



Complete Your Questionnaire Online
www.guts2.org



← Has your address changed?
Please make corrections and
mail back with your survey.



Hello GUTS 2 participant,

Thank you for your dedication to the study. Because of you, GUTS 2 has become one of the largest and most important studies of adolescents and young adults in the world. Your response will help keep us on top!

TO COMPLETE YOUR QUESTIONNAIRE:

- Go to **www.guts2.org** and fill it out online. To log in, all you need is your birthdate.
- OR
- Fill out this paper questionnaire and return it in the envelope provided (no postage necessary).

This survey is voluntary and all responses are confidential. It is important that you give us permission to continue communicating with you. By returning this questionnaire you are agreeing to let us continue to contact you about the project. If you choose not to respond *to this survey*, we will contact you in the future about other surveys. If you don't want to participate at all, which we hope is not the case, call Laura Anatale Tardiff, GUTS Project Director, at 617-525-0353 and let her know.

We want to hear from you!

- E-mail us at **guts2@channing.harvard.edu**
- Like us on Facebook at **www.facebook.com/harvardguts**

Thanks again for your continued participation!

A. Lindsay Frazier, MD ScM

Stacey A. Missmer, ScD

P.S. Don't forget to complete your questionnaire at **www.guts2.org**

Everyone will receive a **\$5 Amazon.com Gift Card*** for returning this survey. We couldn't do this research without you!

Thanks to all who responded to our e-mail poll asking what thank-you gift YOU wanted. We picked the gift based on your answers.

Brigham & Women's Hospital



Harvard Medical School



*Amazon.com is not a sponsor of this promotion. Amazon, Amazon.com, the Amazon.com logo, and the Amazon Gift Cards logo are trademarks of Amazon.com, Inc. or its affiliates. Amazon.com Gift Cards ("GCs") may be used only for purchases of eligible goods on Amazon.com or its affiliated website Endless.com. GCs cannot be redeemed for purchases of gift cards. Except as required by law, GCs cannot be reloaded, resold, transferred for value, redeemed for cash, or applied to any other account. See www.amazon.com/gc-legal for complete terms and conditions. GCs are issued and ©2010 by ACI Gift Cards, Inc., a Washington corporation.

Growing Up Today Study 2 | Channing Laboratory
181 Longwood Avenue | Boston, Massachusetts 02115
tel: (617)525-2279 | fax: (617)525-2008 | www.guts2.org

3/8" spine perf

IMPORTANT: Update Your Information!

Everyone will receive a \$5 Amazon.com Gift Card for returning this questionnaire. Use your Amazon.com Gift Card to shop from a huge selection of books, electronics, music, DVDs, software, apparel, toys, and much more.

**DIE-CUT
WINDOW
AREA**

GUTS 2 staff will e-mail your Gift Card to the e-mail address you list within two weeks of receiving your completed questionnaire.

Make sure you give us your current contact information below in order to receive your Gift Card!

- a) Please tell us your preferred e-mail address. If you have spam filtering software, please make sure you are able to accept e-mail from guts2@channing.harvard.edu.

Primary E-mail:

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

Check here to decline the \$5 Amazon.com Gift Card and donate your \$5 to GUTS research.

- b) Is there another e-mail address that we can use to contact you if there is a problem with the first one?

Alternate E-mail:

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

- c) Please enter your phone number. We do not routinely call participants, but in the event we lose contact with you, we may call to obtain your new information.

Cell Phone #:

Home Phone #:

- d) Please give us the name and address of someone at a different address (other than your mother) who we may contact in the event we lose contact with you (such as another relative or your best friend).

Back-up Contact:

Name: _____

Address: _____

Phone: _____

E-mail: _____

- e) Please tell us your Social Security number.

SS#:

Federal regulations require us to include the following information:

There are no direct benefits to you from participation in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. Although complete information is important to the study, you may skip any question you do not wish to answer. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Brigham and Women's Hospital (617-424-4100).

