

Respondent: [Go To Case Manager](#)

7% Complete

Section 1: Psychosocial Measures

The following questions ask you about your feelings and thoughts DURING THE LAST MONTH. In each case, please indicate how often you felt or thought that way.

	Very often	Fairly often	Sometimes	Almost never	Never
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 1: Psychosocial Measures

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 1: Psychosocial Measures

The next set of questions has to do with things that may have happened to you and the way you have been treated over your lifetime. We know from other research that experiences of unfair treatment related to race, age, gender, culture, religion, physical appearance, sexual orientation, etc., are common and very important to consider in understanding people's health. These questions will give a picture of the various kinds of experiences of people in this study. There are no right or wrong answers; only your experiences. Please remember that any information you provide is strictly confidential and will never be identified with you as an individual. Let's start with experiences you may have had **on a day-to-day basis**. To the right of each statement, choose the column that most closely matches how often this has occurred.

	Several times a day	Almost every day	At least once a week	A few times a month	A few times a year	Very rarely	Never	Don't Know
You are treated with less respect or courtesy than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service than others at restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 1: Psychosocial Measures

Thinking over these experiences, what do you think is the main reason for this treatment?

- Your age
- Your gender
- Your race
- Your cultural or ethnic background
- Your height, weight or physical appearance
- Your religion
- Your sexual orientation
- Some other reason for discrimination
- Don't know

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10% Complete

Section 1: Psychosocial Measures

The next questions are about what has happened over your lifetime because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.

	YES	NO	Don't know
Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, were denied a scholarship, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted or you were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting resources or money? (For example, you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10% Complete

Section 1: Psychosocial Measures

The next questions are about what has happened over your lifetime because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.

	YES	NO	Don't know
Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, were denied a scholarship, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted or you were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt unfairly treated in getting resources or money? (For example, you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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14% Complete

Section 1: Psychosocial Measures

You are asked to indicate the extent to which each statement **pertains to you personally**. Read each statement carefully and decide how much it pertains to you personally. Using the scale below, indicate your answer by entering it to the left of the number of the statement.

	Definitely disagree (1)	Mostly disagree (2)	Neither agree or disagree (3)	Mostly agree (4)	Definitely agree (5)
Before going out in public, I always notice how I look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am careful to buy clothes that will make me look <i>my best</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body is sexually appealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my looks just the way they are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I check my appearance in a mirror whenever I can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>







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15% Complete

Section 2: Physical Activity/ Exercise

Section 2A: IPAQ Intro








We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Light activities <ul style="list-style-type: none"> Your heart beats slightly faster than normal You can talk and sing 	 <p>Walking leisurely</p>	 <p>Stretching</p>	 <p>Vacuuming or light yard work</p>
Moderate activities <ul style="list-style-type: none"> Your heart beats faster than normal You can talk but not sing 			

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<ul style="list-style-type: none"> You can talk but not sing 	 Fast walking  Aerobics class  Strength training  Swimming gently
<p>Vigorous activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	 Stair machine  Jogging or running  Tennis, racquetball, pickleball or badminton

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? Please indicate the number of days in the **last 7 days** that you did these activities in the space provided next to the first answer choice.

Days per week:

(If I did not do any vigorous physical activity in the last 7 days)

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<p>Moderate activities</p> <ul style="list-style-type: none"> Your heart beats faster than normal You can talk but not sing 	 Fast walking  Aerobics class  Strength training  Swimming gently
<p>Vigorous activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	 Stair machine  Jogging or running  Tennis, racquetball, pickleball or badminton




How much time did you usually spend doing **vigorous** physical activities on one of those days? Please indicate the number of minutes in the space provided next to the first answer choice.

Minutes per day:

Don't know/ not sure

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<p>Vigorous activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	 Stair machine	 Jogging or running	 Tennis, racquetball, pickleball or badminton
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Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.



During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking. Please indicate the number of days in the **last 7 days** that you did these activities in the space provided next to the first answer choice.

Days per week 2

I did not do any moderate physical activities in the last week

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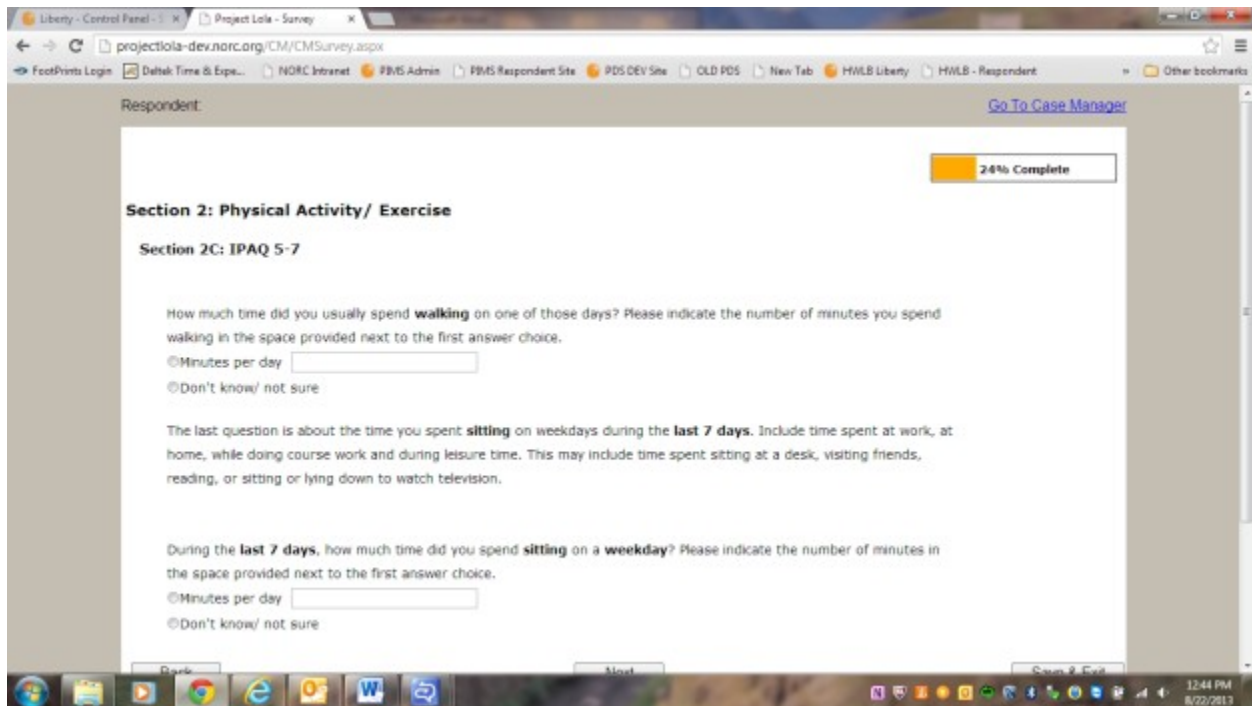
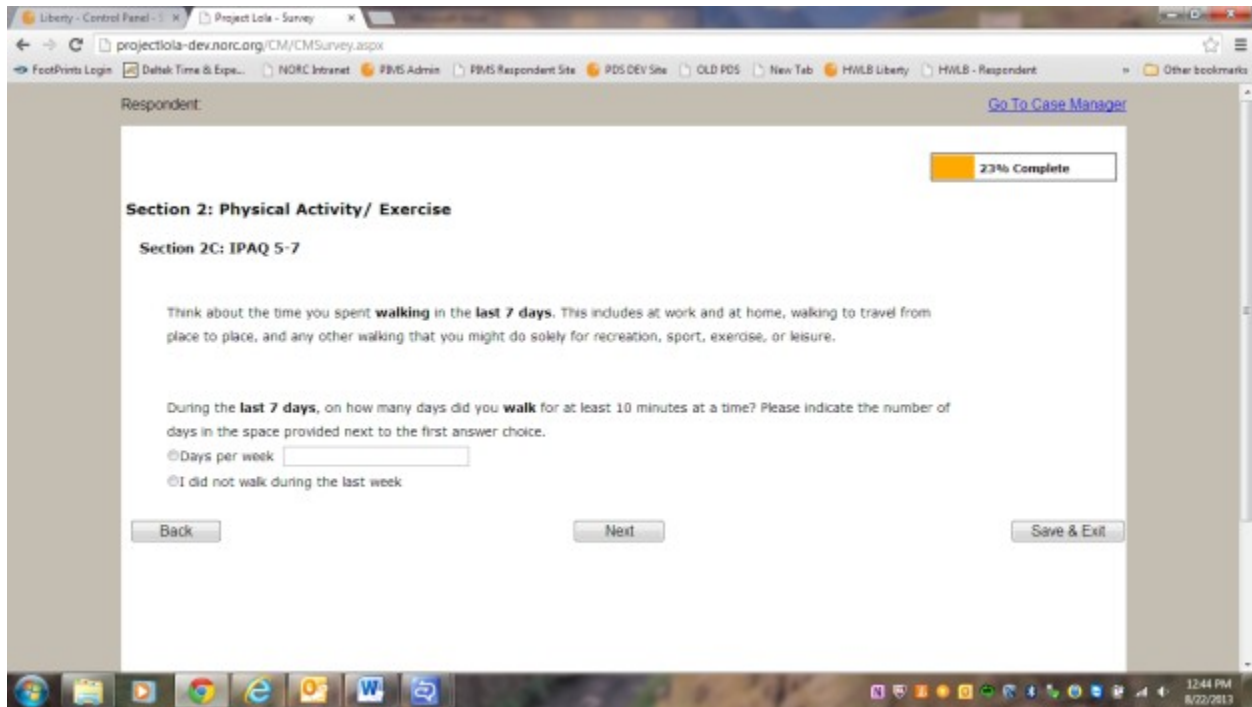
<p>Moderate activities</p> <ul style="list-style-type: none"> Your heart beats faster than normal You can talk but not sing 	 Fast walking	 Aerobics class	 Strength training	 Swimming gently
<p>Vigorous activities</p> <ul style="list-style-type: none"> Your heart rate increases a lot You can't talk or your talking is broken up by large breaths 	 Stair machine	 Jogging or running	 Tennis, racquetball, pickleball or badminton	

How much time did you usually spend doing **moderate** physical activities on one of those days? Please indicate the number of minutes you spend doing **moderate** activity in the space provided next to the first answer choice.

