



2015 Questionnaire

Has your address changed?
Please make corrections and return
it with your questionnaire, or
update your address online.

Hello **<insert name>**,

Thank you for being a part of the **Growing Up Today Study**.

If you recently completed this year's questionnaire online, that's great! If not, you can still log on to complete this questionnaire at www.gutsweb.org. Alternatively, you can complete this paper questionnaire and mail it back using the enclosed pre-paid envelope.



As a special thank you from us, you can receive a **\$5 Amazon Gift Card** as a gift for completing this questionnaire.

From all of us here at GUTS, thank you for helping to make the **Growing Up Today Study** one of the most influential health studies of this generation.

Sincerely,

Stacey A. Missmer, ScD
GUTS Director

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



Brigham & Women's
Hospital



Harvard Medical
School

Using a computer or mobile device, log
on with your GUTS ID and complete your
questionnaire today.

www.gutsweb.org



GUTS ID



A1234567



OR

Complete and mail this paper
questionnaire.

Growing Up Today Study
181 Longwood Avenue
Boston MA 02115-5804



Q u e s t i o n s ?

guts@channing.harvard.edu
617-525-2279, 9-5pm EST

We always love hearing from you!

GUTS Thank You Gift

As an additional thank you for taking the time to complete this questionnaire, we would like to send you a \$5 Amazon Gift Card*.



1. Would you like us to email your gift from GUTS?

☐

Yes, please send my \$5 GUTS Thank You Gift to the **primary email** provided below.

☐

No thank you. Instead please donate my \$5 gift to further GUTS research.

Note: **GUTS Thank You Gifts are emailed within a week of us receiving your paper questionnaire.** Contact us with questions.

2. Primary E-mail:

If you have spam filtering software, please be sure you are accepting email from:
guts@channing.harvard.edu

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

3. Secondary E-mail:

If available, please provide a second email were we can reach you if we have trouble with your primary email.

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

4. Phone Numbers:

We do not routinely call or text message participants, but in case we lose contact with you, we may need to reach you to update your contact information. Please provide the best numbers to reach you at.

Mobile Phone

Home Phone

5. Has your name changed? If so, please provide your new full name below:

6. Back-up Contact:

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).

Name:

Relationship:

Email:

Address:

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).