1. Who do you live with most of the time? (Mark all that apply)

- My parent(s)
- In apartment or house, with other people, not with family
- My spouse, partner, or significant other
- In a dorm
- In a fraternity/sorority
- I live alone
- Other

2. What is your current status?

- Never married
- Married/engaged
- Living with partner
- Separated
- Divorced
- Widowed

3. How tall are you?

Feet Inches

4. How much do you weigh?

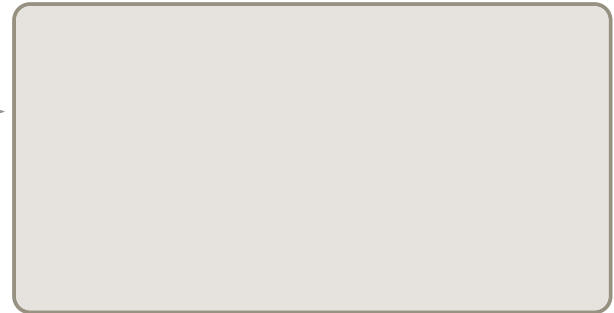
Pounds

5. Is this your correct date of birth?

- Yes
- No

If no, please write correct date.

/ /
MONTH / DAY / YEAR



6. Have you smoked at least 100 cigarettes (5 packs) in your life?

- No
- Yes

7. How long ago did you smoke your last cigarette?

- I've never smoked
- More than a year ago
- 6-12 mos ago
- 4-6 mos ago
- 1-3 mos ago
- Past month, not past week
- Past week

8. How often do you smoke?

- Don't smoke
- Less than once/month
- Monthly, but not weekly
- Weekly, but not daily
- Daily

9. How many cigarettes do you smoke in one day?

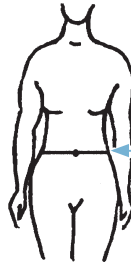
- Don't smoke
- 1
- 2-5
- 6-10
- 11-20
- 21 or more

10. Measure your waist

Use the tape measure that came with the survey to measure your waist. Your measurement will be more accurate if you follow these suggestions:

- Make measurements while standing
- Don't measure over bulky clothing
- Record answers to the nearest 1/4 inch

If for some reason you lost your tape measure and do not have another one available, please skip this question.



WAIST: Measure at navel

INCHES		FRACTION
0	0	0
1	1	1/4
2	2	2/4
3	3	3/4
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

FOR OFFICE USE ONLY			OFFICE USE ONLY		
0	0	0	0	0	6
1	1	1	1	1	7
2	2	2	2	2	8
3	3	3	3	3	9
4	4	4	4	4	10
5	5	5	5	5	11
6	6	6	6		
7	7	7	7		
8	8	8			
9	9	9			

G11

11. How many hours per week, Monday through Friday, do you spend doing the following? (a TOTAL for M-F)

	None-1/2 hr.	1-5 1/2 hr.	6-10 1/2 hr.	11-15 1/2 hr.	16-20 1/2 hr.	21-30 1/2 hr.	31+ hr.
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching DVDs/Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How many hours per week, Saturday & Sunday, do you spend doing the following? (a TOTAL for the weekend)

	None-1/2 hr.	1-5 1/2 hr.	6-10 1/2 hr.	11-15 1/2 hr.	16-20 1/2 hr.	21-30 1/2 hr.	31+ hr.
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching DVDs/Videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. There are many ways to watch TV or play video games these days. How many hours per week do you spend doing the following? (a TOTAL for Mon-Sun)

	0-1/2 hr.	1/2-1 hr.	2-5 hr.	6-10 hr.	11-20 hr.	21-40 hr.	41-60 hr.	61+ hr.
Watching TV shows or movies when they are broadcast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV shows or movies that have been recorded (e.g., DVR, Tivo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV shows or movies online (e.g., Hulu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching downloaded TV shows or movies (e.g., On Demand) or on DVD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV shows, movies, videos on handheld device or phone (e.g., Droid, iTouch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing video games on a PC, console, or online (e.g., PS3, DS, PSP, PC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing active video games (Wii Fit, DDR, Rock Band, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Below are statements about your immediate family. For each statement, please tell us if you strongly agree, agree, disagree, or strongly disagree.

