

## ATTACHMENT 4A-3: FLASHE TEENAGER DIET AND DEMOGRAPHICS SURVEY

Thank you for taking the Family Life, Activity, Sun, Health and Eating (FLASHE) Survey. This survey asks about your attitudes and opinions about the things you eat and drink, as well as other related factors. It is important that you answer the survey questions carefully and accurately, since your answers will help us understand more about why people choose to eat particular foods and drinks.

### Survey Instructions

This information will help you answer the FLASHE Survey questions.

- ◆ Some parts of the survey are about you. Others are about your parents and family.
- ◆ ***In this survey, “parent” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn’t related to you.***
- ◆ You’ll need about 15 minutes to do the survey.
- ◆ Read all the answers before marking a box. Please mark only the box that best describes you or your family. There aren’t any right or wrong answers.
- ◆ Try to answer all of the questions. The more questions you answer, the more we’ll learn. If any question makes you uncomfortable, it’s okay to skip it.
- ◆ Follow the arrows to move through the survey. Some arrows point you to the next question. Other arrows come with a note telling you which question to answer next. They might tell you to skip over some questions. Here are some examples:

### Example Survey Items

1a. Have you ever answered a mail survey questionnaire before?

No → GO TO QUESTION 2

Yes →

1b. When was the last time you answered a mail survey questionnaire?

- 1-5 months ago  
 6-12 months ago  
 More than 12 months ago

2. Have you ever answered a telephone survey questionnaire before?

No  
 Yes

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone to complete this instrument so that we can identify potential sources of measurement or response error. The purpose of this instrument is to examine psychosocial, generational, and environmental correlates of cancer preventive behaviors.

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

## FLASHE Diet Survey: Teenager

### Section 1: Your Attitudes & Opinions

This next set of questions asks you about your views on certain types of foods.

1. About how many **servings** of fruits and vegetables do you think a person should eat each day for good health?

I'm not really sure..... OR \_\_\_\_\_ servings each day (WRITE IN NUMBER)

2. Please mark how much you disagree or agree with each of the statements listed below.

<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Neither disagree nor agree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>
				

α. I feel confident in my ability to eat fruits and vegetables every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. My friends eat fruits and vegetables most days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. My friends encourage me to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. There are lots of reasons why people would eat fruits and vegetables every day. Please mark how much you disagree or agree with each of the statements listed below.**

I would eat fruits and vegetables every day because...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. I would feel bad about myself if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. I enjoy eating fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. I would feel like I failed if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. They help me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. I have thought about it and decided that I want to eat fruits and vegetables every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. Others would be upset with me if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. It's an important thing for me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.**

5. There are lots of things that can prevent people from eating fruits and vegetables as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below.

I don't eat fruits and vegetables as much as I like to because...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. I don't like how they taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. They cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. They often spoil before I get a chance to eat them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. They take too much time to prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. They aren't filling enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My family doesn't like them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. The restaurants I go to don't serve fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
η. I don't know how to choose fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ι. I have trouble digesting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. I just don't think of fruits and vegetables when I'm looking for something to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
κ. They are too messy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
λ. They are not packed in my lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
μ. We don't have them in our home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ν. My school cafeteria doesn't serve them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next set of questions asks about your views on junk food and sugary drinks. **Junk foods** are foods that are high in calories and usually have added sugars and fat and include candy, cookies, potato chips, French fries, etc. **Sugary drinks** include regular soda, sports drinks, fruit drinks, sweetened teas and other drinks with added sugar.

6. Please mark how much you disagree or agree with each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. I feel confident in my ability to limit the amount of junk food and sugary drinks I eat and drink every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. My friends eat junk food or sugary drinks on most days of the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. My friends encourage me to eat or drink junk food or sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. There are lots of reasons why people would try to limit the amount of junk food and sugary drinks they have. Please mark how much you disagree or agree with each of the statements listed below

I **would try** to limit how much junk food and sugary drinks I have because...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. I would feel bad about myself if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. I would feel like I failed if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. I have thought about it and decided that I want to limit junk food and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. Others would be upset with me if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. It's an important thing for me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.

**9.** There are lots of reasons why people start eating or continue eating when they aren't hungry. How often do you start or continue to eat when you're not hungry because...