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Q15

1. What is your current status? ☐ Never married ☐ Married ☐ Living with partner ☐ Separated ☐ Divorced ☐ Widowed
2. How much do you weigh? Pounds
3. How tall are you? Ft. In.
4. When was your last routine (preventative) physical exam? ☐ 0–12 months ☐ 13–24 months ago ☐ 2+ years ago
5. Are you covered by any kind of health insurance or some other kind of health care plan? ☐ Yes ☐ No
6. Please describe your current work status (Mark all that apply):
☐ Working full time ☐ Working part time ☐ In the military
☐ Unemployed, laid off, or looking for work ☐ Staying at home with children/taking care of family ☐ Student
☐ On maternity or family leave from job ☐ Not working due to illness or disability ☐ Volunteering
7. In the PAST 12 MONTHS, on average, how often did you smoke cigarettes?
☐ Never ☐ Less than once a month ☐ Monthly, but not weekly ☐ Weekly, but not daily ☐ Daily
8. In the PAST 12 MONTHS, on average, how many cigarettes did you smoke in one day?
☐ I don't smoke ☐ 1 ☐ 2–5 ☐ 6–10 ☐ 11–20 ☐ 21 or more
9. In the PAST 12 MONTHS, on average, how often did you use marijuana?
☐ Never ☐ Once a month or less ☐ 2–3 times/month ☐ 1–2 times/week ☐ 3–5 times/week ☐ 6 or more times/week
10. In the PAST 12 MONTHS, on average, how often did you drink beer, wine or liquor?
☐ Never ☐ Less than once a month ☐ Less than once a week ☐ 1–2 days/week ☐ 3–5 days/week ☐ Almost every day ☐ Daily
11. In the PAST 12 MONTHS, when you drank alcohol, how much did you usually drink at one time?
☐ I don't drink ☐ Less than 1 drink ☐ 1 drink ☐ 2 drinks ☐ 3 drinks ☐ 4 drinks ☐ 5 drinks ☐ 6 or more drinks
12. In the PAST 12 MONTHS, how many times did you drink 5 or more alcoholic drinks over a few hours?
☐ Never ☐ 1 time ☐ 2 times ☐ 3–5 times ☐ 6–8 times ☐ 9–11 times ☐ 12–15 times (about once/mo.)
☐ 16–24 times (about 2x/mo.) ☐ 25–36 times (about 3x/mo.) ☐ 37 or more times (average of more than 3x/mo.)
13. 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
14. In the past year, 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)
15. During the past year, did you try to lose weight or keep from gaining weight?
☐ No ☐ Yes
16. 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.) Did you feel out of control, like you couldn't stop eating even if you wanted to stop? ☐ No ☐ Yes
17. In the past year, did you do any of the following to lose weight or keep from gaining weight?
- a.) Go on a diet: ☐ Never ☐ A couple of times ☐ Several times ☐ Often ☐ Always on a diet
- b.) Use diet pills: ☐ Never ☐ Less than monthly ☐ 1–3 times per month ☐ Once a week ☐ More than once/week
- c.) Make yourself throw up: ☐ Never ☐ Less than monthly ☐ 1–3 times per month ☐ Once a week ☐ More than once/week
- d.) Take laxatives: ☐ Never ☐ Less than monthly ☐ 1–3 times per month ☐ Once a week ☐ More than once a week
18. WOMEN-ONLY: For each of your pregnancies that ended since January 1, 2014, please answer the following questions. Twins or triplets? Enter largest birth weight and more than one circle (if needed) for gender. More than one pregnancy in the last year? Download the form at www.gutsweb.org/forms.

For pregnancies lasting 20+ weeks . . .						
Outcome of pregnancy? (Select one)	Year ended?	Were you trying to become pregnant?	How long did this pregnancy last?	Any of these complications?	Birth weight and sex	Type of delivery (Select all)
1st pregnancy	<input type="radio"/> Single live birth	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <8 weeks	<input type="radio"/> Gestational diabetes	<input type="text"/> <input type="text"/> lbs.	<input type="radio"/> Spontaneous labor*
	<input type="radio"/> Twins/Triplets+	<input type="radio"/> 2014	<input type="radio"/> 8–19 weeks	<input type="radio"/> Pregnancy-related high blood pressure	<input type="text"/> <input type="text"/> oz.	<input type="radio"/> Induced labor**
	<input type="radio"/> Miscarriage/Stillbirth	<input type="radio"/> 2015	<input type="radio"/> 20–36 weeks	<input type="radio"/> Pre-eclampsia/toxemia	<input type="radio"/> Girl	<input type="radio"/> C-section
	<input type="radio"/> Induced abortion		<input type="radio"/> 37–39 weeks		<input type="radio"/> Boy	<input type="radio"/> Vaginal birth
	<input type="radio"/> Tubal or ectopic		<input type="radio"/> 40–42 weeks			
		<input type="radio"/> 43+ weeks				

*Spontaneous (contractions started ON THEIR OWN)

**Induced (contractions AFTER receiving a medication by mouth or IV, having gel applied on cervix or membranes broken by clinician)

19. Is this your correct date of birth? →

- ☐ Yes
☐ No →

If no, please
write correct
date.

MONTH / DAY / YEAR

20. Have you ever been told by a HEALTH CARE PROVIDER (e.g., a doctor, nurse, social worker, etc.) that you have any of the following illnesses? Mark any that apply.

