

Questionnaire

In the context of our project „Eating and eating habits as a mirror of American culture” at [TU Dresden](#) (Dresden University of Technology, Germany) we would like to ask you to fill in the following questionnaire. Answering these questions

will support us with our inquiry. Filling in the questionnaire should take about 10 minutes of your time. If you need longer or if you have any suggestions for improvements, please write them down at the end or contact the authors directly.

Please tick every box that applies or mark a number in a scale.

Thank you for taking the time to help us!

Part I: Questions concerning your eating habits:

a. How many meals do you have on an average per day...

... during the work week?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> one meal | <input type="checkbox"/> three meals per day |
| <input type="checkbox"/> two meals | <input type="checkbox"/> more than three meals |

...on the weekend?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> one meal | <input type="checkbox"/> three meals per day |
| <input type="checkbox"/> two meals | <input type="checkbox"/> more than three meals |

b. How often do you have warm meals?

- | | |
|---|---|
| <input type="checkbox"/> daily | <input type="checkbox"/> less than three times a week |
| <input type="checkbox"/> more than three times a week | <input type="checkbox"/> I don't have warm meals |

c. When do you usually take the warm meal of the day...

...during the work week? (more than one answer allowed)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> at lunch | <input type="checkbox"/> at other times |
| <input type="checkbox"/> at supper | <input type="checkbox"/> occasionally |
| <input type="checkbox"/> at night | <input type="checkbox"/> I don't have warm meals |

... on the weekend? (more than one answer allowed)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> at lunch | <input type="checkbox"/> at other times |
| <input type="checkbox"/> at supper | <input type="checkbox"/> occasionally |
| <input type="checkbox"/> at night | <input type="checkbox"/> I don't have warm meals |

d. Do you have... (more than one answer allowed)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> breakfast? | <input type="checkbox"/> meal before bedtime? |
| <input type="checkbox"/> lunch? | <input type="checkbox"/> between-meal snacks? |
| <input type="checkbox"/> supper? | |

e. Which cuisine do you prefer most? (more than one answer allowed)

- | | |
|---|--|
| <input type="checkbox"/> American Cuisine | <input type="checkbox"/> Italian Cuisine |
| <input type="checkbox"/> British Cuisine | <input type="checkbox"/> Mexican Cuisine |
| <input type="checkbox"/> French Cuisine | <input type="checkbox"/> Asian Cuisine |
| <input type="checkbox"/> Other: _____ | |

f. Which kind of restaurants do you visit? (more than one answer allowed)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> International / Ethnic | <input type="checkbox"/> Fast food |
| <input type="checkbox"/> Others: _____ | |

g. How often do you visit Restaurants?

Your answer: _____

h. Where do you normally buy food? (more than one answer allowed)

- | | |
|--|--|
| <input type="checkbox"/> Supermarkets | <input type="checkbox"/> Markets (Fish, Vegetables, Weekend) |
| <input type="checkbox"/> Convenient Stores | <input type="checkbox"/> Farmers |
| <input type="checkbox"/> Other: _____ | |

i. Which kinds of food do you usually buy? (more than one answer allowed)

- | | |
|---|---|
| <input type="checkbox"/> Natural as is products | <input type="checkbox"/> Ready-To-Serve meals |
| <input type="checkbox"/> Frozen products (pizza, baguettes, etc.) | <input type="checkbox"/> Canned products |
| <input type="checkbox"/> Other: _____ | |

If you chose more than one answer: Do you buy more Ready-To-Serve meals or canned products or do you prefer raw, unfinished, non-cooked, natural foods? (Scale of 1-5, 1=Ready-To-Serve, 5=unfinished foods)

① ② ③ ④ ⑤

j. Which products do you give more importance for regarding your nutrition?

- | | |
|--|--|
| <input type="checkbox"/> meat products | <input type="checkbox"/> preferably balanced |
| <input type="checkbox"/> vegetables | <input type="checkbox"/> I don't care at all |

k. Do you think you eat healthfully? (Scale of 1-7, 1=very healthy, 7=totally unhealthy)

① ② ③ ④ ⑤ ⑥ ⑦

Part II: Questions concerning American eating habits and food:

a. What kind of food do you consider as typically American? (more than one answer allowed)

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Barbecue |
| <input type="checkbox"/> French Fries | <input type="checkbox"/> Beefsteak |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pizza |

b. Do you consider American food as healthy? (Scale of 1-5, 1=healthy, 5=not healthy)

① ② ③ ④ ⑤

c. In Europe American food is generally considered as one-sided and unhealthy.
Why do you think American food has that reputation? (more than one answer allowed)

- | | |
|---|--|
| <input type="checkbox"/> Because of McDonalds and Co. | <input type="checkbox"/> Because of over-generalization |
| <input type="checkbox"/> Because of obesity | <input type="checkbox"/> Because of clichés / prejudices |
| <input type="checkbox"/> Other reasons: _____ | |

Part III: General questions:

a. Are you...

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> Male? | <input type="checkbox"/> Female? |
|--------------------------------|----------------------------------|

b. What is your age?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 14 | <input type="checkbox"/> 30 to 60 |
| <input type="checkbox"/> 14 to 21 | <input type="checkbox"/> Above 60 |
| <input type="checkbox"/> 21 to 30 | |

c. What is your profession?

Your answer: _____

d. Have you ever been outside of the U.S.A.?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes, I was in _____ | <input type="checkbox"/> No |
|--|-----------------------------|

Suggestions:

Again, many thanks for helping us with answering these questions!

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