

## 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.

*For Interviewer use only:*

Read all responses for the first few questions, until the participant understands them. Thereafter, use responses to prompt as needed. Use the food portion size models if necessary. Remind respondent of 4-week time frame as needed. If respondent has difficulty, go through the responses in the following manner:

Have you eaten any of this food in the past four weeks?

If no, code as "Never" and skip to next question.

If yes, continue:

Would you say you have eaten this food at least weekly in the past four weeks?

If no, code as "1-3 times in the past 4 weeks" and skip to next question.

If yes, continue:

Would you say you have eaten this food at least daily in the past four weeks?

If no, ask: How many times a week have you eaten this in the past four weeks?

If yes, ask: How many times a day have you eaten this in the past four weeks?

Additional prompt: What is your best guess?

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### Dairy

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**FFQ\_1.** An 8-ounce glass of **skim or low-fat milk**. *Not whole milk. Skim or low fat milk.*

0 Never

1 1-3 times in the past **4 weeks**

2 1 per **week**

3 2-4 per **week**

4 5- 6 per **week**

5 1 per **day**

6 2-3 per **day**

7 4-5 per **day**

8 6 or more per **day**

**FFQ\_2.** An 8-ounce glass of **whole milk**.

0 Never

1 1-3 times in the past **4 weeks**

2 1 per **week**

3 2-4 per **week**

4 5- 6 per **week**

5 1 per **day**

6 2-3 per **day**

7 4-5 per **day**

8 6 or more per **day**

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**FFQ\_3.** 1 cup of **yogurt**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 *1 per week*
- 3 *2-4 per week*
- 4 *5- 6 per week*
- 5 *1 per day*
- 6 *2-3 per day*
- 7 *4-5 per day*
- 8 *6 or more per day*

**FFQ\_4.** ½ cup of **ice cream**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 *1 per week*
- 3 *2-4 per week*
- 4 *5- 6 per week*
- 5 *1 per day*
- 6 *2-3 per day*
- 7 *4-5 per day*
- 8 *6 or more per day*

**FFQ\_5.** ½ cup of **cottage cheese** or **ricotta cheese**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 *1 per week*
- 3 *2-4 per week*
- 4 *5- 6 per week*
- 5 *1 per day*
- 6 *2-3 per day*
- 7 *4-5 per day*
- 8 *6 or more per day*

**FFQ\_6.** 1 slice of **cheese**

*you ate either alone or as part of another dish.*

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 *1 per week*
- 3 *2-4 per week*
- 4 *5- 6 per week*
- 5 *1 per day*
- 6 *2-3 per day*
- 7 *4-5 per day*
- 8 *6 or more per day*

**FFQ\_7.** 1 pat (teaspoon) of **margarine** added to food or bread. *Don't count margarine used in cooking.*

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

- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_8.** 1 pat (teaspoon) of **butter** added to food or bread. *Don't count butter used in cooking.*

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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## Fruits

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**FFQ\_9.** 1 fresh **apple** or **pear**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_10.** 1 **orange**, 1 **tangerine** or  $\frac{1}{2}$  **grapefruit**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_11.** 1 small glass of **orange juice** or **grapefruit juice**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_12.** 1 fresh or  $\frac{1}{2}$  cup canned **peaches**, **apricots**, **plums** or **nectarines**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**

- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_13. 1 banana.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_14. ½ cup of papaya or mango.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_15. ½ cup of some other fresh, frozen or canned fruit.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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**Vegetables**

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**FFQ\_16. 1 tomato or 1 small glass of tomato juice.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_17. ½ cup of string beans.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**

- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_18.** ½ cup of **broccoli**.

- 0 **Never**
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_19.** ½ cup of **cabbage, cauliflower, or Brussels sprouts**.

- 0 **Never**
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_20.** ½ **raw carrot** or 2-4 **raw carrot sticks**.

- 0 **Never**
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_21.** ½ cup of **cooked carrots**.

- 0 **Never**
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_22.** 1 ear of **corn** or ½ cup **frozen or canned corn**.