Minutes per day 30

Don't know/ not sure

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Section 2: Physical Activity/ Exercise
Section 2D: Remainder of the Section

For each statement, please choose the answer that best matches what you have done or think you will do.

	Yes	No
I currently exercise regularly and have done so for longer than 6 months	<input type="radio"/>	<input type="radio"/>
I currently exercise regularly but I have only begun doing so within the last 6 months	<input type="radio"/>	<input type="radio"/>
I currently exercise some, but not regularly	<input type="radio"/>	<input type="radio"/>
I currently do not exercise, but I am thinking about starting to exercise in the next 6 months	<input type="radio"/>	<input type="radio"/>
I currently do not exercise and I do not intend to start exercising in the next 6 months	<input type="radio"/>	<input type="radio"/>

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Respondent: 27% Complete

Section 2: Physical Activity/ Exercise
Section 2D: Remainder of the Section

Whether you exercise or not, please rate how confident you are that you could really motivate yourself to do things like these consistently, for at least six months.

How sure are you that you can do these things?

	1 I know I cannot	2	3 Maybe I can	4	5 I know I can
Get up early, even on weekends, to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stick to your exercise program after a long, tiring day at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise even though you are feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set aside time for a physical activity program; that is, walking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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28% Complete

Section 2: Physical Activity/ Exercise

Section 2D: Remainder of the Section

The following items reflect situations that are listed as common reasons for preventing individuals from participating in exercise sessions or, in some cases, dropping out. Using the scales below please indicate how confident you are that you could exercise in the event that any of the following circumstances were to occur.

Please indicate the degree to which you are confident that you could exercise in the event that any of the following circumstances were to occur by choosing the appropriate percentage (%). To the right of each statement, choose the column with the response that most closely matches your own, remembering that there are no right or wrong answers.

I believe I could exercise 5 times per week (at least 150 minutes of moderate physical activity) for the next 3 months if:

	Not at all confident 0%	10%	20%	30%	40%	Moderately confident 50%	60%	70%	80%	90%	Highly confident 100%
The weather											

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Section 2: Physical Activity/ Exercise

Section 2D: Remainder of the Section

Do you currently engage in any physical activities, sports, or exercise?

Yes

No

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29% Complete

Section 2: Physical Activity/ Exercise

Section 2D: Remainder of the Section

The following is a list of reasons why people engage in physical activities, sports and exercise. Keeping in mind your primary physical activity or sport, respond to each question (using the scale given) on the basis of how true that response is for you.

	Not at all true for me 1	2	3	4	5	6	Very true for me 7
Because I want to be physically fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it's fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because I like engaging in activities which physically challenge me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because I want to obtain new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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31% Complete

Section 3: Health/ Weight

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

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Respondent: 32% Complete

Section 3: Health/ Weight

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking for than a mile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Respondent: 33% Complete

Section 3: Health/ Weight

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking for than a mile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 3: Health/ Weight

During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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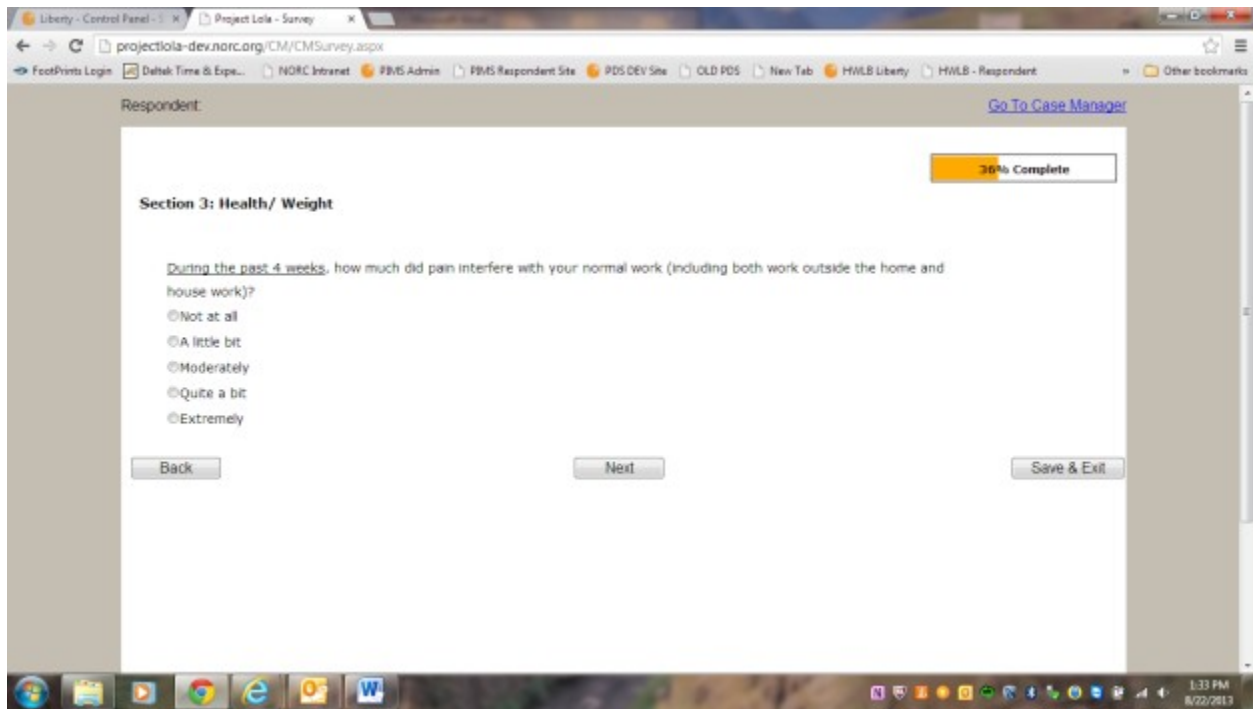
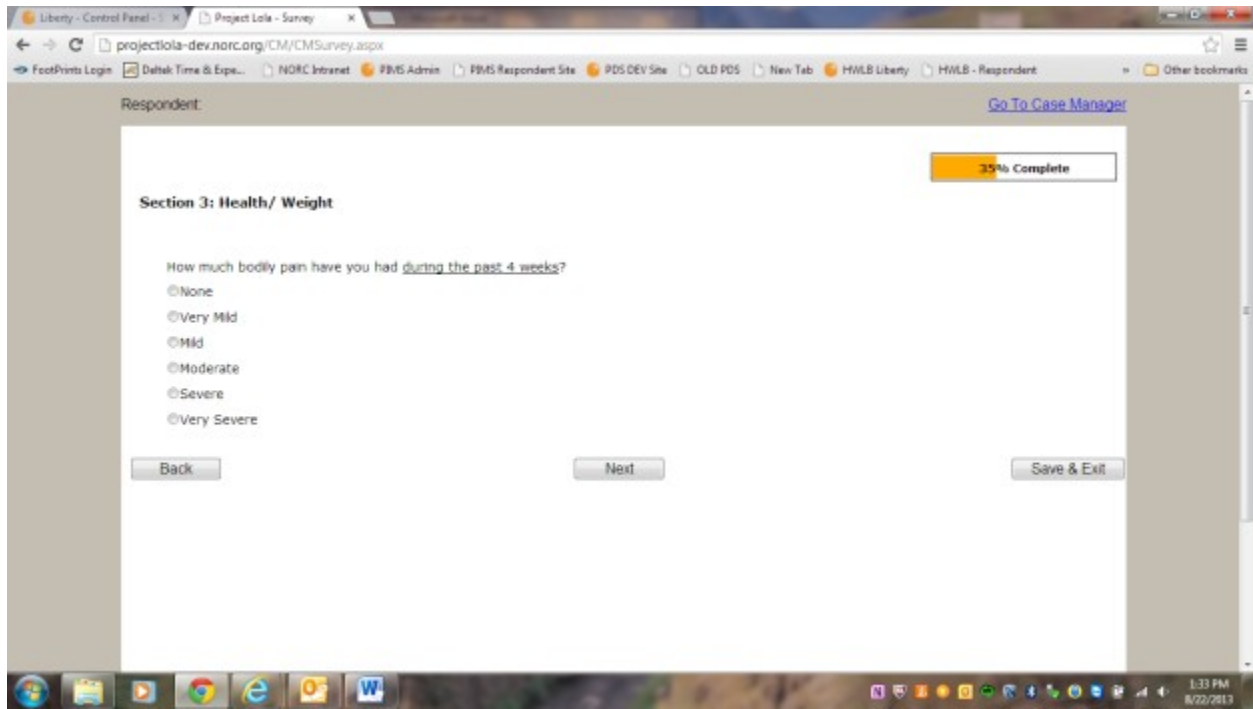
Section 3: Health/ Weight

During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely

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Section 3: Health/ Weight

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

	ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Do you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 3: Health/ Weight

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

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39% Complete

Section 3: Health/ Weight

Please choose the answer that best describes how true or false each of the following statements is for you.

	DEFINITELY TRUE	MOSTLY TRUE	NOT SURE	MOSTLY FALSE	DEFINITELY FALSE
a. I seem to get sick a lot easier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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40% Complete

Section 3: Health/ Weight

Now we'd like to ask you some questions about how your health may have changed.

Compared to one year ago, how would you rate your physical health in general now?