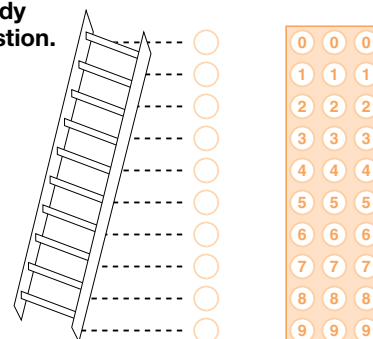
	Strongly agree	Agree	Disagree	Strongly disagree
Planning family activities is difficult because we misunderstand each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In times of crisis we turn to each other for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cannot talk to each other about sadness we feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals are accepted for who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We avoid discussing our fears and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making decisions is a problem for our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to make decisions about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I am satisfied with . . .

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. the love and affection my parent shows me.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the emotional support my parent gives me.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. how many things my parent and I have in common.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. the way my parent and I resolve conflicts.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. the respect my parent shows me.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. the fun my parent and I have together.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. the way my parent and I communicate with each other.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. my relationship with my parent in general.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. the amount of time my parent and I spend together.	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Father/Other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. The following question relates to your standing in your high school. If you have already finished high school, think back to when you were in high school to answer this question.

- At the top of the ladder are the people in your high school with the most respect and the highest standing.
- At the bottom are the people who no one respects and no one wants to hang around with.



Where would you place yourself on this ladder?

Fill in the bubble that you think best represents where you are on this ladder.

17. Which one of the following best describes your feelings? (Mark one answer)

- Completely heterosexual (attracted to persons of the opposite sex)
- Mostly heterosexual
- Bisexual (equally attracted to men and women)
- Mostly homosexual
- Completely homosexual (gay/lesbian, attracted to persons of the same sex)
- Not sure

18. During your life, the person(s) with whom you have had sexual contact (however you define it) is (are):

- I have not had sexual contact with anyone
- Female(s)
- Male(s)
- Female(s) and male(s)

19. How much pain do you usually have with your periods?

- No pain
- Mild cramps (medication seldom needed)
- Moderate cramps (medication usually needed)
- Severe cramps (medication and bedrest needed)

a) At what age did you start having pain with your periods?

- With my very first period
- After my first period, but while a teenager
- Age 20 or older

20. Have you ever been pregnant?

- Yes
- No

a) How many pregnancies have you ever had?

- 1
- 2
- 3
- 4
- 5
- 6 or more

b) How old were you when you first became pregnant?

years old

c) How many pregnancies that lasted more than 20 weeks have you ever had?

- Zero (continue to #21)
- 1
- 2
- 3
- 4
- 5
- 6 or more

d) How old were you at your first pregnancy lasting more than 20 weeks?

years old

21. Do you currently use birth control pills for any reason (acne, bad cramping, irregular periods, birth control)?

- Yes
- No

a) What brand of birth control pill do you use (e.g., Seasonale, Yasmin)? Write in box:

b) How do you take your pills each month and how does it affect your period?

- I use a "regular"-type pill (e.g., Yaz, Loestrin, Ortho tri-cyclen) so I SHOULD get my period every month.
- I use a "regular"-type pill, but take the "active" pills continuously so I SHOULD NOT get my period every month.
- I use the "Extended Cycle" pill (e.g., Seasonale, Seasonique, Lybrel) so I SHOULD NOT get my period every month.
- Other

22. Do you currently use any of these other methods of birth control for any reason? (Mark all that apply)

- None
- Female condom
- ParaGard IUD
- Vaginal ring (NuvaRing)
- Natural family planning
- Abstinence
- Shots (Depo Provera)
- Implant (Implanon)
- Spermicide/Jelly/Sponge
- Rhythm
- Male condom
- Mirena IUD
- Diaphragm/Cervical cap
- Patch (Ortho-Evra)
- Other

23. What is the current interval from the first day of your period to the first day of your next period (when not pregnant, breast-feeding, or using birth control pills)?