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

- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_23.** ½ cup of fresh, frozen, or canned **peas** or **lima beans**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_24.** ½ cup of **sweet potatoes** or **yams**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_25.** ½ cup of cooked **spinach**, **collard greens**, **kale** or **mustard greens**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_26.** ½ cup of baked or dried **beans** or **lentils**.

- 0 *Never*
- 1 *1-3 times in the past 4 weeks*
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_27.** ½ cup of **yellow (winter) squash** or **pumpkin**.

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

- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_28.** ½ cup of wild spinach or other native (wild) plants.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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### **Meat, Fish, and Eggs**

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**FFQ\_29.** 1 egg.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_30.** 4 to 6 ounces of **chicken** or **turkey, with skin.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_31.** 4 to 6 ounces of **chicken** or **turkey, without skin.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_32.** 2 slices of **bacon.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**

- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_33. 1 hot dog or corn dog.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_34. 1 slice of processed meat, like salami or bologna, or a small piece of sausage.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_35. 3 to 4 ounces of liver.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_36. 1 hamburger or Navajo burger.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_37. Beef, pork or lamb (mutton), as a sandwich or in a mixed dish, like a stew or casserole or in lasagna.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**



- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_38.** 4 to 6 ounces of **beef, pork or lamb (mutton), as a main dish**, like steak, roast or ham.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_39.** 3 to 5 ounces of **fish**. Remember to count canned fish, like tuna fish.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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

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**FFQ\_40.** 1 ounce of **chocolate**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_41.** 1 ounce of **candy** without chocolate.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_42.** 1 slice of **homemade pie**.

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

- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_43.** 1 slice of **store-bought pie.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_44.** 1 slice of **cake.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_45.** 1 **cookie.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_46.** 1 cup of **cold breakfast cereal.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_47.** 1 cup of **hot breakfast cereal.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**

- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_48.** 1 slice of **white bread**. *Count pita bread.*

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_49.** 1 slice of **dark bread**. *Count wheat pita bread.*

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_50.** 1 tortilla.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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### **Other Foods**

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**FFQ\_51.** 1 Navajo taco.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_52.** 1 serving of frybread.

- 0 Never

- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_53. 1 serving of blue corn mush.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_54. 4 ounces of French fried (or lard-fried) potatoes.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_55. 1 baked or boiled potato or 1 cup mashed potatoes.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_56. 1 cup of plantain, green banana, yucca or ñame.**

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_57. 1 cup of rice or pasta, like spaghetti or noodles.**

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

- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_58.** 1 small bag or 1 ounce of **potato chips** or **corn chips**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_59.** 1 small packet or 1 ounce of **nuts**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_60.** 1 tablespoon of **peanut butter**.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_61.** 1 tablespoon of **oil and vinegar dressing**, like Italian.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

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## **Beverages**

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**FFQ\_62.** 1 cup of **coffee**. *Don't count decaffeinated coffee.*

- 0 Never

- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_63.** 1 cup of **tea**. Don't count herbal or decaffeinated tea.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_64.** 1 glass, bottle, or can of **beer** (or malt liquor).

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_65.** 4 ounces of **wine** (or wine cooler).

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_66.** 1 drink or shot of **liquor**, like whiskey or gin.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_67.** 1 glass or can of **low-calorie carbonated beverage**, like Diet Coke.

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

- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_68.** 1 glass or can of **carbonated beverage with sugar**, like Coke or Pepsi.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**FFQ\_69.** 1 glass of **Hawaiian Punch, fruit punch, lemonade** or other fruit drink.

