more than twice almost every day for your health?

☐ Very confident ☐ confident ☐ Neither ☐ Not very confident ☐ Not confident at all

[11] Do you think your workplace consider and support improving your health?

☐Strongly agree ☐Agree ☐Neither ☐Disagree ☐Strongly disagree

Please check the appropriate option(s) for the following questions, comparing your current eating habits with those before the coronavirus outbreak (before March last year).

[12] Has there been a change in the frequency of eating at home? (including take-out meal)

☐increased ☐decreased ☐No change ☐Never ate at home and still don't

[13] Has there been a change in the frequency of cooking at home for your family or yourself?

☐increased ☐decreased ☐No change ☐Never cooked at home and still don't

[14] How frequently did/do you use the hospital convenience store? Please check the box that applies to you, before the coronavirus outbreak and current separately.

Before: ☐5 days/week or more ☐3-4days/week ☐1-2days/week ☐1-2times/month ☐seldom
Current: ☐5 days/week or more ☐3-4days/week ☐1-2days/week ☐1-2times/month ☐seldom

[15] What do you often buy at the hospital convenience store? Please write the **numbers of three items** in order of frequency of purchase. (If you buy none, please write 11).

Before: (1st :) (2nd:) (3rd :)
Current: (1st :) (2nd:) (3rd :)

1. Lunch boxes/bowls 2. Salad/Vegetable dish 3. "Healthy set" 4. Rice balls/Sandwiches
5. Milk/Yogurt 6. Cup soup 7. Sweets 8. Bottle of water/tea/coffee 9. Bowl noodle
10. Other 11. I don't buy food or drink at the hospital convenience store

[16] Have you started something for your health during the pandemic? Please feel free to write.

[17] What kind of consideration and support would you expect to your workplace? Please feel free to write.

Last questions about yourself!

[18] Do you live with somebody? Please check all which apply.

☐Living alone ☐Spouse ☐Parent(s) ☐Son(s)or Daughter(s) ☐Other

[19] What is your occupation?

☐Medical doctor ☐Technician ☐Nurse/Care worker ☐Clerical worker ☐Other

[20] Does your job require night shifts?

☐Yes ☐No

Thank for your cooperation!!