- <21 days
- 21–25
- 26–31
- 32–39
- 40–50
- 51+ days or too irregular to estimate
- No periods

24. Below is a list of some of the ways you may have felt or behaved. Indicate how often you have felt this way during the PAST WEEK.

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	All of the time
I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. In general, how much do you do the following when you are under a lot of stress?

	Not at all	A little bit	Medium amount	A lot
I take time to figure out what I am really feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I delve into my feelings to get a thorough understanding of them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I realize that my feelings are valid and important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I acknowledge my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I let my feelings come out freely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take time to express my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I allow myself to express my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel free to express my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. During the past year, how often have you been bullied?

- I haven't been bullied
- About once a week
- Once or twice
- Several times a week
- Sometimes

27. During the past year, how often have you taken part in bullying others?

- I haven't bullied anyone
- About once a week
- Once or twice
- Several times a week
- Sometimes

28. In a typical 24 hrs, how many hours of sleep do you get?

- Less than 5
- 5
- 6
- 7
- 8
- 9
- 10
- 11+

29. When was your last routine (preventive) physical exam?

- Past year
- Past 1–2 years
- More than 2 yrs ago

30. Have you ever been told by a HEALTH CARE PROVIDER that you have any of the following illnesses?

	Leave blank for NO, mark here for YES	YEAR OF FIRST DIAGNOSIS			
		Before 2004	2004–2006	2007–2009	2010+
Fibrocystic or other benign breast disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by breast biopsy?					
<input type="radio"/> No <input type="radio"/> Yes					
Cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location/type of cancer:	<input type="text"/>				
High blood sugar (Diabetes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (Hypertension)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol, triglycerides, or lipids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endometriosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by laparoscopy?					
<input type="radio"/> No <input type="radio"/> Yes					
Any STD (e.g., chlamydia, HPV, genital herpes/warts, gonorrhea, pubic lice/crabs, syphilis, or HIV)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder					
Anorexia nervosa	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulimia nervosa	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge eating disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polycystic ovarian syndrome (PCOS)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anterior cruciate ligament (ACL) tear	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress fracture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallstones	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallbladder removal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other arthritis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mononucleosis (Mono)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by blood test?					
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know					
Other major illness or surgery in the last 10 years (e.g., multiple sclerosis, bariatric surgery)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify:	<input type="text"/>				
31. This PAST SUMMER, how many times did you get a sunburn?					
<input type="radio"/> Didn't get a sunburn	<input type="radio"/> 1 time	<input type="radio"/> 2 times	<input type="radio"/> 3–4 times	<input type="radio"/> 5 or more times	
32. When outside THIS PAST SUMMER, how often did you use sunscreen with SPF 15+?					
<input type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Always	

3/8" spine perf

33. What number SPF do you usually use?

- Less than SPF 15, SPF 15, SPF 30, Greater than SPF 30

34. In the PAST YEAR, how many times did you use a tanning bed?

- Never, 1 time, 2-9 times, 10-19 times, 20-29 times, 30 or more times

35. A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress? (Mark one answer)

- Very feminine, Mostly feminine, Somewhat feminine, Equally feminine and masculine, Somewhat masculine, Mostly masculine, Very masculine

36. A person's mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think people would describe your mannerisms? (Mark one answer)

- Very feminine, Mostly feminine, Somewhat feminine, Equally feminine and masculine, Somewhat masculine, Mostly masculine, Very masculine

37. In the PAST YEAR, did you try to lose weight or keep from gaining weight?

- No, Yes, a) In the PAST YEAR, how often did you go on a diet to lose weight or keep from gaining weight? Never, A couple of times, Several times, Often, Always on a diet

b) In the PAST YEAR, did you do any of the following to lose weight or keep from gaining weight?