- 0 Never
- 1 1-3 times in the past **4 weeks**
- 2 1 per **week**
- 3 2-4 per **week**
- 4 5- 6 per **week**
- 5 1 per **day**
- 6 2-3 per **day**
- 7 4-5 per **day**
- 8 6 or more per **day**

**Other Eating Habits**

**FFQ\_70.** Are there any other foods that you usually eat at least once per week that I did not mention?

- 0 No
- 1 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
FFQ_70a. _____	_____	_____
FFQ_70b. _____	_____	_____
FFQ_70c. _____	_____	_____
FFQ_70d. _____	_____	_____
FFQ_70e. _____	_____	_____
FFQ_70f. _____	_____	_____

FFQ\_70g. \_\_\_\_\_

FFQ\_70h. \_\_\_\_\_

FFQ\_70i. \_\_\_\_\_

FFQ\_71. In all, about how many teaspoons of sugar do you add to your drinks or food each day?  
\_\_\_\_\_ tsps

FFQ\_72. Do you take any **prenatal vitamins**?

0 No → [skip to FFQ\_73]

1 Yes

FH\_73. Do you know the **type of pre-natal vitamins** you are taking?

0 No

1 Yes, Specify brand or type \_\_\_\_\_

FFQ\_74. Do you take any other **multi-vitamins**?

A multivitamin is one pill that contains several different vitamins and minerals, such as One-A-Day or Centrum. [If the respondent cuts you off, prompt: So you take a pill that contains several different vitamins and minerals, like One-A-Day or Centrum, other than prenatal vitamins?]

0 No → [skip to FFQ\_75]

1 Yes

FFQ\_74a. If yes, specify type \_\_\_\_\_

FFQ\_74b. If yes, how often do you take multi-vitamins?

0 Never

1 Less than once per week

2 1 day per week

3 2 days per week

4 3 days per week

5 4 days per week

6 5 days per week

7 6 days per week

8 7 days per week

FFQ\_75. Do you take any other **vitamin supplements**? [For example, calcium or vitamin C]

0 No → [skip to FH\_76]

1 Yes

FFQ\_75a. If yes, specify type \_\_\_\_\_

(List all that apply)

FFQ\_75b. If yes, how often do you take other vitamin supplements?

0 Never

1 Less than once per week

2 1 day per week

3 2 days per week

4 3 days per week

5 4 days per week

6 5 days per week

7 6 days per week

8 7 days per week

FFQ\_76. How much of the **visible fat** on your beef, pork or lamb do you remove before eating?



- 1 Remove all visible fat
- 2 Remove most of fat
- 3 Remove small part of fat
- 4 Remove none of fat
- 5 Not applicable, do not eat meat

**FFQ\_77.** What kind of fat do you **usually** use for **frying** and sautéing at home? Don't count "Pam"-type sprays.

- 1 Real butter
- 2 Regular margarine
- 3 Reduced-fat margarine
- 4 Vegetable oil (including olive oil)
- 5 Vegetable shortening
- 6 Lard
- 7 Not applicable, do not use fat
- 8 Don't know/Does not cook

**FFQ\_78.** What kind of fat do you **usually** use for **baking** at home?

- 1 Real butter
- 2 Regular margarine
- 3 Reduced-fat margarine
- 4 Vegetable oil (including olive oil)
- 5 Vegetable shortening
- 6 Lard
- 7 Not applicable, do not use fat
- 8 Don't know/Does not cook

**FFQ\_79.** How often do you eat **food that is fried at home**? Don't count food fried using "Pam"-type sprays.

- 0 Never or less than once per week
- 1 1-3 times per week
- 2 4-6 times per week
- 3 once per day
- 4 2 or more times per day

**FFQ\_80.** 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.

- 0 Never or less than once per week
- 1 1-3 times per week
- 2 4-6 times per week
- 3 once per day
- 4 2 or more times per day

**FFQ\_81.** When you ate bread over the past four weeks, how often did you eat **whole-grain breads**, such as whole wheat, whole-grain rye and multi-grain?

- 0 Never or does not eat bread
- 1 Seldom
- 2 Sometimes
- 3 Often
- 4 Almost always
- 8 Does not know

**FFQ\_82.** When you ate breakfast cereal over the past four weeks, 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 Grape-nuts.