Leave blank for NO,
mark here for YES →

YEAR OF FIRST DIAGNOSIS

Before 2010 2010-2014 2015 +

High cholesterol,
triglycerides, or lipids

Y →

☐☐☐Hypertension
(high blood pressure)

Y →

☐☐☐

Hypothyroidism

Y →

☐☐☐

Migraines

Y →

☐☐☐

Asthma

Y →

☐☐☐

Stress fracture

Y →

☐☐☐

ACL tear

Y →

☐☐☐

Peripheral neuropathy

Y →

☐☐☐Concussion or other
head injury

Y →

☐☐☐

Depression

Y →

☐☐☐

Anxiety disorder

Y →

☐☐☐

Psoriasis

Y →

☐☐☐

Gastrointestinal illnesses

Gallstones

Y →

☐☐☐

Kidney stones

Y →

☐☐☐Ulcerative colitis/Crohn's
disease

Y →

☐☐☐

Irritable bowel syndrome

Y →

☐☐☐

Celiac disease

Y →

☐☐☐

Eating disorders

Anorexia nervosa

Y →

☐☐☐

Bulimia nervosa

Y →

☐☐☐

Binge eating disorder

Y →

☐☐☐

Other eating disorder

Y →

☐☐☐

Melanoma

Y →

☐☐☐Cancer, other than
melanoma

Y →

☐☐☐

Location/type of cancer:

Diabetes (high blood sugar)

Y →

☐☐☐☐ Type 1☐ Type 2☐ Don't know☐☐☐Other major illness
or surgery
since 2010

Y →

☐☐☐

Please specify:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7	8	9	0	1	2	3	4	5	6
7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2
3	4	5	6	7	8	9	0	1	2	3	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8
9	0	1	2	3	4	5	6	7	8	9	0	1
2	3	4	5	6	7	8	9	0	1	2	3	4
5	6	7	8	9	0	1	2	3	4	5	6	7
8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0	1	2	3
4	5	6	7									

28. How many **MULTI-VITAMINS** do you usually take **PER WEEK**? (e.g., Centrum, One A Day Women's, MegaMen)

☐ None ☐ 1–2 per week ☐ 3–5 per week ☐ 6–9 per week ☐ 10+ per week

a. What brand of multi-vitamins do you usually take?

29. Over the past year, not counting multi-vitamins, did you regularly take any of these other vitamins or mineral pills?

☐ Vitamin C ☐ Calcium ☐ Vitamin D (in calcium supplement or separately)
☐ Fish Oil ☐ Folic acid ☐ Other:

30. How many hours do you spend doing the following activities each week?

Sitting and watching TV, movies, or videos

(e.g., broadcast, DVR, YouTube, Netflix)

Sitting and using a computer/internet/video games

(e.g., work, school, shopping, misc activities)

Other sitting activities (e.g., reading, hobbies, relaxing)

Walking to and from school or work

Strenuous recreational activity causing increased

breathing, heart rate, or sweating (e.g., running,

aerobics, lap swimming)

Moderate recreational activity (e.g., hiking, walking for exercise, casual cycling, yard work)

0 hrs
/week

1 hour
/week

2–5 hrs
/week

6–10 hrs
/week

11–20 hrs
/week

21–40 hrs
/week

41–60 hrs
/week

61–90 hrs
/week

91 + hrs
/week

31. On average how many **TIMES PER DAY** do you **EAT**? Include meals & snacks (exclude black coffee or diet soda)

☐ 1 per day ☐ 2 per day ☐ 3 per day ☐ 4 per day ☐ 5 per day ☐ 6 per day ☐ 7+ times per day

32. On average 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+ times per week

33. Do you follow any of these **DIETARY RESTRICTIONS**?

☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Lactose-free ☐ Other:

34. How often do you eat **PAN-FRIED OR SAUTEED FOOD** at home? (Exclude “Pam”-type spray) (select all that apply)

☐ Less than once a week ☐ 1–3 times per week ☐ 4–6 times per week ☐ Daily

35. What kind of fat is usually used for **PAN-FRYING AND SAUTEING** at home? (Exclude “Pam”-type spray) (select all that apply)

☐ Real butter ☐ Margarine ☐ Olive oil ☐ Vegetable oil ☐ Veg. shortening ☐ Lard ☐ N/A