	Never	Rarely	Sometimes	Often	Always
α. Food looks, tastes or smells good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. Others are eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. You feel sad or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. You feel bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. You feel angry or frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. You feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. You feel anxious or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10.** Please think about messages you see or hear on television, magazines, radio, Internet or billboards about foods and drinks. Please mark how much you disagree or agree with each of the statements listed below.

When I see advertisements for foods or drinks...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. I want to try the advertised foods or drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. I think the advertised foods or drinks will taste good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. I trust the messages advertised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Your Preferences

The questions in this first section ask about your food and drink preferences.

### 11. Please mark how much you dislike or like each of the drinks listed below.

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
a. Sweetened fruit drinks and teas like Kool-Aid, Capri Sun, Sunny D, FUZE, Arizona Tea, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 100% pure fruit juice like orange, mango, apple, grape and pineapple juices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular soda or pop like Coke, Pepsi, Sprite, Dr. Pepper, root beer, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Energy drinks like Rockstar, NOS, Red Bull, Amp, Monster, 5-hour Energy, Full Throttle, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sports drinks like Gatorade, Powerade, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sweetened coffee drinks with cow's milk, soy or rice milk, like hot, refrigerated and frozen lattes, mochas, Frappuccinos, Macchiatos, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tap water, unsweetened bottled water or unsweetened sparkling water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Milk to drink or on cereal. Count milk you drink at school. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please mark how much you dislike or like each of the foods listed below.

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
a. Fruit, like apples, bananas, melon, etc. Count fresh, frozen, canned or dried fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Green leafy or lettuce salad, with or without other vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fried potatoes, like French fries, tater tots, hash brown potatoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other kind of potatoes that aren't fried like baked, boiled, mashed or potatoes used in soups and stews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other non-fried vegetables like carrots, broccoli, collards, green beans, corn, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Refried beans, baked beans, pinto beans, black beans or other cooked beans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pizza like frozen, fast food or homemade pizza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foods that you heat and serve or make from a box like fried mozzarella sticks, Hot Pockets, macaroni & cheese, etc. Count foods that are made at home or purchased out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tacos, burritos, nachos, taquitos, enchiladas, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Processed meat like hot dogs, corn dogs, lunch meats (like lunchables), ham, bacon, sausage, etc. Count processed meats eaten in sandwiches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hamburgers and cheeseburgers made at home or purchased out. Count fast food burgers like Big Macs, Whoppers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fried chicken like chicken nuggets, breaded chicken strips and breaded chicken patties. Count only chicken that has been <b>fried</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole grain bread, like toast, rolls or sandwich bread. Count whole wheat, rye, oatmeal and pumpernickel bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
n. Brown rice or other cooked whole grains. Count bulgur, cracked wheat or millet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Chocolate or any other type of candy. Count candy bars, lollipops/suckers, sour candies, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Hot breakfast foods like pancakes, waffles, French toast, French toast sticks, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Pastries like doughnuts, pop-tarts, muffins, honey buns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Cookies, cakes, cupcakes, pie or brownies. Count homemade and packaged treats like Little Debbie, Hostess Twinkies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Yogurt. Count yogurt in a carton, squeeze tube and drinkable kinds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Ice cream or other frozen desserts like frozen yogurt, shakes, ice cream sandwiches, sherbet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Sugary cereals like Cap'n Crunch, Froot Loops, Cocoa Krispies, Cinnamon Toast Crunch, Frosted Flakes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Non-sugar-coated cereals like plain Shredded Wheat, Regular Cheerios, Chex, Corn Flakes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Hot cereals like oatmeal, grits, Cream of Wheat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13.** Please mark the foods and drinks you never eat or drink. Please mark all that apply.

- Peanuts, peanut butter, peanut oil
- Other nuts
- Cow's milk or other dairy products
- Soy milk or other soy foods
- Eggs or egg products
- Red meat
- Pork
- Fish or shellfish
- Chicken or turkey
- Wheat or gluten products
- Carbs or starchy foods
- Fruit or fruit juice
- Artificial colors or sweeteners
- Sweets or sugary foods
- Processed foods
- Added fats like butter, oil or mayo
- Other food: \_\_\_\_\_
- I don't avoid any foods → GO TO SECTION 3**

**14.** Think about the foods you **never** eat. Why don't you eat them? Please mark all that apply.

- Food allergies or intolerances
- Religious beliefs
- Health concerns
- Ethical concerns

## Section 3: Food Away from Home

**15.** Think about all the meals and snacks you ate and drank away from home in the **past 7 days, from the time you got up until you went to bed**. Please count breakfast, lunch, dinner and snacks.