Much better

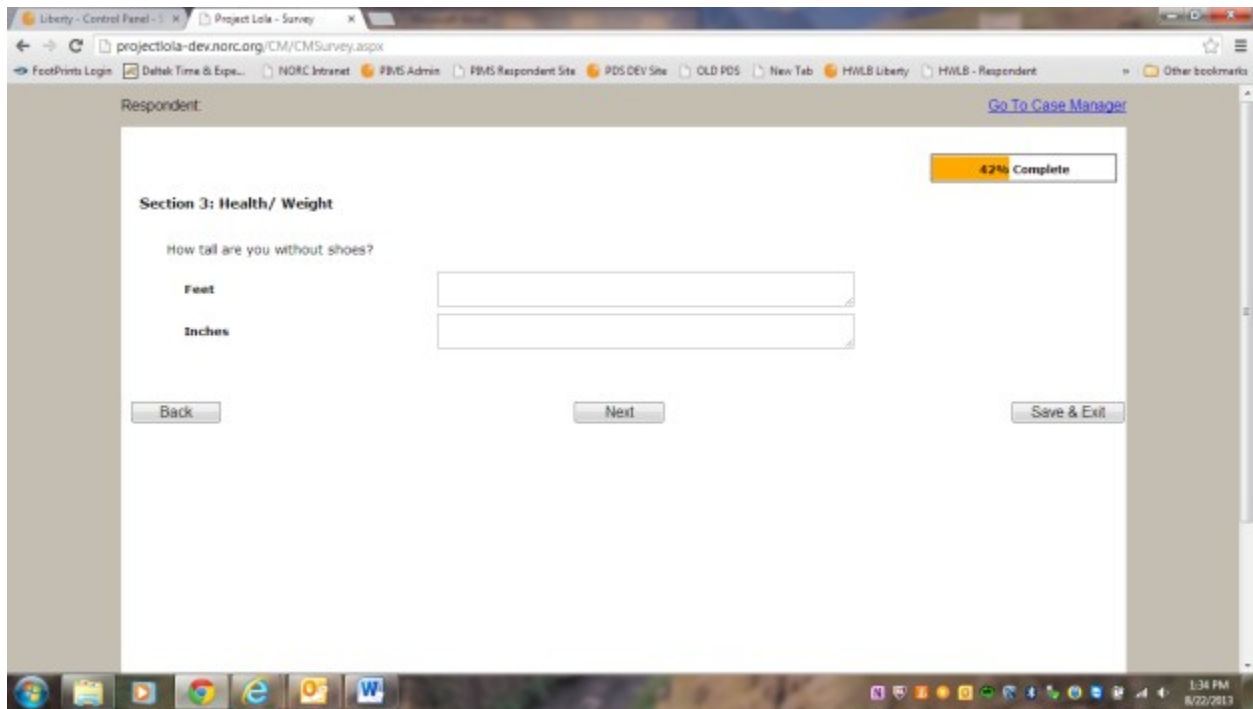
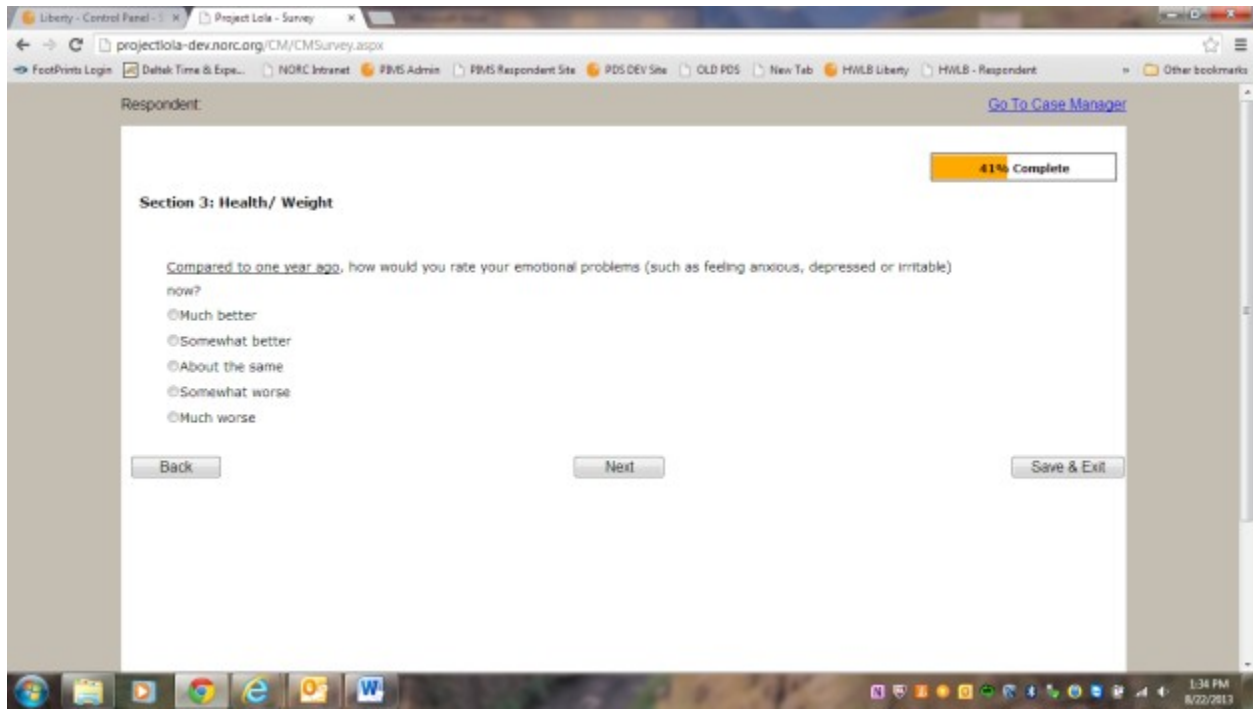
Somewhat better

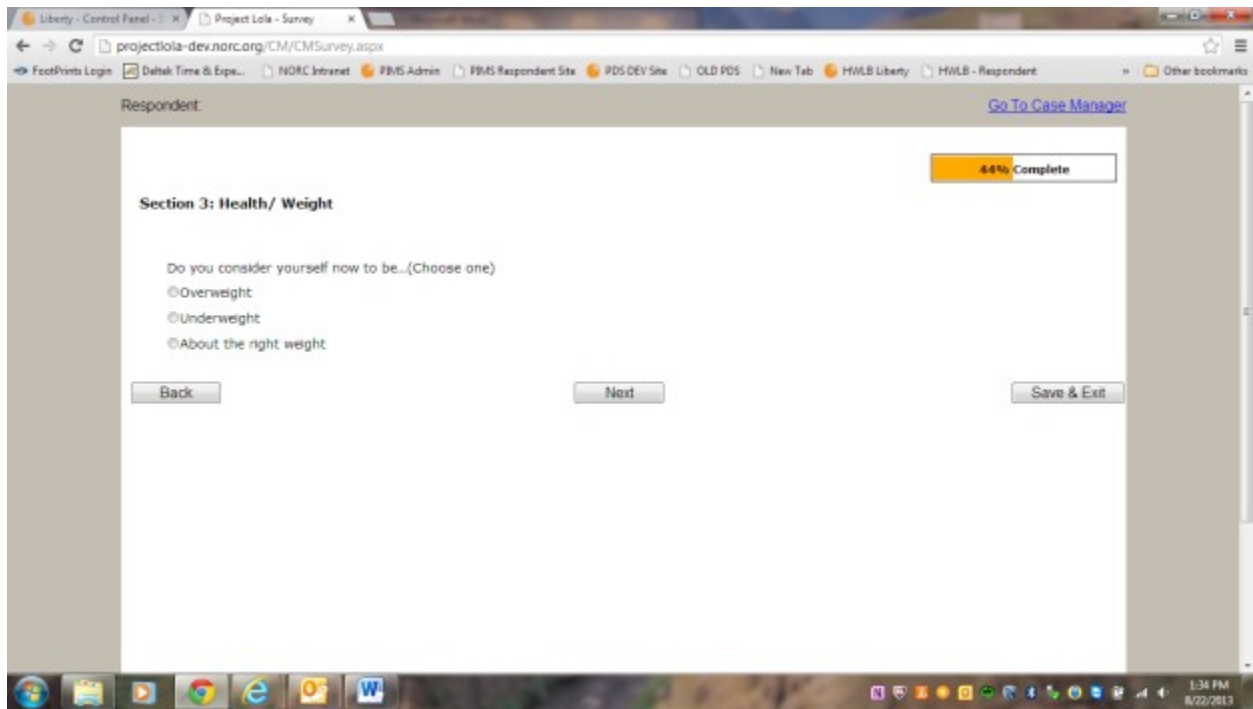
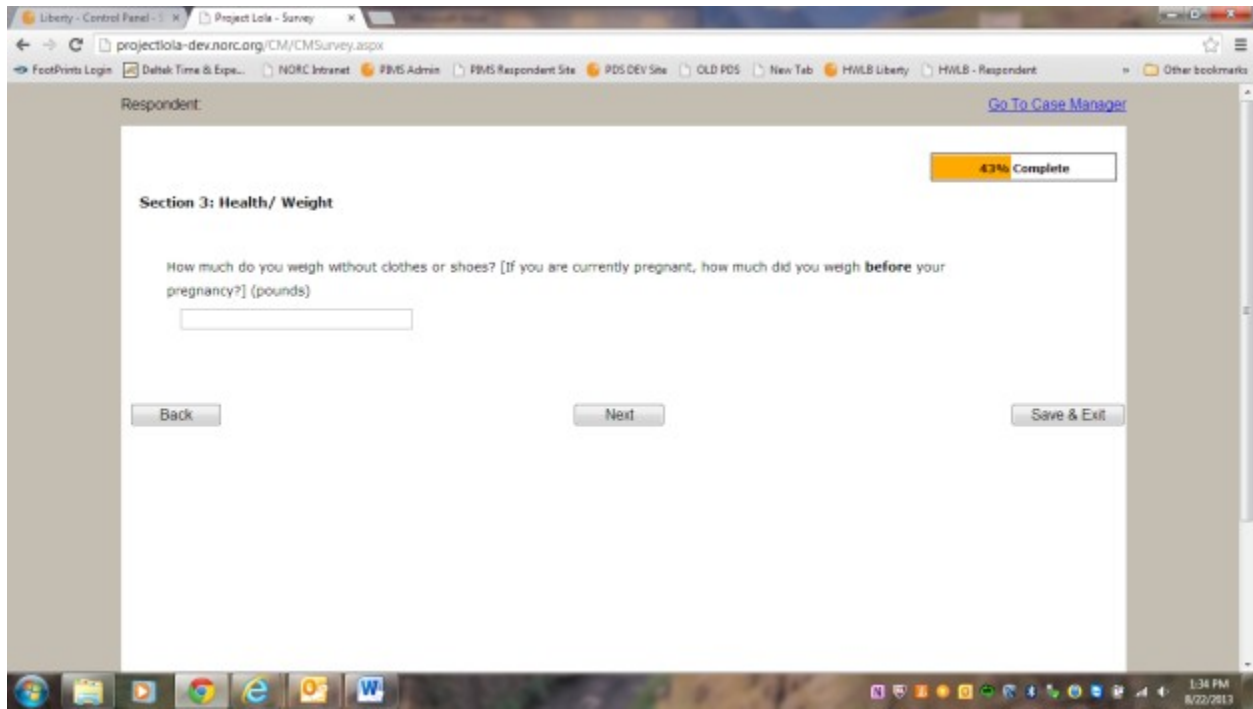
About the same