36. What kind of fat is usually used for baking **COOKIES** at home?

☐ Real butter ☐ Margarine ☐ Olive oil ☐ Vegetable oil ☐ Veg. shortening ☐ Lard ☐ N/A

37. How many times each week do you eat **BREAKFAST**? (including weekdays and weekends)

☐ Never or almost never ☐ 1–2 times per week ☐ 3–4 times per week ☐ 5+ times per week

38. If you eat cold **CEREAL**, which do you eat the most? (select all that apply)

☐ Cheerios ☐ Honey Nut Cheerios ☐ Honey Bunches of Oats ☐ Frosted Mini Wheats
☐ Cinnamon Toast Crunch ☐ Raisin Bran ☐ Special K ☐ Other: →

39. On **AVERAGE**, how often have you eaten the following types of food over the past year?

Food from FAST FOOD PLACES

(e.g., KFC, Taco Bell, Pizza Hut)

Food from CASUAL DINING

(e.g., cafeterias, Applebee's, Olive Garden, Panera Bread)

Food from OTHER TAKE-OUT

PLACES (e.g., food trucks, take-out

Chinese, deli)

Frozen meals

Canned foods (e.g., soups, vegetables, in metal cans)

Food from the prepared food

section of a GROCERY STORE

Deep fried foods

(e.g., fried chicken, fried fish, fried shrimp or clams, onion rings)

Prepared away from home?

Prepared at home?

Never
< 1 per month
1–3 per month
1 per week
2–4 per week
5–6 per week
1 per day
2+ per day

40. On **AVERAGE**, how often have you eaten the following **MIXED DISHES** over the past year?

Breakfast sandwiches

Sandwiches or wraps

Salad as a main dish

Asian rice dishes

(e.g., curry, stir fry, chicken tikka masala)

Asian noodle dishes

(e.g., pad thai, lo mein)

Italian pasta dishes

(e.g., spaghetti & sauce, chicken pesto, fettuccine Alfredo)

Burritos or burrito bowls

Never
< 1 per month
1–3 per month
1 per week
2–4 per week
5–6 per week
1 per day
2+ per day

In the next section, we will ask you about the specific foods you ate over the past year. You should include foods you ate as part of **MIXED DISHES** in your estimates.

41) On AVERAGE, how often have you eaten the following foods over the PAST 12 MONTHS?

AVERAGE OVER 12 MONTHS

If you ate WATERMELON 4 times a week for 3 of the past 12 months, then your average use for the whole year would be "once a week."

ADJUST FOR SERVING SIZES

If you usually ate more than the listed serving size, you should adjust your estimated frequency upwards. If you ate less, adjust downwards.

INCLUDE FOOD IN MIXED DISHES

Your estimates for CHEESE should include when it was eaten on its own AND as part of a mixed dish (e.g., grilled sandwiches, mixed pasta dishes, and cheese desserts).