During the **past 7 days**, on how many days did you eat at least one meal or snack from...

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
α. A fast food restaurant like McDonald's, Taco Bell or KFC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. A sandwich or sub shop like Subway, Panera or Quiznos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. A pizza place or restaurant like Pizza Hut, Domino's or Papa John's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. A bagel or coffee shop like Starbucks, Einstein Bagels, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. A snack bar in stores like Target, Wal-Mart or K-Mart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. A vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. A convenience store like 7-Eleven or Express Mart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
η. A sit-down restaurant like Red Lobster, TGI-Fridays, Chili's or an independent restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Food in Your Home

The next few questions ask about eating and food in your **home**. For this survey, home means the place where you and your parent(s) have lived together for most of the time in the **past 12 months**.

Again, “**parent**” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn’t related to you.

**16.** Please think about the evening meals you’ve eaten **at home** with your family in the **past 7 days**.

On how many days was your evening meal or dinner...

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
α. Purchased from a fast food restaurant and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. Purchased from a full service restaurant like Applebee’s or Chili’s and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. Delivered to your <b>home</b> , like pizza or sandwiches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. Was a ready-made meal like Spaghetti-O’s, a microwave meal or frozen pizza, eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. Cooked from scratch or a recipe and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. Eaten <b>at home</b> with one of your parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17.**

18. How often are the following foods and drinks available in your home?

	Never	Rarely	Sometimes	Often	Always
α. Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. Sweets like candy, cookies, cake, ice cream, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. Sugary drinks like regular soda, sports drinks, fruit drinks, sweetened teas and other drinks with added sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 5. Family Meals

19. Think about meal times with your family. Please mark how much you disagree or agree with each of the statements listed below.

In my family...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat Agree	Strongly agree
α. It is important that we eat at least one meal a day together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. There are rules about mealtimes that we are expected to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. Different schedules make it hard for us to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. We often watch TV while eating dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. I enjoy eating meals with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. I often eat alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Section 6: What You Eat and Drink**

These questions ask about what you **drank** during the **past week**. Think about everything you drank from the time you got up until you went to bed. Be sure to count what you drank at home, school, restaurants or anywhere else. Also think about drinks you had in a can, bottle or glass.

**20.** During the **past week**, how often did you drink the following:

Please mark only **one** box for each item.

<b>Didn't drink in the past week</b>	<b>1 - 3 times in the past week</b>	<b>4 - 6 times in the past week</b>	<b>1 time per day</b>	<b>2 times per day</b>	<b>3 or more times per day</b>
--	---	---	---------------------------	----------------------------	--

a. Sweetened fruit drinks and sweetened teas like Kool-Aid, Capri Sun, Sunny D, FUZE, Arizona Tea, etc. **Don't** count 100% pure fruit juice or artificially sweetened or diet drinks.

β. 100% pure fruit juice like orange, apple, grape and pineapple juices. **Don't** count fruit-flavored drinks with added sugar like Kool-Aid, Capri Sun, etc.

γ. Regular soda or pop like Coke, Pepsi, Sprite, Dr. Pepper, root beer, etc. **Don't** count diet or zero calorie sodas.

η. Energy drinks like Rockstar, NOS, Red Bull, Amp, Monster, 5-hour Energy Full Throttle etc. These drinks usually have caffeine.

ι. Sports drinks like Gatorade, Powerade, etc. These drinks usually don't have caffeine. **Don't** count low-calorie sports drinks like G2, Powerade Zero, etc.

φ. Sweetened coffee drinks with cow's milk, soy or rice milk, like hot, refrigerated and frozen lattes, mochas, Frappuccinos, Macchiatos, etc. **Don't** count regular coffee without sugar.

κ. Water or unflavored sparkling water. Count water from the sink, fountain, bottle or can.

λ. Milk you drink by itself or have on your cereal. Count milk you drank at school. **Don't** count small amounts of milk added to coffee or tea.