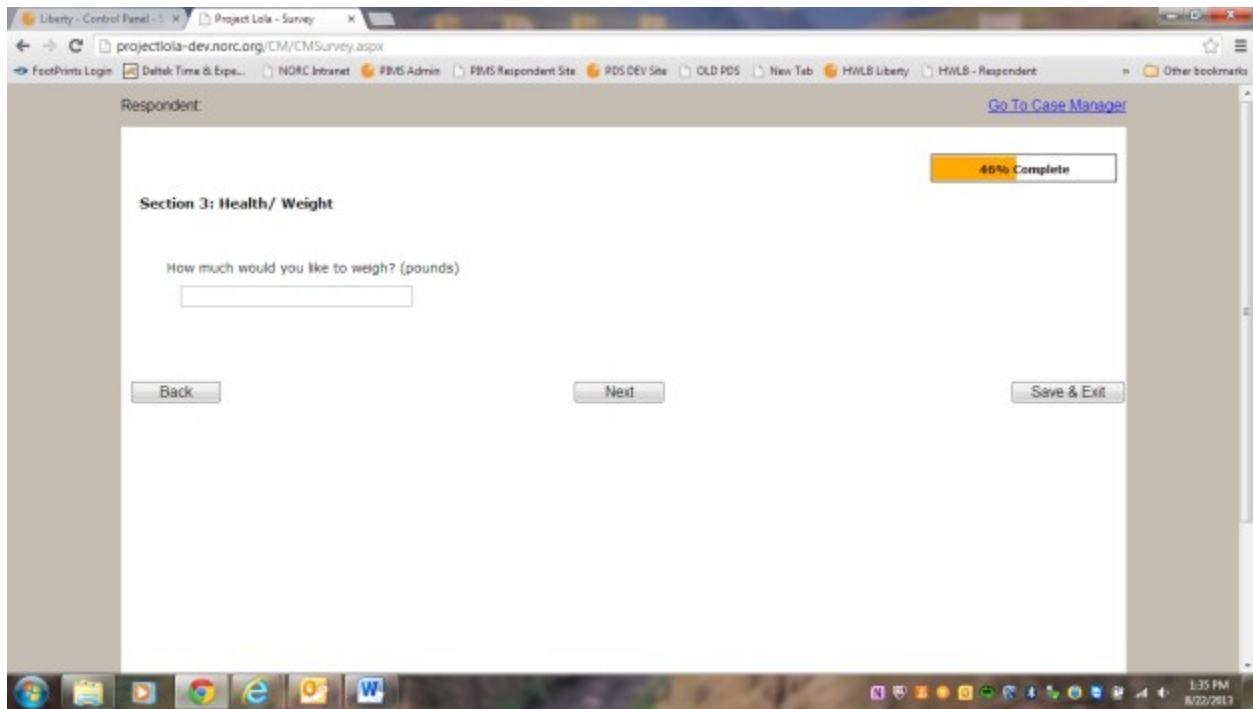
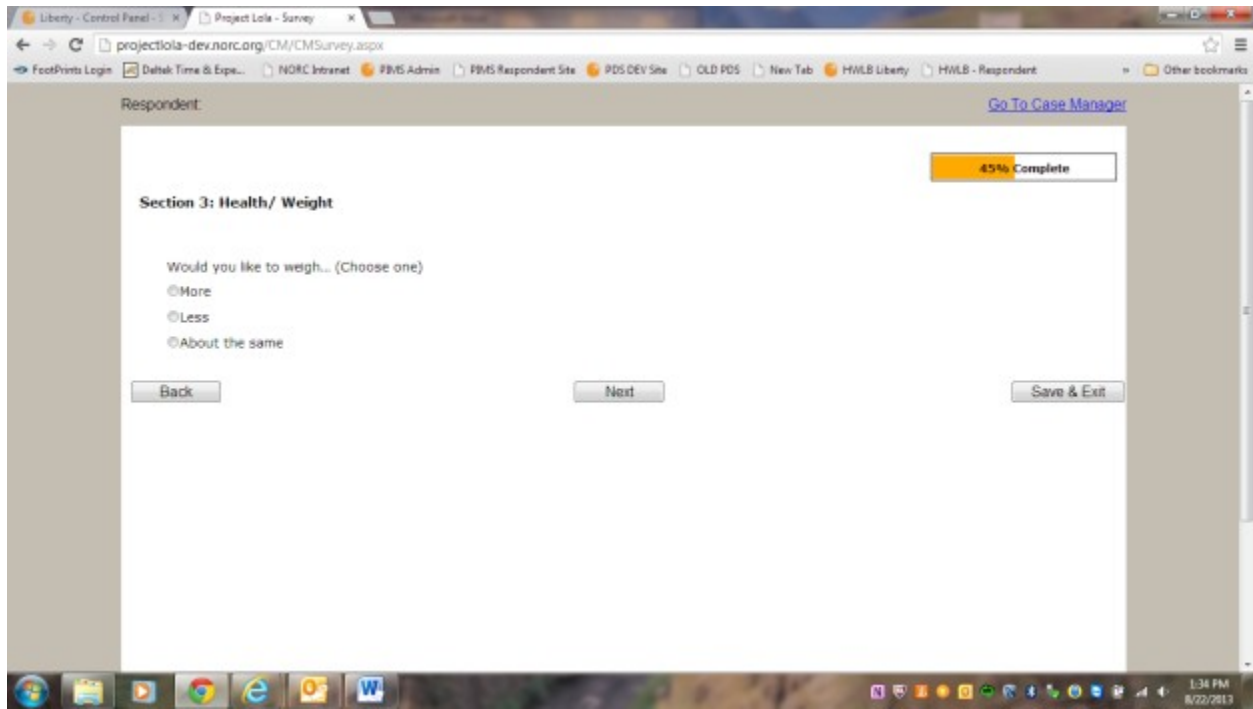
Somewhat worse

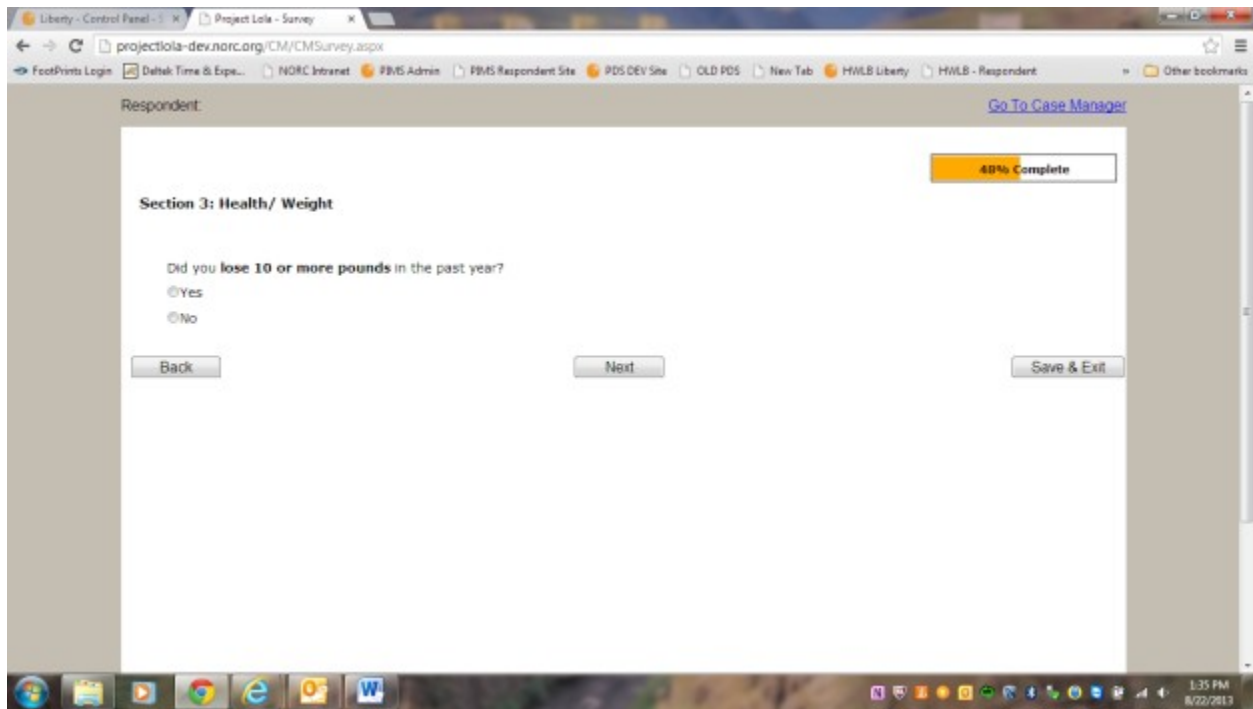
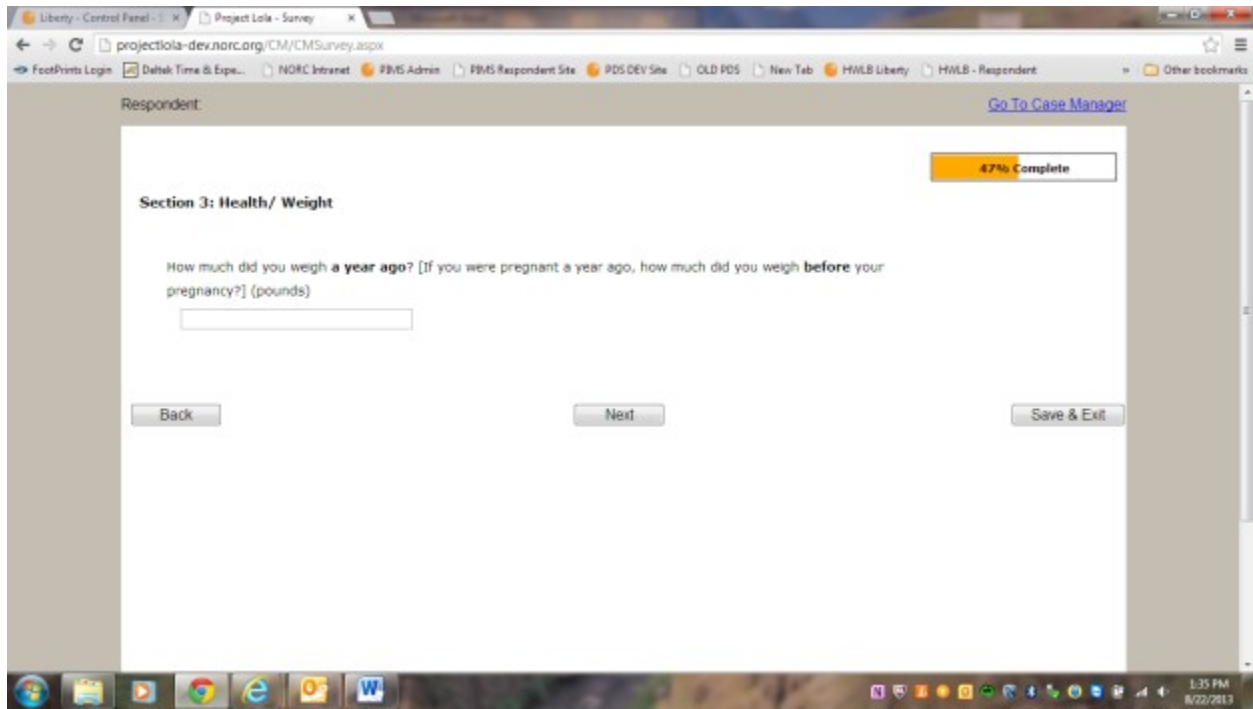
Much worse