DAIRY & SPREADS, DRESSINGS

	Never	< 1 per month	1-3 per month	1 per month	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
MILK (8 oz. glass)										
Skim milk	N	M	M	W	W	W	D	D	D	D
1 or 2 % milk	N	M	M	W	W	W	D	D	D	D
Whole milk	N	M	M	W	W	W	D	D	D	D
Soy milk	N	M	M	W	W	W	D	D	D	D
Cream (milk) soups/chowder (1 bowl)	N	M	M	W	W	W	D	D	D	D
Whipped cream, exclude fat-free (e.g., coffee drinks and desserts) (1 serving)	N	M	M	W	W	W	D	D	D	D
Cream, exclude fat-free (1 Tbs) (e.g., coffee, sour cream, cream sauces)	N	M	M	W	W	W	D	D	D	D
Low-fat ice cream, sherbet, sorbet, frozen yogurt (1 cup)	N	M	M	W	W	W	D	D	D	D
Regular ice cream (1 cup)	N	M	M	W	W	W	D	D	D	D
Pudding, exclude sugar-free (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Greek yogurt (4-6 oz.)	N	M	M	W	W	W	D	D	D	D
Sweetened yogurt (4-6 oz.) (e.g., strawberry, vanilla)	N	M	M	W	W	W	D	D	D	D
Artificially sweetened yogurt (4-6 oz.) (e.g., light peach, light key lime)	N	M	M	W	W	W	D	D	D	D
Plain yogurt (4-6 oz.)	N	M	M	W	W	W	D	D	D	D
Include when eaten on its own or as part of a mixed dish										
Cottage or ricotta cheese (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Cream cheese (1 oz.)	N	M	M	W	W	W	D	D	D	D
Other cheeses (e.g., American, Parmesan, cheddar) (1 serving or 1 oz.)	N	M	M	W	W	W	D	D	D	D
Olive oil salad dressings (1-2 Tbs) (e.g., olive oil vinaigrettes)	N	M	M	W	W	W	D	D	D	D
Other salad dressings (1-2 Tbs) (e.g., Italian, Ranch, Caesar)	N	M	M	W	W	W	D	D	D	D
Fat-free salad dressings	N	M	M	W	W	W	D	D	D	D
Low-fat salad dressings	N	M	M	W	W	W	D	D	D	D
Regular salad dressings	N	M	M	W	W	W	D	D	D	D
Low-fat margarine (e.g., Blue Bonnet Light) (1 tsp)	N	M	M	W	W	W	D	D	D	D
Regular margarine (e.g., Blue Bonnet Regular) (1 tsp)	N	M	M	W	W	W	D	D	D	D
"Spreadable Butter"-butter/oil blend (1 tsp)	N	M	M	W	W	W	D	D	D	D
Pure butter (1 tsp)	N	M	M	W	W	W	D	D	D	D

42. If you eat **MARGARINE**, what type do you use?

- ☐ Stick ☐ Squeeze ☐ Don't know
☐ Tub ☐ Spray/nonfat ☐ N/A

a. Please specify type: (e.g., Promise Light Spread)

43. If you eat **CHEESE**, what type do you usually eat?

- ☐ Regular ☐ Lowfat/lite ☐ Nonfat
☐ Don't know ☐ N/A

VEGETABLES

	Never	< 1 per month	1-3 per month	1 per month	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (2 slices)	N	M	M	W	W	W	D	D	D	D
Tomato or V-8 juice (small glass)	N	M	M	W	W	W	D	D	D	D
Tomato soup (1 cup)	N	M	M	W	W	W	D	D	D	D
Tomato sauce (1/2 cup) (e.g., spaghetti sauce)	N	M	M	W	W	W	D	D	D	D
Salsa, picante, or taco sauce (1/4 cup)	N	M	M	W	W	W	D	D	D	D
Ketchup or red chili sauce (1 Tbs)	N	M	M	W	W	W	D	D	D	D
Hummus (1/4 cup)	N	M	M	W	W	W	D	D	D	D
Green beans (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Beans or lentils, baked, dried or in soup (exclude soybeans) (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Peas or lima beans (1/2 cup fresh, frozen, canned, or soup)	N	M	M	W	W	W	D	D	D	D
Broccoli (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Cauliflower (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Cabbage or coleslaw (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Brussels sprouts (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)	N	M	M	W	W	W	D	D	D	D
Raw carrots (1/2 carrot or 2-4 sticks)	N	M	M	W	W	W	D	D	D	D
Celery (2-3 sticks)	N	M	M	W	W	W	D	D	D	D
Corn (1 ear or 1/2 cup fresh/frozen/canned)	N	M	M	W	W	W	D	D	D	D
Dark orange (winter) squash (e.g., butternut) (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Eggplant, zucchini, or other summer squash (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Kale, raw as in a salad (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Cooked kale, mustard greens, or chard (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Spinach, raw as in salad (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Spinach, cooked (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Romaine or leaf lettuce (e.g., Caesar salad) (1 serving)	N	M	M	W	W	W	D	D	D	D
Iceberg or head lettuce (e.g., wedge salad) (1 serving)	N	M	M	W	W	W	D	D	D	D
Peppers (green, yellow, or red) (2 rings or 1/4 small)	N	M	M	W	W	W	D	D	D	D
Onion (as a garnish/in salad) (1 slice)	N	M	M	W	W	W	D	D	D	D
Onions as cooked vegetable, rings, or soup (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Mixed or stir fry vegetables or soup (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Garlic, fresh or powdered (1 clove or 4 shakes)	N	M	M	W	W	W	D	D	D	D
Olives, any type (3)	N	M	M	W	W	W	D	D	D	D
Olives oil added to food or bread (1 Tbs)	N	M	M	W	W	W	D	D	D	D