Table with 7 columns: Never, Less than monthly, 1-3 times a month, Once per week, 2-6 times per week, Daily. Rows: Fast (not eat for at least a day), Make yourself throw up, Take laxatives.

38. Sometimes people will go on an "eating binge," when they eat an amount of food that most people, like their friends, would consider to be very large, in a short period of time. In the PAST YEAR, how often did you go on an eating binge?

- Never, Less than monthly, 1-3 times per month, Once a week, More than once a week

a) During the times when you ate this way, did you feel you couldn't stop eating or control what or how much you were eating? No, Yes

39. Do you eat sensibly in front of others and splurge alone? Never, Rarely, Often, Always

40. Do you go on eating binges though you are not hungry? Never, Rarely, Sometimes, At least once a week

41. To what extent does this statement describe your eating behavior? "I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising myself to start dieting again tomorrow."

- Not like me, A little like me, Pretty good description of me, Describes me perfectly

42. How often do you eat ...

Table with 6 columns: Almost never or never, Rarely, Sometimes, Often, Almost always or always. Rows: Because you're depressed or sad, Because you feel worthless or inadequate, As a way to help you cope, As a way to comfort yourself, As a way to avoid thinking about something unpleasant or to distract yourself.

43. Please answer the following questions as true or false:

Table with 2 columns: True, False. Rows: I usually eat too much at social occasions, like parties or picnics. Sometimes things just taste so good that I keep on eating even when I am no longer hungry. Since my weight goes up and down, I have gone on reducing diets more than once. When I am with someone who is overeating, I usually overeat too. Sometimes when I start eating, I just can't seem to stop. It is difficult for me to leave something on my plate. While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods.

44. People eat for a variety of reasons. Please tell us how often the following statements apply to you.

Table with 6 columns: Never, Seldom, Sometimes, Often, Very often. Rows: Do you have the desire to eat when you are irritated? Do you have a desire to eat when you have nothing to do? Do you have a desire to eat when you are depressed or discouraged? Do you have a desire to eat when you are feeling lonely? Do you have a desire to eat when someone lets you down? Do you have a desire to eat when you are mad? Do you have a desire to eat when you expect something unpleasant to happen? Do you have a desire to eat when you are anxious, worried, or tense?

44. continued: Please tell us how often the following statements apply to you.

	Never	Seldom	Sometimes	Often	Very often
Do you have a desire to eat when things are going against you or when things have gone wrong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a desire to eat when you are frightened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a desire to eat when you are disappointed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a desire to eat when you are emotionally upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a desire to eat when you are bored or restless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If food tastes good to you, do you eat more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If food smells and looks good, do you eat more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you see or smell something delicious, do you have a desire to eat it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you have something delicious to eat, do you eat it right away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you walk past a coffee shop, bakery, or other place that sells sweets, do you have a desire to buy something delicious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you walk past a fast food or other quick service restaurant, do you have the desire to buy something delicious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you see others eating, do you also have the desire to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you resist eating delicious foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you eat more than usual when you see others eating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When preparing a meal, do you tend to eat something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. What have you done in the PAST YEAR? Mark "None/Zero" for any season you did not do that activity.

How much did you do it each season?

			None/Zero	Less than 1/2 hrs/wk	1/2-3 1/2 hrs/wk	4-6 1/2 hrs/week	7-9 1/2 hrs/week	10+ hrs/week
Baseball/softball <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Basketball <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Biking <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Soccer, rugby <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ice, field, street hockey or lacrosse <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Running or jogging, including treadmill <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Swimming <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Rollerblading, rollerskating or ice skating <input type="radio"/> No <input type="radio"/> Yes →	↓	Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Summer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3/8" spine perf

45

45. continued: How much did you do it each season?