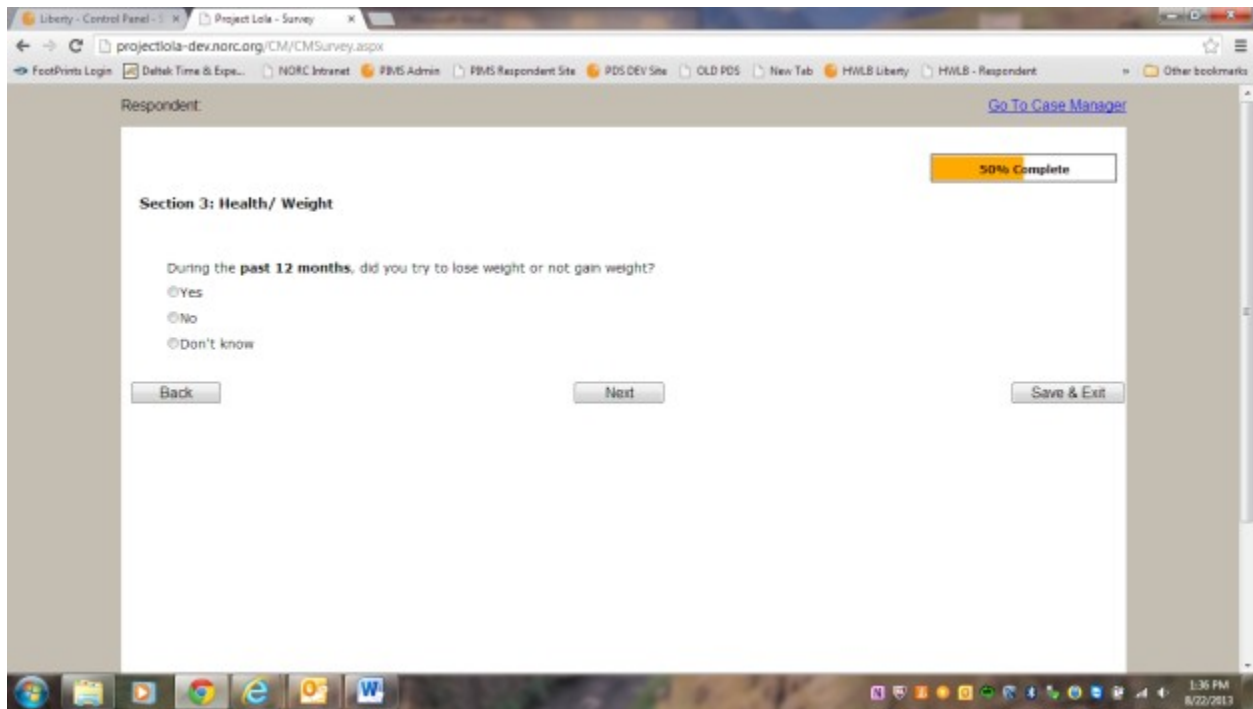
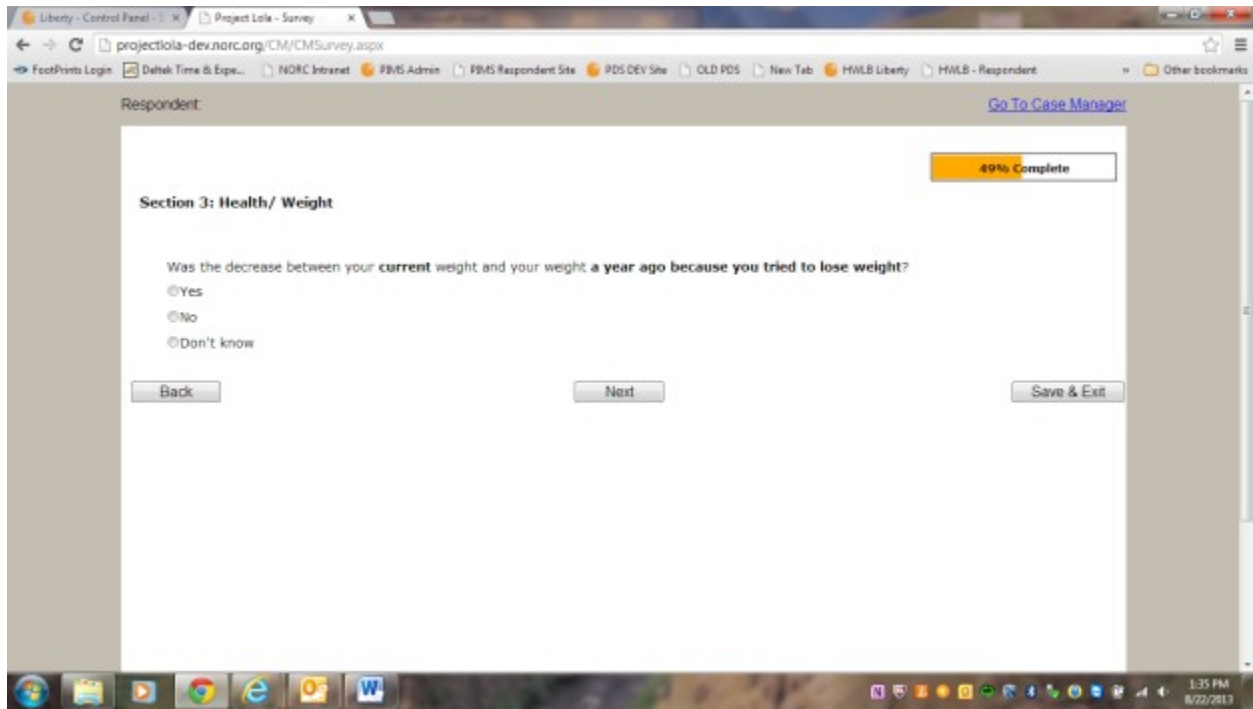
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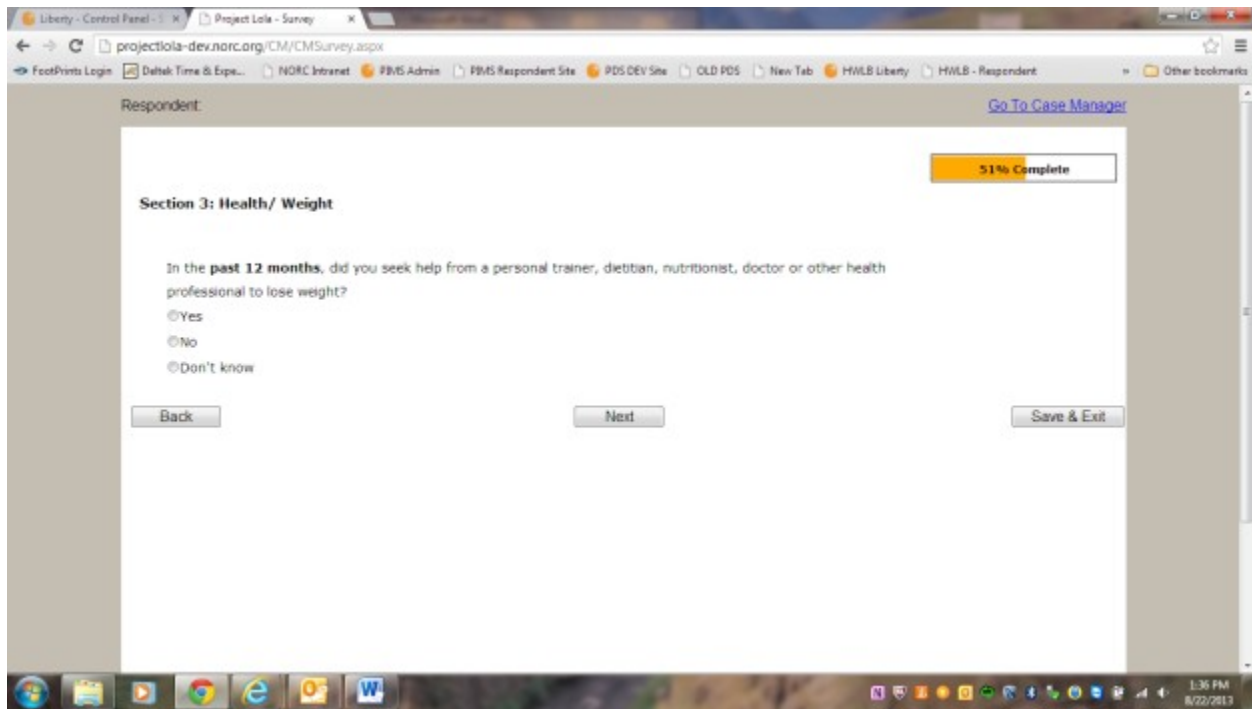
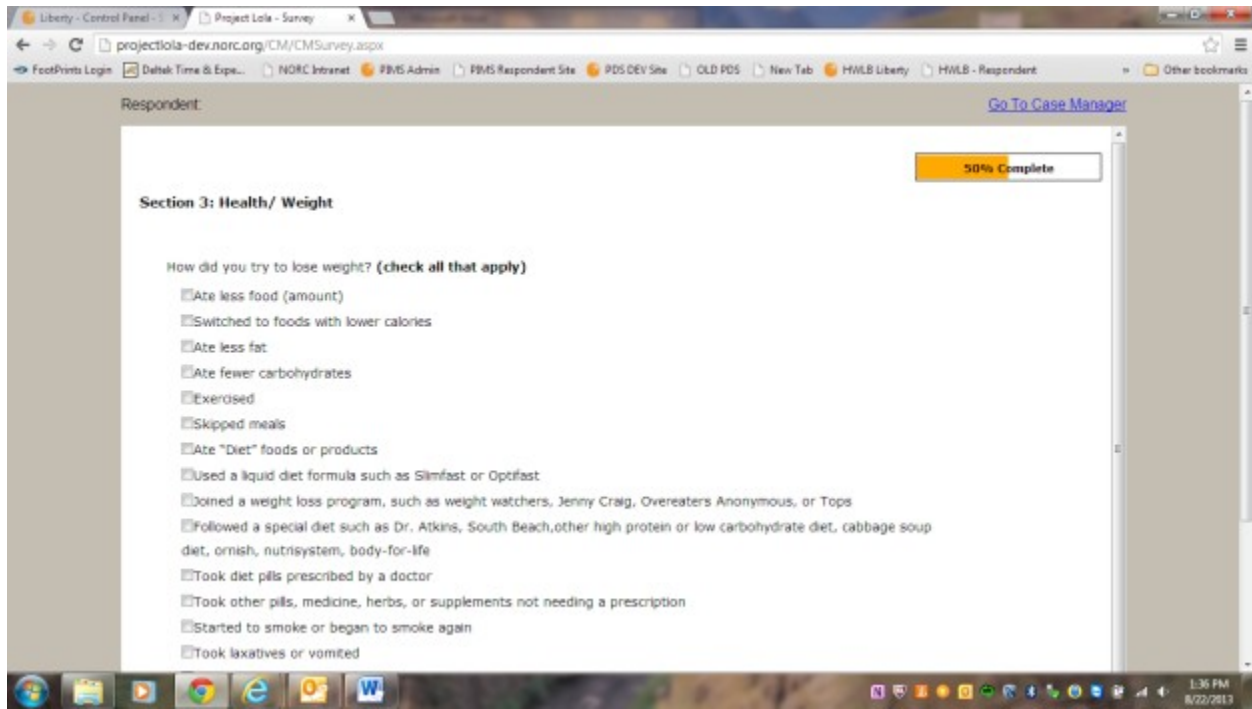