44) On AVERAGE, how often have you eaten the following foods over the PAST 12 MONTHS?

AVERAGE OVER 12 MONTHS

If you ate WATERMELON 4 times a week for 3 of the past 12 months, then your average use for the whole year would be "once a week."

ADJUST FOR SERVING SIZES

If you usually ate more than the listed serving size, you should adjust your estimated frequency upwards. If you ate less, adjust downwards.

INCLUDE FOOD IN MIXED DISHES

Your estimates for CHEESE should include when it was eaten on its own AND as part of a mixed dish (e.g., grilled sandwiches, mixed pasta dishes, and cheese desserts).



FRUITS

	Never	< 1 per month	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
Raisins (small pack), Grapes (1/2 cup)	N	M	M	W	W	W	D	D	D	D
Bananas (1)	N	M	M	W	W	W	D	D	D	D
Cantaloupe (1/4 melon)	N	M	M	W	W	W	D	D	D	D
Watermelon (1 slice or 1 cup)	N	M	M	W	W	W	D	D	D	D
Avocado (1/2 fruit or 1/2 cup)	N	M	M	W	W	W	D	D	D	D
Fresh apples or pears (1)	N	M	M	W	W	W	D	D	D	D
Apple juice or fresh cider (small glass)	N	M	M	W	W	W	D	D	D	D
Fruit smoothies (medium size)	N	M	M	W	W	W	D	D	D	D
Oranges (1), Grapefruit (1/2)	N	M	M	W	W	W	D	D	D	D
Orange juice (small glass)	N	M	M	W	W	W	D	D	D	D
Other fruit juices (e.g., cranberry, grape) (small glass)	N	M	M	W	W	W	D	D	D	D
Strawberries (1/2 cup fresh/frozen/canned)	N	M	M	W	W	W	D	D	D	D
Blueberries (1/2 cup fresh/frozen/canned)	N	M	M	W	W	W	D	D	D	D
Peaches or plums (1 fresh, 1/2 cup canned)	N	M	M	W	W	W	D	D	D	D
Apricots (1 fresh, 1/2 cup canned or 5 dried)	N	M	M	W	W	W	D	D	D	D

GRAINS & STARCHES

	Never	< 1 per month	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
Cold breakfast cereal (1 serving)	N	M	M	W	W	W	D	D	D	D
Cooked oatmeal, instant oatmeal (1 cup)	N	M	M	W	W	W	D	D	D	D
Muffins or biscuits (1) (e.g., blueberry muffin, buttermilk biscuit)	N	M	M	W	W	W	D	D	D	D
White bread, including pita (1 slice) (eaten on its own, in sandwiches, or toast)	N	M	M	W	W	W	D	D	D	D
Whole wheat, oatmeal, other whole grain bread (1 slice) (eaten on its own, in sandwiches, or toast)	N	M	M	W	W	W	D	D	D	D
Corn or flour tortillas (2) (include quesadillas, tacos, burritos & wraps)	N	M	M	W	W	W	D	D	D	D
Bagels, English muffins, or bread rolls (1) (eaten on its own, in sandwiches or toast)	N	M	M	W	W	W	D	D	D	D
Brown rice (1 cup) (include mixed dishes, e.g., stir fry)	N	M	M	W	W	W	D	D	D	D
White rice (1 cup) (include mixed dishes, e.g., burrito)	N	M	M	W	W	W	D	D	D	D
Macaroni and cheese (1 serving)	N	M	M	W	W	W	D	D	D	D
Lasagna (1 slice)	N	M	M	W	W	W	D	D	D	D
Other pasta (1 cup) (e.g., spaghetti, ramen noodles, couscous)	N	M	M	W	W	W	D	D	D	D
French fries (1 serving)	N	M	M	W	W	W	D	D	D	D
Potato salad (1/3 cup)	N	M	M	W	W	W	D	D	D	D
Potatoes, baked, boiled, roasted (1) or mashed potatoes (1 cup)	N	M	M	W	W	W	D	D	D	D
Yams or sweet potatoes (1/2 cup) (cooked in any fashion)	N	M	M	W	W	W	D	D	D	D