**21.** When you drink milk, what type is it most of the time?

- Plain or white milk (cow's milk)
- Flavored or sweetened cow's milk (like chocolate, vanilla, strawberry, etc.)
- Other type like soy, rice, almond milk, etc.
- Don't drink milk → GO TO QUESTION 20

**22.** What kind of milk do you usually drink? Please mark only one box below.

- Whole or regular milk (red top)
- 2% fat or reduced-fat
- 1% or low-fat
- Fat-free, skim or nonfat
- Don't know



These questions ask about the **food** you ate during the **past week**. Think about all the food you ate from the time you got up until you went to bed. Be sure to count food that you ate at home, school, restaurants or anywhere else.

**23.** During the **past week**, how often did you eat the following:

Please mark only **one** box for each item.

Didn't drink in the past week  
  1 - 3 times in the past week  
  4 - 6 times in the past week  
  1 time per day  
  2 times per day  
  3 or more times per day

a. Fruit, like apples, bananas, melon, etc. Count fresh, frozen, canned and dried fruit. <b>Don't</b> count fruit juices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A Green leafy or lettuce salad, with or without other vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fried potatoes, like French fries, tater tots, hash brown potatoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other kind of potatoes that aren't fried, like baked, boiled, mashed or potatoes used in soups and stews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other non-fried vegetables like carrots, broccoli, collards, green beans, corn, etc. <b>Don't</b> count green salad or potatoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Refried beans, baked beans, pinto beans, black beans or other cooked beans. <b>Don't</b> count green beans or string beans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pizza, like frozen, fast food and homemade pizza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foods that you heat and serve or make from a box like fried mozzarella sticks, Hot Pockets, macaroni and cheese, etc. Count foods that are made at home or purchased out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tacos, burritos, nachos, taquitos, enchiladas, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Processed meat like hot dogs, corn dogs, lunch meats (like lunchables), ham, bacon, sausage, etc. Count processed meats eaten in sandwiches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hamburgers and cheeseburgers made at home or purchased out. Count fast food burgers like Big Macs, Whoppers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fried chicken like chicken nuggets, breaded chicken strips and breaded chicken patties. Count only chicken that has been <b>fried</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole grain bread, like toast, rolls and sandwich bread. Count whole wheat, rye, oatmeal and pumpernickel bread. <b>Don't</b> count white bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Brown rice or other cooked whole grains. Count bulgur, cracked wheat or millet. <b>Don't</b> count white rice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark only **one** box for each item.

Didn't drink in the past week    
  1 - 3 times in the past week    
  4 - 6 times in the past week    
  1 time per day    
  2 times per day    
  3 or more times per day

o. Chocolate or any other types of candy. Count candy bars, lollipops/suckers, sour candies, etc. **Don't** count sugar-free candy.

                       

p. Hot breakfast foods like pancakes, waffles, French toast, french toast sticks, etc. **Don't** count whole wheat kinds.

                       

q. Pastries like doughnuts, Pop-Tarts, muffins, honey buns, etc. **Don't** count sugar-free pastries.

                       

r. Cookies, cakes, cupcakes, pie or brownies. Count homemade and packaged treats like Little Debbie, Hostess Twinkies, etc. **Don't** count sugar-free kinds.

                       

s. Yogurt. Count yogurt in a carton, squeeze tube and drinkable kinds. **Don't** count frozen yogurt.

                       

t. Ice cream or other frozen desserts like frozen yogurt, shakes, ice cream sandwiches, sherbet, etc. **Don't** count sugar-free kinds.

                       

u. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc. **Don't** count low-fat or baked varieties and **don't** count pretzels.

                       

v. Sugary cereals like Cap'n Crunch, Froot Loops, Cocoa Krispies, Cinnamon Toast Crunch, Frosted Flakes, etc. **Don't** count non-sugary-coated kinds like Shredded Wheat or Regular Cheerios.

                       

w. Non-sugar coated cereals like Shredded Wheat, Regular Cheerios, Chex, Corn Flakes, etc. **Don't** count sugary cereals like Froot Loops or Frosted Flakes.

                       

x. Hot cereals like oatmeal, grits, Cream of Wheat, etc.

## Section 7: Your Parents

Again, “**parent**” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn’t related to you.

**24.** Think about what **your parent(s) say and do** when it comes to eating fruits and vegetables. How often is each statement true for you?