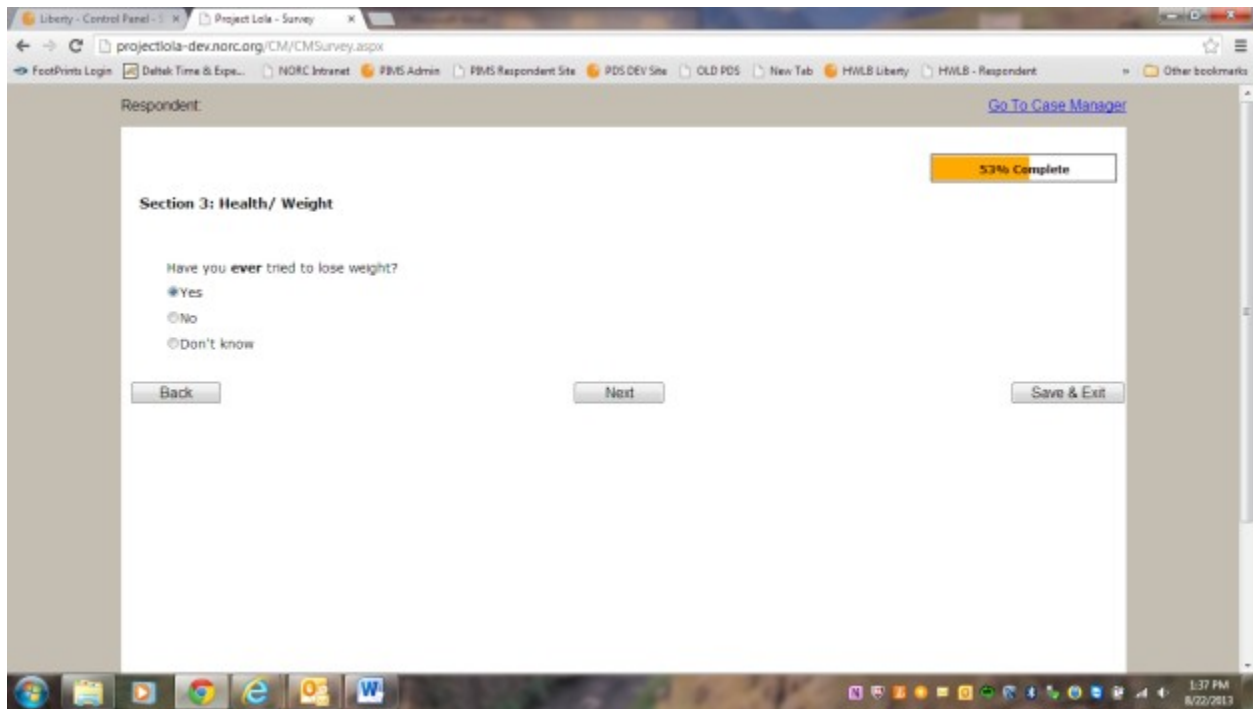
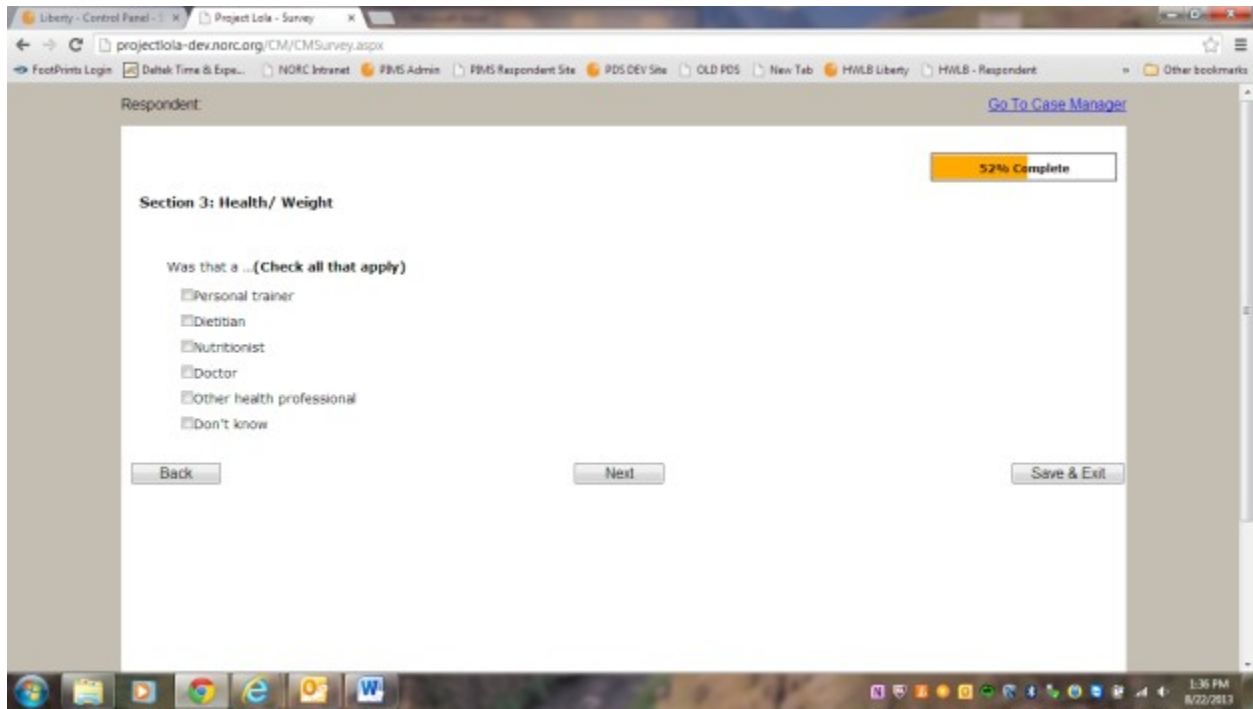