- 0 Never or does not eat cereal
- 1 Seldom

- 2 Sometimes
- 3 Often
- 4 Almost always
- 8 Does not know

**FFQ\_83.** When you drank **milk as a beverage** over the past four weeks, was it usually:

- 0 Does not drink milk
- 1 Whole milk
- 2 2% milk
- 3 1% milk
- 4 Nonfat/skim milk
- 8 Does not know

## Women's Nutritional Questionnaire

(Adapted from Arizona Department of Health Services- Women Infants and Children(WIC))

ENERGY AND NUTRIENTS	
1. If you are pregnant, how much weight do you think you should gain during this pregnancy? If you are postpartum, how much weight do you think you need to lose if any?	
2. How do you feel about your weight change?	<input type="checkbox"/> Too little <input type="checkbox"/> Okay <input type="checkbox"/> Too much
3. How is your appetite?	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
4. How many meals and snacks do you eat each day?	
5. Are there any foods or food groups that you do not think you eat enough of, if yes, what foods?	
6. How often do you eat fast food or at a restaurant?	
FOOD GROUPS (PLEASE CHECK OR WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS)	
1. Do you drink milk, if yes, what kind?	<input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Lactaid <input type="checkbox"/> Soy Milk <input type="checkbox"/> Rice Milk <input type="checkbox"/> Other
2. Do you drink water, if yes, how much?	
3. What other beverages do you drink each day?	
4. Do you eat breads, pasta, and grains, if yes, what kind?	<input type="checkbox"/> White <input type="checkbox"/> 100% Whole Wheat <input type="checkbox"/> Bran <input type="checkbox"/> Other
5. When selecting and preparing meat, what do you prefer?	<input type="checkbox"/> Regular <input type="checkbox"/> Lean <input type="checkbox"/> Extra Lean <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't eat meat
6. What types of fruit and vegetables do you like to eat?	
7. What sweets do you eat and how often?	
8. What vitamins, minerals or supplements are you taking?	<input type="checkbox"/> None <input type="checkbox"/> Prenatal Vitamin (Amount _____ Frequency _____) <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Folic Acid (Amount _____ Frequency _____) <input type="checkbox"/> Other_

## Infant and Toddler (0-23 months) Nutritional Questionnaire

*(Adapted from Arizona Department of Health Services- Women Infants and Children(WIC))*

PRIMARY FEEDING	
1. How would you describe feeding time with your infant/toddler?	<input type="checkbox"/> <input type="checkbox"/> Always pleasant <input type="checkbox"/> <input type="checkbox"/> Usually pleasant <input type="checkbox"/> Sometimes pleasant <input type="checkbox"/> Never pleasant
2. How do you know when your infant/toddler is hungry?	
3. How do you know when your infant/toddler is full?	
4. What types of food does your infant/toddler eat?	<input type="checkbox"/> <input type="checkbox"/> Baby cereal <input type="checkbox"/> Vegetables <input type="checkbox"/> <input type="checkbox"/> Fruits <input type="checkbox"/> <input type="checkbox"/> Meats <input type="checkbox"/> <input type="checkbox"/> Desserts <input type="checkbox"/> Other
1. How did you know when your infant/toddler was ready to eat solid food?	
2. Do you make your own infant/toddler food, if yes, what foods do you prepare?	
3. How do you prepare your own infant/toddler food?	
4. Does your infant/toddler follow a feeding schedule, if yes, please explain.	
5. Is your infant/toddler picky with textures, if yes, please explain.	
6. Does your infant/toddler feed himself/herself?	
7. Has your infant/toddler started finger foods, if yes, what types of food?	
8. If your infant/toddler has not started finger foods, when do you plan on introducing them?	
9. What else does your infant/toddler drink other than breast milk or formula?	
10. What vitamins, minerals or supplements does your infant/toddler take?	<input type="checkbox"/> None <input type="checkbox"/> Multivitamin (Amount _____ Frequency _____) <input type="checkbox"/> Iron (Amount _____ Frequency _____) <input type="checkbox"/> Minerals (Amount _____ Frequency _____) <input type="checkbox"/> Herbs (Amount _____ Frequency _____) <input type="checkbox"/> Other _____