Diet Methods Study: Demographic and Health Questionnaire				
	OMB Control Number: ####-####			
	Expiration date://			
tim con req con red	olic reporting burden for this collection of information is estimated to average 8 minutes per response, including the e for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and inpleting and reviewing the collection of information. <b>An agency may not conduct or sponsor, and a person is not quired to respond to, a collection of information unless it displays a currently valid OMB control number.</b> Send inments regarding this burden estimate or any other aspect of this collection of information, including suggestions for ucing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-74, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.			
We	e have a few questions for you. This should take only a few minutes to answer.			
1.	In general, how would you describe your health? When answering this question, think about how you feel generally.			
	Excellent  Very Good  Good  Fair			
2.	What is your <u>current</u> height without shoes on?			
	Feet Inches 			
3.	What is your <u>current</u> weight without shoes on?			
	Pounds  _ _			
4.	During the past 12 months, did you take any vitamin or mineral supplements of any kind? Include vitamin or mineral pills, liquids, or tinctures. Do NOT include vitamin fortified foods.			
	Yes No			

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5.	. Do you get much exercise in things you do for recreation (sport, or hiking, or anything like that), or hardly any exercise, or in between?			
	Much exercise			
	Moderate exercise			
	Little or no exercise			
6.	In your usual day, aside from recreation, are you physically very active, moderately active, or quite inactive?			
	Variable to the second			
	Very active			
	Moderately active			
	Quite inactive			
7.	Have you smoked 100 or more cigarettes during your entire life?  No			
	Yes Do you currently smoke cigarettes or have you stopped?  Currently smoke  Stopped			
	How long ago did you stop?			
	< 1 year ago			
	1-4 years ago			
	5-9 years ago			
	10 or more years ago			
8.	Over the past 12 months, did you drink alcoholic beverages such as beer, wine or wine coolers, liquor or mixed drinks?			
	No (SKIP TO QUESTION 9)			
	Yes How often did you drink alcoholic beverages?			
	<b>N</b>			
	Never			
	1 time per month or less  2-3 times per month			
	1-2 times per week			
	1 time per day			
	2-3 times per day			

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4-5 times per day	
9. In the past 7 days, how many times did you eat fast food? Include fast food meals at work, at home, or at fast-food restaurants, carryout or drive through. # OF TIMES IN PAST 7 DAYS	eaten
10. What is your <u>current</u> marital status or domestic relationship?	
Married  Living as married, in a civil union or domestic partnership	
spouse or partner	
Single, never married	
11. What is your <u>current</u> living arrangement?	
Alone	
12. What is the highest level of education you have completed?	
8 <sup>th</sup> grade or less	
Some college	
Post high-school training other than college (for example vocational or technical training)	
Completed a two-year college degree (Associates Arts or Associate Sciences Degree)	
Completed a four-year college degree (for example BA_RS_RN degree)	

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Some graduate or professional school after college but no degree					
Completed graduate/professional school after college					
13. What is your current annual household income?					
Less than \$25,000					
\$25,000 - \$49,999					
\$50,000 - \$74,999					
\$75,000 - \$99,999					
\$100,000 - \$149,999					
\$150,000 and more					

Thank you!