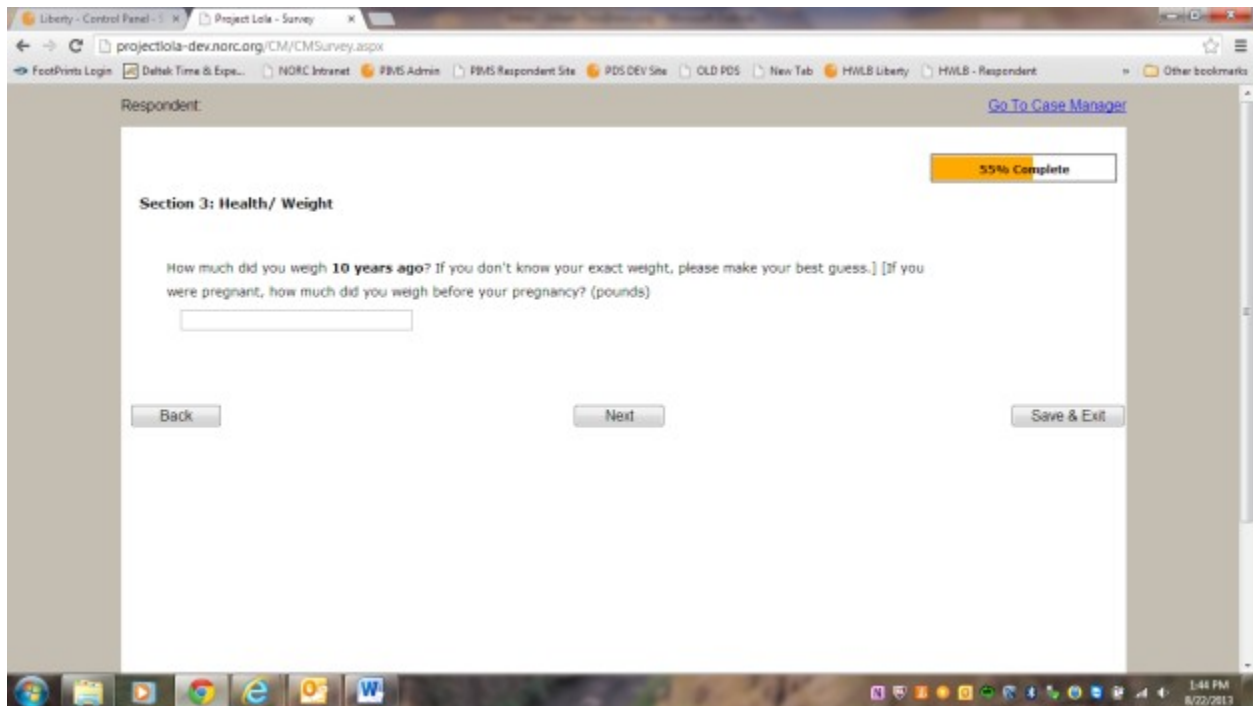
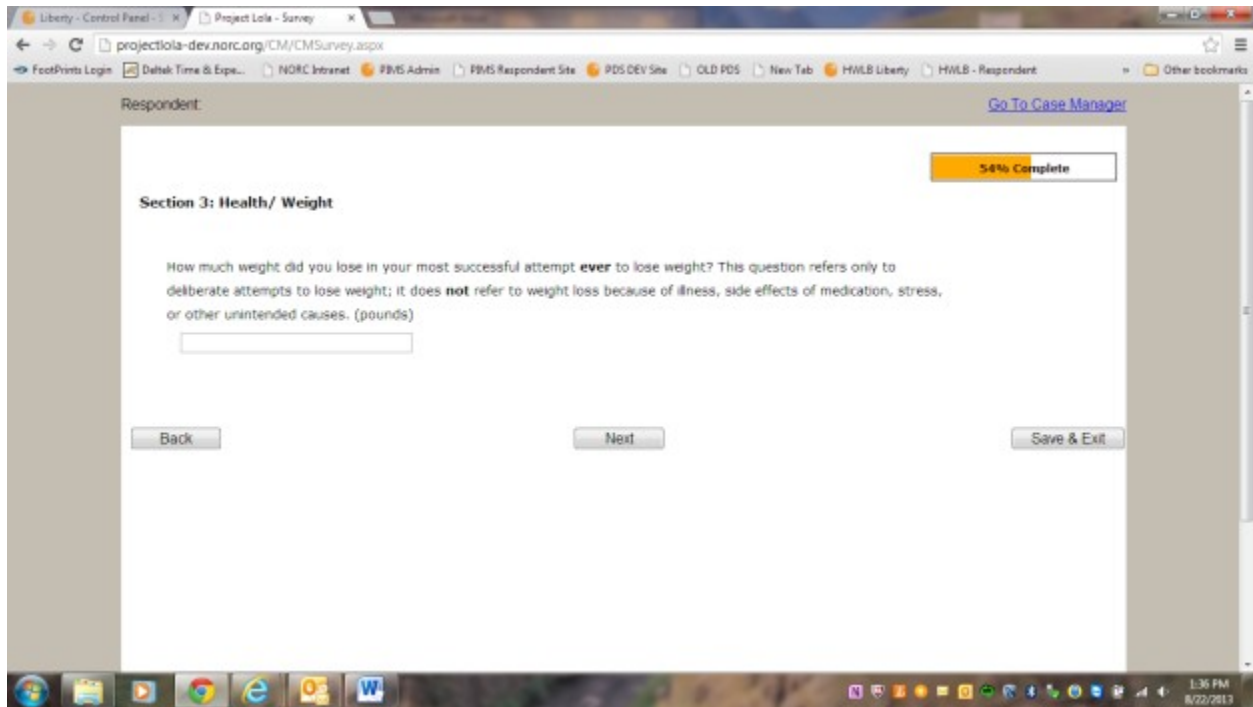












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Respondent: 56% Complete

Section 3: Health/ Weight

How much did you weigh at **age 25**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy? (pounds)]

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Respondent: 57% Complete

Section 3: Health/ Weight

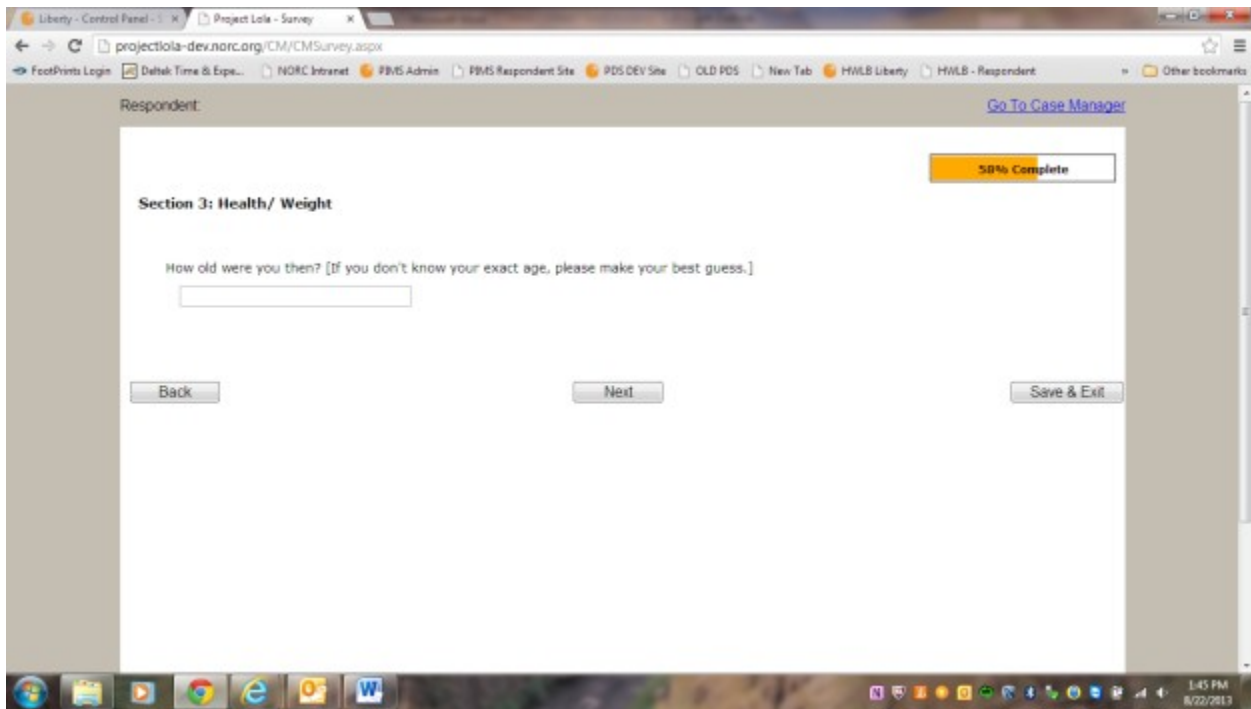
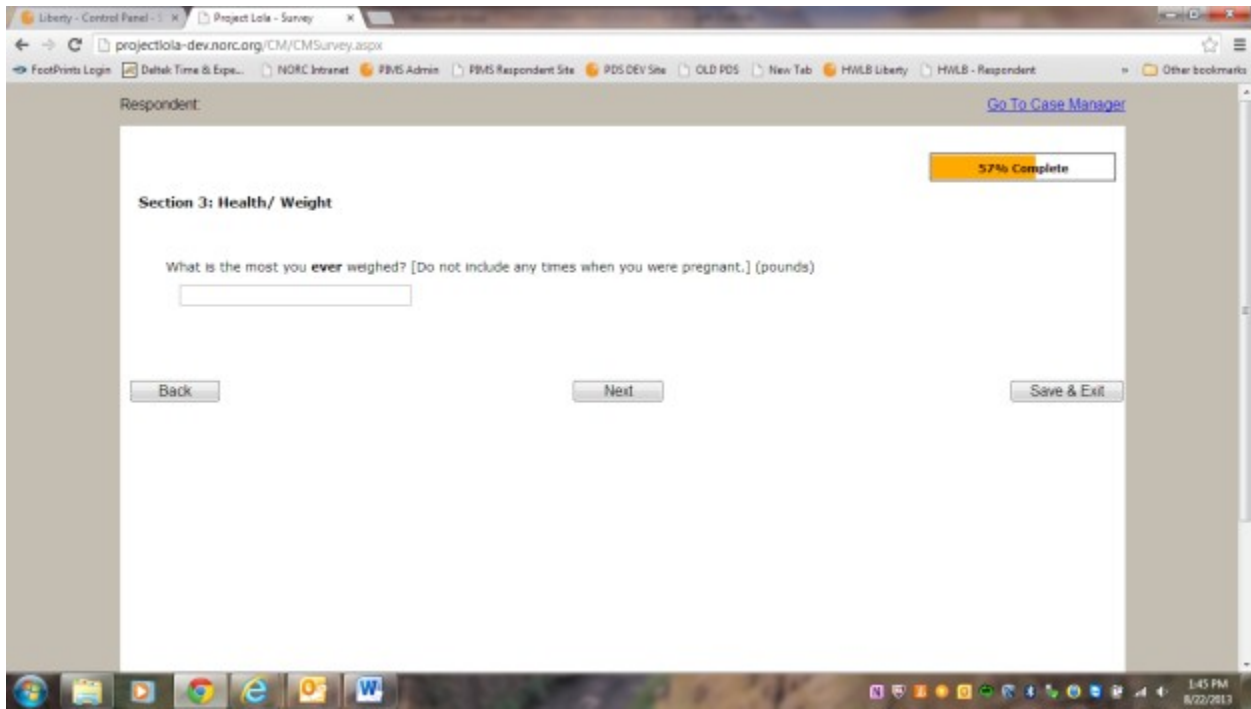
How tall were you at **age 25**? [If you don't know your exact height, please make your best guess.]