		None/Zero	Less than 1/2 hrs/wk	1/2-3 1/2 hrs/wk	4-6 1/2 hrs/week	7-9 1/2 hrs/week	10+ hrs/week
Skateboarding, snowboarding, or skiing	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dancing or aerobics	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis or other racquet sports	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking (to/from school, friend's house, store, or treadmill)	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stairmaster, elliptical trainer, or rowing machine	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnastics or cheerleading	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength training exercises (push-ups, lifting weights)	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga or pilates	<input type="radio"/> No <input checked="" type="radio"/> Yes →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about what you ate over the PAST YEAR.

46. Which cold breakfast cereal do you eat most often (like Cheerios or Special K)?

- Cheerios Honey Nut Cheerios Honey Bunches of Oats Frosted Flakes Special K

Other:

- Never eat cold breakfast cereal

LF CT LC FL RB KG MW RK

47. Do you take vitamins (like Flintstones, Centrum)?

- Yes → a) How many do you take per week? 1-2 3-5 6-9 10 or more

- No b) What specific brand do you usually take? (Please specify exact brand)

- Centrum One a day Women's Flintstones Complete

Other:

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

48. Do you take any other separate vitamin or mineral pills? (NOT the vitamin listed in question 47)

- Yes → a) If yes, do you take any of the following?

- No Calcium or TUMS Iron Vitamin D Fish oil Other, please specify:

3/8" spine part

These questions ask about what you ate over the PAST YEAR. Fill in one circle for each food item. There are no right or wrong answers.

49. FRUITS AND VEGETABLES

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	49
Raisins (small pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapes (bunch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apples or pears (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applesauce (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon (1 wedge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1), grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, plums, apricots (fresh, canned or dried) (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (1 medium glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice and other 100% fruit juices (1 medium glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice or V8 (1 small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frozen, canned) or soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collard greens/kale/cooked spinach (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green/red/yellow peppers (3 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams/sweet potatoes (1 med. or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zucchini, summer squash, eggplant (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks baby carrots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (2-3 sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lettuce/tossed salad (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato salad (1/3 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries (medium order)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes—baked or boiled (1), mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onion rings, cooked onions, or soup (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. BREADS AND CEREALS

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	50
Cold breakfast cereal (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal, including instant (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread White or pita, exclude sandwiches (1 slice) Whole wheat or whole grain, excl. sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bagels, English muffins, or rolls (1) include breakfast sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cornbread (1 square)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biscuit (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortilla (2) e.g., tacos, quesadillas (exclude burritos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (2 small)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French toast (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. What type of cooking oil does your family use?

- Canola oil
 Olive oil
 Vegetable oil
 Corn oil
 Soybean oil
 Don't know

3/8" spine perf

52. What form of margarine does your family usually use?

- None
- Stick
- Tub
- Squeeze (liquid)
- Spray or nonfat
- Don't know

a) What specific brand and type of margarine or spread (like "Promise Light Spread")? Leave blank if you don't know.

0	0	0	5	5	5	52
1	1	1	6	6	6	a
2	2	2	7	7	7	
3	3	3	8	8	8	
4	4	4	9	9	9	

53. What type of cream cheese, cottage cheese, or other cheese do you usually use?

- Nonfat
- Lowfat
- Regular
- Don't know
- None

54. DAIRY FOODS

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Skim milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk (8 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 or 2% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate milk, or any flavored milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy milk, any flavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instant breakfast drink (1 packet/serving/can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High protein shake or drink, e.g., whey or soy (1 packet/serving/can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (4-6 oz) - plain, NOT frozen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (4-6 oz) - artificially sweetened (e.g., light peach)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (4-6 oz) - sweetened (e.g., strawberry, vanilla)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage cheese (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream cheese (2 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter (1 pat or slice - the size of an individual package of butter that you get at a restaurant) -not margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spreadable butter (butter mixed with oil to make it soft and spreadable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (1 pat) - not butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whipped cream (1 serving) - EXCLUDE coffee drinks and/or fat free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream, e.g., coffee, sour (exclude fat free) (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. OTHER FOODS