	Never	Rarely	Sometimes	Often	Always
α. My parent(s) enjoy eating fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. My parent(s) buy fruits and vegetables for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. I see my parent(s) eating fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. My parent(s) encourage me to eat more fruits and vegetables.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. My parent(s) encourage me to try different kinds of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My parent(s) and I decide together how many fruits and vegetables I have to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. If my parent(s) don’t tell me to, I won’t eat enough fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
η. If my parent(s) don’t keep track, I won’t eat enough fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ι. My parent(s) make me eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. It’s my parent(s)’ responsibility to make rules about how many fruits and vegetables I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about junk food and sugary drinks that **you** may eat or drink. Remember that **junk foods** are foods that are high in calories and usually have added sugars and fat and include candy, cookies, potato chips, French fries, etc. **Sugary drinks** include regular soda, sports drinks fruit drinks, sweetened teas and other drinks with added sugar.

**25.** Think about what **your parent(s) say and do** when it comes to eating junk food or drinking sugary drinks. How often is each statement true for you?

	Never	Rarely	Sometimes	Often	Always
α. My parent(s) enjoy junk food and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. If I've had a bad day, my parents let me have junk food or sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
χ. My parent(s) offer junk food or sugary drinks as a reward for my good behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. My parent(s) don't buy a lot of junk food or sugary drinks for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. My parent(s) don't eat a lot of junk food or drink a lot of sugary drinks in front of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My parent(s) and I decide together how much junk food or sugary drinks I can have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. If my parent(s) don't keep track, I will eat too much junk food or drink too many sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
η. If my parent(s) don't limit them, I will eat too much junk food or drink too many sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ι. If I get in trouble or act up, my parent(s) don't let me eat junk food or drink sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My parent(s) decide how much junk food or sugary drinks I can have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
κ. I think it's my parent(s)' responsibility to make rules about how much junk food or sugary drinks I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26.**

27. Now think in general about your relationship with your parent(s). Please mark how much you disagree or agree with each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
α. My parent(s) expect me to follow family rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
β. My parent(s) don't like me to share my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. My parent(s) respect my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
δ. If I don't behave myself, my parent(s) will punish me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ε. My parent(s) make most of the decisions about what I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My parent(s) believe I have a right to my own point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
γ. I can count on my parent(s) to help me out if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
η. My parent(s) let me get away with things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ι. My parent(s) point out ways I could do better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
φ. My parent(s) and I do fun things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this survey. Your answers are important to us!

INSTRUCTIONS FOR RETURNING COMPLETED SURVEY

## **General Information about You**

We are interested in some general information about you. Your answers to these questions are important to us. They will help us better understand your answers to other parts of the survey.

**1.** What is your age?

- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

**2.** Are you male or female?

- Male
- Female

**3.** What grade are you in?

- 6th grade or less
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade

**4.** During the past school year, what kind of school were you enrolled in?

- Public School
- Private School
- Home-schooled

**5.** Are you Hispanic, Latino/a or Spanish origin?

- Yes
- No

**6.** Which one or more of the following would you say is your race? Please mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White



7. Were you born in the United States?

Yes →GO TO QUESTION 9

No

8. If not, in what year did you come to the United States to stay? \_\_\_\_ \_

9. What languages do you speak at home? Please mark all that apply.

English

Spanish

Cantonese

Vietnamese

Tagalog

Mandarin

Korean

Asian Indian languages

Russian

Other Language: \_\_\_\_\_

10. How would you rate your ability to read?

Very poor

Poor

Okay

Good

Very good

**11.** How often do you need help reading information from your doctor or pharmacy?

- Never
- Rarely
- Sometimes
- Often
- Always

**12.** How many hours a week do you get paid to work?

- I don't work for pay
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- More than 40 hours

Please also answer a few questions about your general health.

**13.** In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

**14.** What is your height and weight without shoes?

Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_

Weight: Pounds \_\_\_\_\_

- Don't Know

**15.** Overall, how would you rate your current weight?

- I'm very underweight
- I'm a little underweight
- My weight is just right
- I'm a little overweight
- I'm very overweight

**16.** Are you currently trying to...

- Lose weight
- Gain weight
- Stay the same weight

How much do you disagree or agree with each of the statements listed below:

**17.** I eat a healthy diet.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

**18.** I stay at a healthy weight.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

**19.** People tease me about my weight.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree