

## ATTACHMENT 3G

Postpartum Survey- 12 months (includes Food Frequency Questionnaires)

Participant Number: \_\_\_\_\_

Version 1

**SURVEY at 12 MONTHS**

INTERVIEWERS: PLEASE PRINT CLEARLY]

Date of Interview: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Is there any change in your contact information since we last spoke to you?

Yes

No

Don't Know

**UPDATED CONTACT INFORMATION**

Mailing Address \_\_\_\_\_

Telephone Number – Home \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

Has the person who is providing care for your baby changed since we last spoke to you?

Yes

No

Don't know

Refused

If yes, may we contact them to do baby's growth and development questionnaires if you are unavailable?

If you don't mind if we contact them please provide their name and contact information below:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

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### CURRENT BREASTFEEDING PRACTICES

1. Are you **currently** breastfeeding your baby?

- No, [ **skip to 3.** ]                       Refused  
 Yes **If yes, 1a.** Number of times **breastfeed** baby per day \_\_\_\_\_

2. Do you currently feed your baby **exclusively (ONLY) with** breast milk?

- No                                               Refused  
 Yes [**stop here**]

### USE AND PREPARATION OF INFANT FORMULA

3. Do you use **baby formula** to feed your baby?

- No, [ **skip to 5.** ]                                               Refused  
 Yes **If yes**, specify below:  
**3a. Brand** of baby formula \_\_\_\_\_  
**3b.** Number of times per day \_\_\_\_\_

4. Do you use water **to mix or prepare** baby formula?

- No                                               Refused  
 Yes **If yes**, specify type of water below:  
**4a. Type of water** used to prepare baby formula  
 Unfiltered tap water  
 Filtered tap water  
 Bottled water  
 Other → **4b.** Specify \_\_\_\_\_

### CESSATION OF BREASTFEEDING

5. Have you completely stopped breastfeeding?

- No                                               Refused  
 Yes **If Yes, 5a.** How old was your baby when you completely stopped breastfeeding?  
\_\_\_\_\_months \_\_\_\_\_weeks

**INTRODUCTION OF FOODS**

6. Do you feed your baby **milk** (other than breast milk or formula), like cow's milk, whole milk, soy milk, or Lactaid milk? This includes drinking milk or putting milk in cereal. This **does not** include using milk in recipes.

- No  Refused  
 Yes → **6a. If yes**, What type of other milk? \_\_\_\_\_

7. Do you feed your baby **cereal**, including baby cereal, on a daily basis?

- No  Refused  
 Yes → **7a. If yes**, on a daily basis since he/she was \_\_\_\_\_months \_\_\_\_\_weeks old

8. Do you feed your baby **pureed** food on a daily basis? This includes commercial or homemade baby food.

- No  Refused  
 Yes → **8a. If yes**, on a daily basis since he/she was \_\_\_\_\_months \_\_\_\_\_weeks old

9. Do you feed your baby **solid foods**?

- No  Refused  
 Yes → **9a. If yes**, on a daily basis since he/she was \_\_\_\_\_months \_\_\_\_\_weeks old

**FOOD SOURCES**

10. Do you participate in the WIC program?

- No  Refused  
 Yes → **10a. If yes**, Which foods do you obtain for your baby using WIC coupons?

**HOME QUESTIONS AND OBSERVATIONS**

*Questions 11 through 20 should be asked of Mom or care giver. 21 through 29 are observations and should be recorded by the interviewer.*

11. About how often does your child have a chance to get out of the house (either by himself/herself, or with an older person)?

- Not at all  
 About once a month or less  
 A few times a month  
 About once a week  
 4 or more times a week  
 Every day

12. About how many children's books does your child have?

- None
- 1 or 2 books
- 3 to 9 books
- 10 or more books

13. How often do you get a chance to read stories to your child?

- Never
- Several times a year
- Several times a month
- Once a week
- About 3 times a week
- Every day

14. About how often do you take your child to the grocery store?

- Twice a week or more
- Once a week
- Once a month
- Hardly ever

15. About how many, if any, **cuddly, soft, or role-playing toys** (like a doll) does your child have?  
(May be shared with sister or brother.)

NUMBER OF TOYS

16. About how many, if any, **push or pull toys** does your child have? (May be shared with sister or brother.)

NUMBER OF TOYS

17. Some parents spend time teaching their children new skills while other parents believe that children learn best on their own. Which of the following best describes **your** attitude?

- "Parents should **always spend time** teaching their children."
- "Parents should **usually spend time** teaching their children."
- "Parents should **usually allow** their children learn on their own."
- "Parents should **always allow** their children learn on their own."

18. How often does your child eat a meal with both mother and father (step-father or father-figure)?

- More than once a day
- Once a day
- Several times a week
- About once a week
- About once a month
- Never
- No father, step-father, or father-figure

19. Children seem to demand attention while their parents are busy, doing housework, for example.

How often do you talk to your child while you are working?

- Always** talk to child when I'm working  
 **Often** talk to child when I'm working  
 **Sometimes** talk to child when I'm working  
 **Rarely** talk to child when I'm working  
 **Never** talk to child when I'm working

20. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you had to spank your child in the past week?

NUMBER OF TIMES

Did not spank last week

### OBSERVATIONS

21. Mom / care giver spontaneously vocalized to/conversed with child at least twice.

Yes  No

22. Mom / care giver responded verbally to child.  Yes  No

23. Mom / care giver showed physical attention to child.  Yes  No

24. Mom / care giver did not spank child.  Yes  No

25. Mom / care giver did not interfere/restrict child more than 3 times.  Yes  No

26. Mom / care giver provided appropriate toys/activities to child.  Yes  No

27. Mom / care giver kept child in view.  Yes  No

28. Play environment is safe (home or building).  Yes  No

### PERCEIVED STRESS SCALE

The following questions ask about Mom's feelings and thought during the last month.

29. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never  
 Almost never  
 Sometimes  
 Fairly often  
 Very often  
 No answer

30. In the last month, how often have felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

31. In the last month, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

32. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

## FOOD FREQUENCY QUESTIONNAIRE

Please tell me how often on average you have eaten a serving of each of the following foods during the past 4 weeks. If you usually eat more than a serving at a time, please tell me about how much you eat at a time.

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### Dairy

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1. An 8-ounce glass of **skim or low-fat milk**. *Not whole milk. Skim or low fat milk.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

2. An 8-ounce glass of **whole milk**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

3. 1 cup of **yogurt**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

4. ½ cup of **ice cream**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**



6 or more per **day**

5. ½ cup of **cottage cheese** or **ricotta cheese**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

6. 1 slice or 1 ounce of some **other kind of cheese**, like American Cheddar. *Please count cheese that you ate either alone or as part of another dish.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

7. 1 pat (teaspoon) of **margarine** added to food or bread. *Don't count margarine used in cooking.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

8. 1 pat (teaspoon) of **butter** added to food or bread. *Don't count butter used in cooking.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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## Fruits

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9. 1 fresh **apple** or **pear**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

10. 1 **orange**, 1 **tangerine** or  $\frac{1}{2}$  **grapefruit**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

11. 1 small glass of **orange juice** or **grapefruit juice**..

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

12. 1 fresh or  $\frac{1}{2}$  cup canned **peaches**, **apricots**, **plums** or **nectarines**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

13. 1 **banana**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**

- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

14. ½ cup of **papaya** or **mango**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

15. ½ cup of some **other** fresh, frozen or canned **fruit**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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## **Vegetables**

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16. 1 **tomato** or 1 small glass of **tomato juice**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

17. ½ cup of **string beans**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**

- 4-5 per **day**
- 6 or more per **day**

18. ½ cup of **broccoli**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

19. ½ cup of **cabbage, cauliflower, or Brussels sprouts**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

20. ½ **raw carrot** or 2-4 **raw carrot sticks**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

21. ½ cup of **cooked carrots**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

22. 1 ear of **corn** or ½ cup **frozen or canned corn**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**

- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

23. ½ cup of fresh, frozen, or canned **peas** or **lima beans**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

24. ½ cup of **sweet potatoes** or **yams**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

25. ½ cup of cooked **spinach**, **collard greens**, **kale** or **mustard greens**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

26. ½ cup of baked or dried **beans** or **lentils**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

27.  $\frac{1}{2}$  cup of **yellow (winter) squash** or **pumpkin**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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### **Meat and Fish**

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28.1 **egg**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

29. 4 to 6 ounces of **chicken** or **turkey**, **with skin**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

30. 4 to 6 ounces of **chicken** or **turkey**, **without skin**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

31. 2 slices of **bacon**.
- Never
  - 1-3 times in the past **4 weeks**
  - 1 per **week**
  - 2-4 per **week**
  - 5- 6 per **week**
  - 1 per **day**
  - 2-3 per **day**
  - 4-5 per **day**
  - 6 or more per **day**

32. 1 **hot dog**.
- Never
  - 1-3 times in the past **4 weeks**
  - 1 per **week**
  - 2-4 per **week**
  - 5- 6 per **week**
  - 1 per **day**
  - 2-3 per **day**
  - 4-5 per **day**
  - 6 or more per **day**

33. 1 slice of **processed meat**, like salami or bologna, or a small piece of sausage.
- Never
  - 1-3 times in the past **4 weeks**
  - 1 per **week**
  - 2-4 per **week**
  - 5- 6 per **week**
  - 1 per **day**
  - 2-3 per **day**
  - 4-5 per **day**
  - 6 or more per **day**

34. 3 to 4 ounces of **liver**.
- Never
  - 1-3 times in the past **4 weeks**
  - 1 per **week**
  - 2-4 per **week**
  - 5- 6 per **week**
  - 1 per **day**
  - 2-3 per **day**
  - 4-5 per **day**
  - 6 or more per **day**

35. 1 **hamburger patty**.
- Never
  - 1-3 times in the past **4 weeks**
  - 1 per **week**
  - 2-4 per **week**

- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

36. **Beef, pork or lamb, as a sandwich or in a mixed dish**, like a stew or casserole or in lasagna.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

37.4 to 6 ounces of **beef, pork or lamb, as a main dish**, like steak, roast or ham.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

38. 3 to 5 ounces of **fish**. *Remember to count canned fish, like tuna fish.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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### **Sweets, Cereal and Baked Goods**

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39.1 ounce of **chocolate**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**



- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

40.1 ounce of **candy** without chocolate.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

41.1 slice of **homemade pie**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

42.1 slice of **store-bought pie**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

43. 1 slice of **cake**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

44.1 **cookie**.

- Never
- 1-3 times in the past **4 weeks**

- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

45.1 cup of **cold breakfast cereal**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

46.1 cup of **hot breakfast cereal**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

47.1 slice of **white bread**. *Count pita bread.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

48.1 slice of **dark bread**. *Count wheat pita bread.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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## Other Foods

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49. 4 ounces of **French fried potatoes**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

50.1 **baked or boiled potato** or 1 cup **mashed potatoes**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

51.1 cup of **plantain, green banana, yucca** or **ñame**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

52.1 cup of **rice** or **pasta**, like spaghetti or noodles.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

53.1 small bag or 1 ounce of **potato chips** or **corn chips**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

54. 1 small packet or 1 ounce of **nuts**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

55.1 tablespoon of **peanut butter**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

56.1 tablespoon of **oil and vinegar dressing**, like Italian.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

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## Beverages

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57.1 cup of **coffee**. *Don't count decaffeinated coffee.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

58.1 cup of **tea**. *Don't count herbal or decaffeinated tea.*

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

59. 1 glass, bottle, or can of **beer** (or malt liquor).

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

60.1 glass or can of **low-calorie carbonated beverage**, like Diet Coke.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

61.1 glass or can of **carbonated beverage with sugar**, like Coke or Pepsi.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**

- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

62. 1 glass of **Hawaiian Punch, fruit punch, lemonade** or **other fruit drink**.

- Never
- 1-3 times in the past **4 weeks**
- 1 per **week**
- 2-4 per **week**
- 5- 6 per **week**
- 1 per **day**
- 2-3 per **day**
- 4-5 per **day**
- 6 or more per **day**

**Other Eating Habits**

63. Are there any other foods that you usually eat at least once per week that I did not mention?

- No
- Yes

**If yes**, ask and record in the table below.

What foods are these?

**For each food, ask:**

What is the usual serving size that you eat each time you have that?

If the respondent has difficulty, ask her to point out the size using the food model.

About how many servings per week do you eat of that?

| Other foods eaten <u>at least once a week</u> | Usual serving size | # Servings per week |
|-----------------------------------------------|--------------------|---------------------|
| 63a. _____                                    | _____              | _____               |
| 63 b. _____                                   | _____              | _____               |
| 63 c. _____                                   | _____              | _____               |
| 63 d. _____                                   | _____              | _____               |
| 63e. _____                                    | _____              | _____               |
| 63 f. _____                                   | _____              | _____               |
| 63 g. _____                                   | _____              | _____               |

64. In all, about how many teaspoons of sugar do you add to your drinks or food each day?

\_\_\_\_\_teaspoons

65. How much of the **visible fat** on your beef, pork or lamb do you remove before eating?
- Remove all visible fat
  - Remove most of fat
  - Remove small part of fat
  - Remove none of fat
  - Not applicable, do not eat meat
66. What kind of fat do you **usually** use for **frying** and sautéing at home? Don't count "Pam"-type sprays.
- Real butter
  - Regular margarine
  - Reduced-fat margarine
  - Vegetable oil (including olive oil)
  - Vegetable shortening
  - Lard
  - Not applicable, do not use fat
  - Don't know/Does not cook
67. What kind of fat do you **usually** use for **baking** at home?
- Real butter
  - Regular margarine
  - Reduced-fat margarine
  - Vegetable oil (including olive oil)
  - Vegetable shortening
  - Lard
  - Not applicable, do not use fat
  - Don't know/Does not cook
68. How often do you eat food that is fried at home? Don't count food fried using "Pam"-type sprays.
- Never or less than once per week
  - 1-3 times per week
  - 4-6 times per week
  - once per day
  - 2 or more times per day
69. How often do you eat fried food away from home, such as from a restaurant or fast-food place? Think about foods like French fries, fried chicken, or fried fish.
- Never or less than once per week
  - 1-3 times per week
  - 4-6 times per week
  - once per day
  - 2 or more times per day

As you answer the following questions, please think carefully about how you usually ate over the last 4 weeks.

70. When you ate bread, how often did you eat whole-grain breads, such as whole wheat, whole-grain rye and multi-grain?
- Never or does not eat bread
  - Seldom
  - Sometimes
  - Often
  - Almost always
  - Does not know
71. When you ate breakfast cereal, how often did you eat brands that were high in fiber? These are cereals such as Cheerios, All Bran, Bran Flakes, Shredded Wheat, Oatmeal and Grapenuts.
- Never or does not eat cereal
  - Seldom
  - Sometimes
  - Often
  - Almost always
  - Does not know
72. When you drank milk as a beverage, was it usually:
- Does not drink milk
  - Whole milk
  - 2% milk
  - 1% milk
  - Nonfat/skim milk
  - Does not know