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Ketchup (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream (milk) soups or chowder (1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear soup (with noodles, rice, vegetables) 1 bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low calorie or low fat salad dressing (1-2 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing (not low calorie) 1-2 Tbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jams, jellies, preserves, syrup, honey, or fluff (1 Tbs) exclude sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter, plain (1 Tbs) exclude sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. DRINKS: Consider the serving size as 1 glass, bottle

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Carbonated, low-cal "diet" beverage with caffeine, (e.g., Diet Coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other carbonated, low-cal beverage without caffeine, (e.g., Diet 7-Up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular carbonated beverage with caffeine & sugar, (e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other regular carbonated beverage with sugar, (e.g., 7-Up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit drinks/pouch, lemonade, Sunny D, Koolaid, sugared ice tea or other non-carbonated fruit drink - NOT juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sport drinks - Powerade or Gatorade (individual bottle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (e.g., Red Bull)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar free, low calorie, or low carb energy drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular energy drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular hot tea with caffeine, including green tea (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoothies (e.g., medium Jamba Juice or Orange Julius)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water - tap and bottled (1 glass or bottle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, regular (1 glass, bottle or can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light beer, e.g., Bud Light or Natural Light (1 glass, bottle or can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine or Wine Coolers (1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, like vodka or rum: include ready-to-drink alcoholic beverages, e.g., Hard Lemonade (1 drink, 1 shot, 1 bottle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3/8" spine perf

57. What is the USUAL serving size of the soda/pop you drink (any type)?

- <12 oz. 12 oz. (e.g., can) 16–20 oz. (e.g., individual bottle) 21+ oz. (e.g., Big Gulp) Don't drink soda

58. How many teaspoons of sugar do you ADD to your beverages or food each day?

- None/less than 1 tsp/day 1–2 tsp/day 3–4 tsp/day 5 or more tsp/day

59. COFFEE & COFFEE DRINKS

	How often? What size?							Usually add whipped cream?
	Small = 8–12 ounces; Medium = 14–16 ounces; Large = 20–24 ounces							
Decaffeinated coffee (1 cup)	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/>
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							
Coffee - not decaf (1 cup)	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/>
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							
Nonfat coffee dairy drinks, e.g., Cappuccino, Mocha, Latte	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/> Yes
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							
Low-fat or whole milk coffee dairy drinks, e.g., Cappuccino, Mocha, Latte	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/> Yes
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							
Nonfat iced coffee dairy drinks, e.g., Coffee Coolatta, Frappuccino	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/> Yes
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							
Low-fat or whole milk iced coffee dairy drinks, e.g., Coffee Coolatta, Frappuccino	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1–3/mo.	<input type="radio"/> 1–2/wk.	<input type="radio"/> 3–6/wk.	<input type="radio"/> 1/day	<input type="radio"/> 2+/day	<input type="radio"/> Yes
	Usual size consumed: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large							

60. How many times each week (including weekdays and weekends) do you eat breakfast?

- Never or almost never 1–2 times per week 3–4 times per week 5 or more times per week

61. How often do you sit down with other members of your family to eat dinner or supper?

- Never or almost never 1–2 times per week 3–4 times per week 5 or more times per week

62. How often did you eat something from a fast food restaurant (McDonald's, KFC, Wendy's, etc.) in the past year?

- Never/less than once/month 1–3 times/mo. Once per week 2–6 times/wk. Once per day or more

63. How often did you eat something from a takeout restaurant (Chinese food, pizza, deli, supermarket fully prepared food, Applebee's to-go) in the past year?