MAIN DISHES

	Never	< 1 per month	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 with yolk (e.g., breakfast sandwich, scrambled, boiled) (1)	N	M	M	W	W	W	D	D	D	D
French toast (2)	N	M	M	W	W	W	D	D	D	D
Pancakes or waffles (2)	N	M	M	W	W	W	D	D	D	D
Pizza (2 slices)	N	M	M	W	W	W	D	D	D	D
Tofu, soybeans, soyburger, miso, or other soy protein (1 serving)	N	M	M	W	W	W	D	D	D	D
Veggieburger, exclude soyburger (1)	N	M	M	W	W	W	D	D	D	D
Poultry										
Chicken or turkey sausages or hot dogs (1)	N	M	M	W	W	W	D	D	D	D
Chicken or turkey in a sandwich, burrito, or mixed dish (e.g., chicken burrito, smoked turkey sandwich) (3 oz.)	N	M	M	W	W	W	D	D	D	D
Other chicken or turkey with skin, include ground (e.g., chicken wings, roasted drumstick) (3 oz.)	N	M	M	W	W	W	D	D	D	D
Other chicken or turkey cooked without skin, (e.g., cutlet) (3 oz.)	N	M	M	W	W	W	D	D	D	D
Meats										
Bacon (2 slices)	N	M	M	W	W	W	D	D	D	D
Ham, salami, bologna, or other deli meats	N	M	M	W	W	W	D	D	D	D
Beef or pork hot dogs (1)	N	M	M	W	W	W	D	D	D	D
Beef or pork sausages (2 oz. or 2 small links)	N	M	M	W	W	W	D	D	D	D
Cheeseburger (1 patty)	N	M	M	W	W	W	D	D	D	D
Hamburger (1 patty)	N	M	M	W	W	W	D	D	D	D
Other beef or pork in a sandwich, burrito, or mixed dish, excluding burgers (e.g., beef stir fry, pulled pork sandwich) (1 serving)	N	M	M	W	W	W	D	D	D	D
Other pork as main dish (e.g., pork chops, ham steak, ribs) (4-6 oz.)	N	M	M	W	W	W	D	D	D	D
Other beef or lamb as main dish (e.g., grilled steak, roasted lamb) (4-6 oz.)	N	M	M	W	W	W	D	D	D	D
Seafood										
Canned tuna fish (3-4 oz.)	N	M	M	W	W	W	D	D	D	D
Breaded fish cakes, pieces, or fish sticks (1 serving)	N	M	M	W	W	W	D	D	D	D
Shellfish (e.g., shrimp, lobster, scallops, clams as main dish) (3-5 oz.)	N	M	M	W	W	W	D	D	D	D
Dark meat fish (e.g., tuna steak, salmon, sardines) (3-5 oz.)	N	M	M	W	W	W	D	D	D	D
Other fish (e.g., tilapia, cod, haddock) (3-5 oz.)	N	M	M	W	W	W	D	D	D	D

45) On AVERAGE, how often have you eaten the following foods over the PAST 12 MONTHS?