- Never or less than once/month 1–3 times/mo. Once per week 2–6 times/wk. Once per day or more

64. How often did you eat something from a casual dining restaurant (Applebee's, Panera Bread, etc.) in the past year?

- Never or less than once/month 1–3 times/mo. Once per week 2–6 times/wk. Once per day or more

65. How often do you eat fried food that is fried at home, like fried chicken?

- Never or less than once per week 4–6 times per week 1–3 times per week Daily

66. How often do you eat deep fried chicken, fish, shrimp, clams away from home?

- Never or less than once per week 4–6 times per week 1–3 times per week Daily

67. MAIN DISHES

	Never	<1/mo.	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Eggs (1) e.g., scrambled, fried, in breakfast sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheeseburger (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veggieburger (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soyburgers, miso, edamame, or other soy dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken nuggets (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs or sausage (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef/pork sausage (2 oz. or 2 small links)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sandwich or wrap	How often									
Usual type(s) mark all that apply:	<input type="radio"/> Salami/ham/bologna/other cold processed meat <input type="radio"/> Beef <input type="radio"/> Tuna <input type="radio"/> Veggie (no meat) <input type="radio"/> Chicken/turkey <input type="radio"/> Peanut butter & jelly/fluff									
Size:	<input type="radio"/> Small (e.g., a sandwich you make at home) <input type="radio"/> Medium <input type="radio"/> Large (e.g., Subway footlong)									
Burrito	How often									
Usual type(s) mark all that apply:	<input type="radio"/> Chicken or turkey <input type="radio"/> Beef or pork <input type="radio"/> Tofu <input type="radio"/> Beans <input type="radio"/> Vegetables									

67. MAIN DISHES continued

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Pasta (e.g., spaghetti with sauce, lasagna) 1 cup How often →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usual type(s) <input type="radio"/> Chicken or turkey <input type="radio"/> Beef/hamburger/pork										
mark all that apply: <input type="radio"/> Vegetable <input type="radio"/> Plain										
Mixed other dishes (e.g., Pad Thai, chili, Frz. dinners) How often →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usual type(s) <input type="radio"/> Chicken or turkey <input type="radio"/> Beef, pork, or lamb										
mark all that apply: <input type="radio"/> Tofu <input type="radio"/> Vegetables <input type="radio"/> Fish										
Beef or lamb as a main dish, e.g., as a steak or roast (4-6 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey as a main dish (e.g., fried or roasted) with skin (3 oz) including ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey as a main dish, without skin (3 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork, ribs or ham as a main dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils (1 serving) include baked beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish sticks, fish cakes, or fish sandwich (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna (2-3 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., tuna steak, salmon, sardines, swordfish (3-5 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster or scallops as a main dish (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, e.g., cod, haddock, halibut (3-5 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macaroni and cheese (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese, eaten alone or added to main dish, sandwich, or quesadilla (1 slice/1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. SNACK FOODS/DESSERTS

	Never	<1/mo.	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Regular potato chips, corn chips, Doritos (1 small bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked chips (1 small bag) e.g., Baked Lays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popcorn (1 small bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretzels (1 small bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanuts (1 small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walnuts (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other nuts (small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeds, e.g., sunflower or pumpkin (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit snacks or fruit rollups (1 pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, e.g., Cheez-its or Ritz (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poptarts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake (1 slice) or snack cakes, e.g., Twinkies (1 pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danish, sweetrolls, pastry (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donuts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate, e.g., Hershey's or M&M's (1 bar or packet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other candy bars, e.g., Milky Way, Snickers (1 bar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other candy without chocolate, e.g., Skittles (1 pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pudding (1/2 cup) - EXCLUDE sugar free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt or low-fat ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popsicles (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy bar, e.g., Powerbar, Clif Bar, Lunabar (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High protein bar, e.g., Zone or Balance Bar (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast bars, e.g., Nutrigrain, granola, Kashi (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you! Please return the completed questionnaire in the enclosed postage-paid envelope to: GUTS II, Channing Laboratory, 181 Longwood Avenue, Boston, MA 02115
Questions/comments? Write them here or email us: guts2@channing.harvard.edu