AVERAGE OVER 12 MONTHS

ADJUST FOR SERVING SIZES

INCLUDE FOOD IN MIXED DISHES



BEVERAGES

	Never	< 1 per month	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
Water (tap, bottled, or sparkling) (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"/>
Sports Drinks (12 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"/>
Low-cal, low-carb, or sugar-free (e.g., G2)	<input type="radio"/>	<input type="radio"/>	<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 (e.g., Gatorade)	<input type="radio"/>	<input type="radio"/>	<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 with caffeine (e.g., Redbull) (1 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"/>
Fruit punch, lemonade, Sunny D, Koolaid, sugared fruit drink, iced tea or other non-carbonated fruit drink-NOT juice (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"/>
Soda or carbonated drinks (1 glass, can, 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"/>
Low-calorie, sugar-free, with caffeine (e.g., Diet Coke, Diet Pepsi)	<input type="radio"/>	<input type="radio"/>	<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-cal, sugar-free, without caffeine (e.g., Diet Sprite)	<input type="radio"/>	<input type="radio"/>	<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 with caffeine (e.g., Regular Coke, Pepsi)	<input type="radio"/>	<input type="radio"/>	<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 without caffeine (e.g., Sprite, 7-Up, root beer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet nutrition drinks (e.g., Slimfast) (1 drink)	<input type="radio"/>	<input type="radio"/>	<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 (8 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"/>
Light beer (1 glass or bottle) (e.g., Bud Light or Coors Light)	<input type="radio"/>	<input type="radio"/>	<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 beer or hard cider (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"/>
Red wine (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"/>
White wine (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., Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade) (1 shot, 1 cocktail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea w/ caffeine, include green (12 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"/>
Decaffeinated coffee (12 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"/>
Coffee, not decaf (12 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"/>
Dairy coffee drinks, hot or iced (e.g., cappuccino, latte) (12 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"/>
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"/>
Do you usually add flavorings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e.g., mocha, caramel, 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"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SWEETS, SNACKS & MISCELLANEOUS

	Never	< 1 per month	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
Milk chocolate (1 bar or pack) (e.g., Hershey's, M&M's)	<input type="radio"/>	<input type="radio"/>	<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 chocolate (1 bar or pack) (e.g., Hershey's Dark, Dove Dark)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy bars (1 bar or pack) (e.g., Snickers, Milky Way, Reese's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy without chocolate (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"/>
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"/>
Doughnuts (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 (1 packet) (e.g., Twinkies, cupcakes)	<input type="radio"/>	<input type="radio"/>	<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"/>
Danish, sweet rolls, or other pastries (e.g., croissants, honey buns) (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"/>
Potato/tortilla chips, include regular, baked & reduced-fat (1 small bag) (e.g., Lay's, Doritos, Tostitos, SunChips)	<input type="radio"/>	<input type="radio"/>	<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 grain/whole wheat crackers (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"/>
Others crackers (e.g., Ritz, Cheez-its, saltines) (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"/>
High protein or energy bars (e.g., Clif, Zone, Powerbar) (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"/>
Snack bars (e.g., Nutrigrain, Kashi, granola) (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"/>
Pretzels (small packet or 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"/>
Low-fat popcorn (2-3 cups)	<input type="radio"/>	<input type="radio"/>	<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 (2-3 cups)	<input type="radio"/>	<input type="radio"/>	<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 (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 (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"/>
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"/>
Mixed dried fruit (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"/>
Seeds (e.g., sunflower, pumpkin) (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, or honey (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"/>
Peanut butter (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-fat 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"/>
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"/>
Artificial sweeteners (1 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"/>
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Zero/day
 ☐ 1 tsp./day
 ☐ 2 tsp./day
 ☐ 3 tsp./day
 ☐ 4 tsp./day
 ☐ 5 tsp./day
 ☐ 6 tsp./day
 ☐ 7 tsp./day
 ☐ 8 tsp./day
 ☐ 9 tsp./day
 ☐ 10 tsp./day
 ☐ Other:

47. What is the date you completed this questionnaire?

M	M	-	D	D	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

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Thank you!

Questions? guts@channing.harvard.edu

Please return the completed questionnaire in the enclosed postage-paid envelope to:

GUTS, Channing Laboratory 181 Longwood Ave Boston, MA 02115