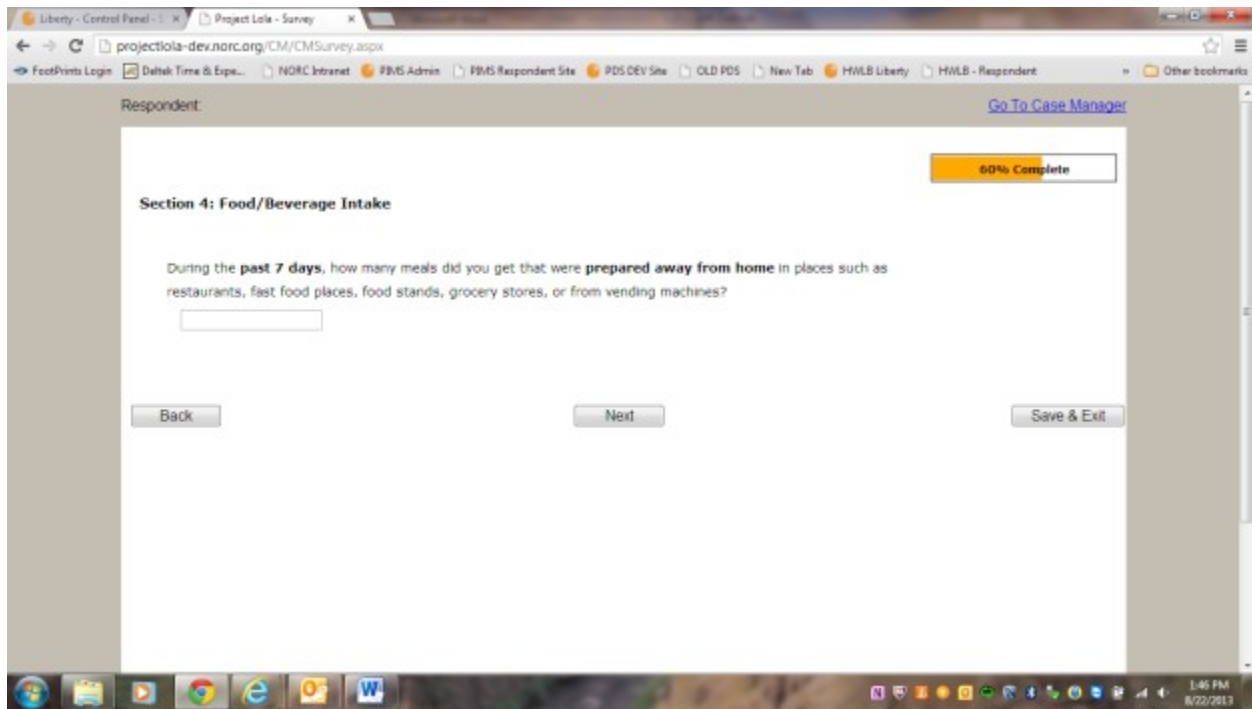
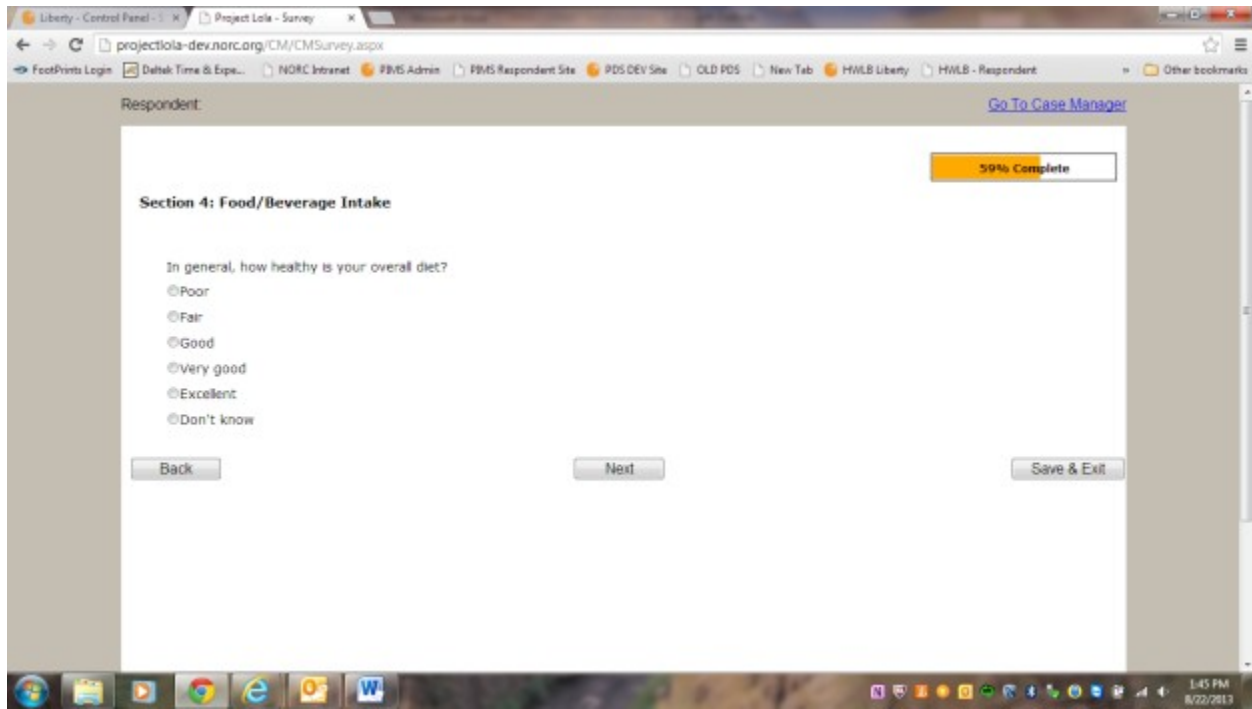
Feet

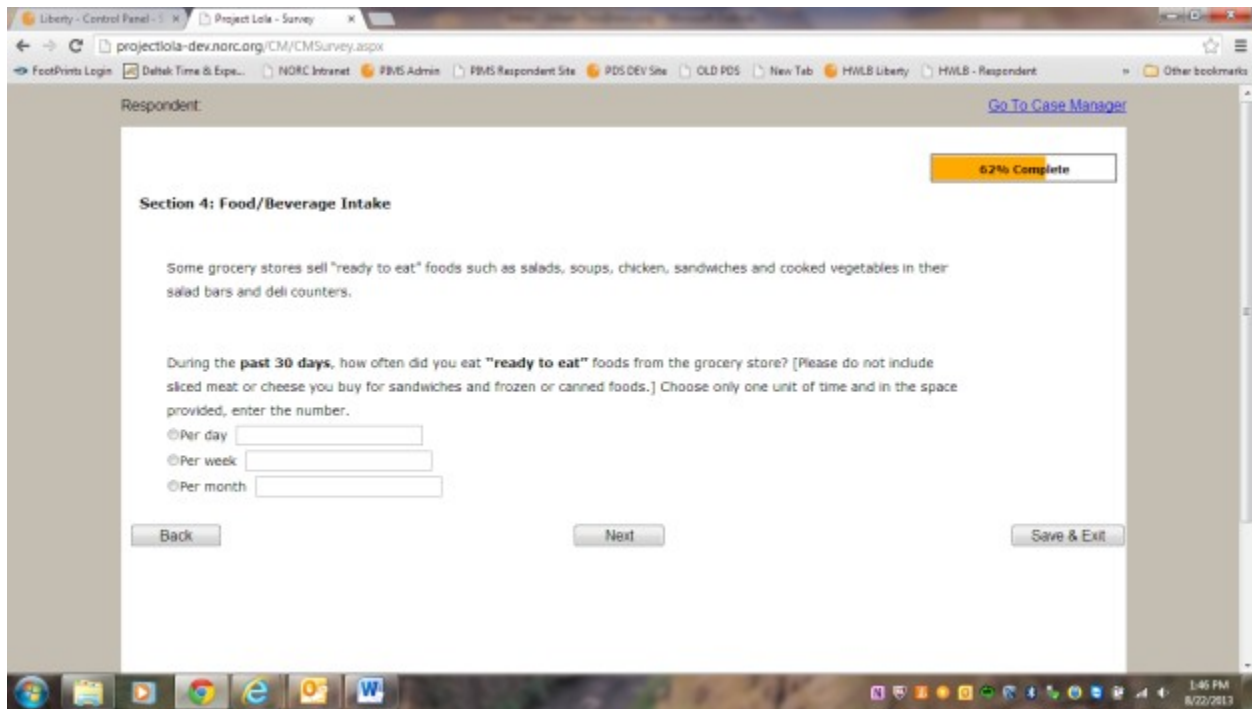
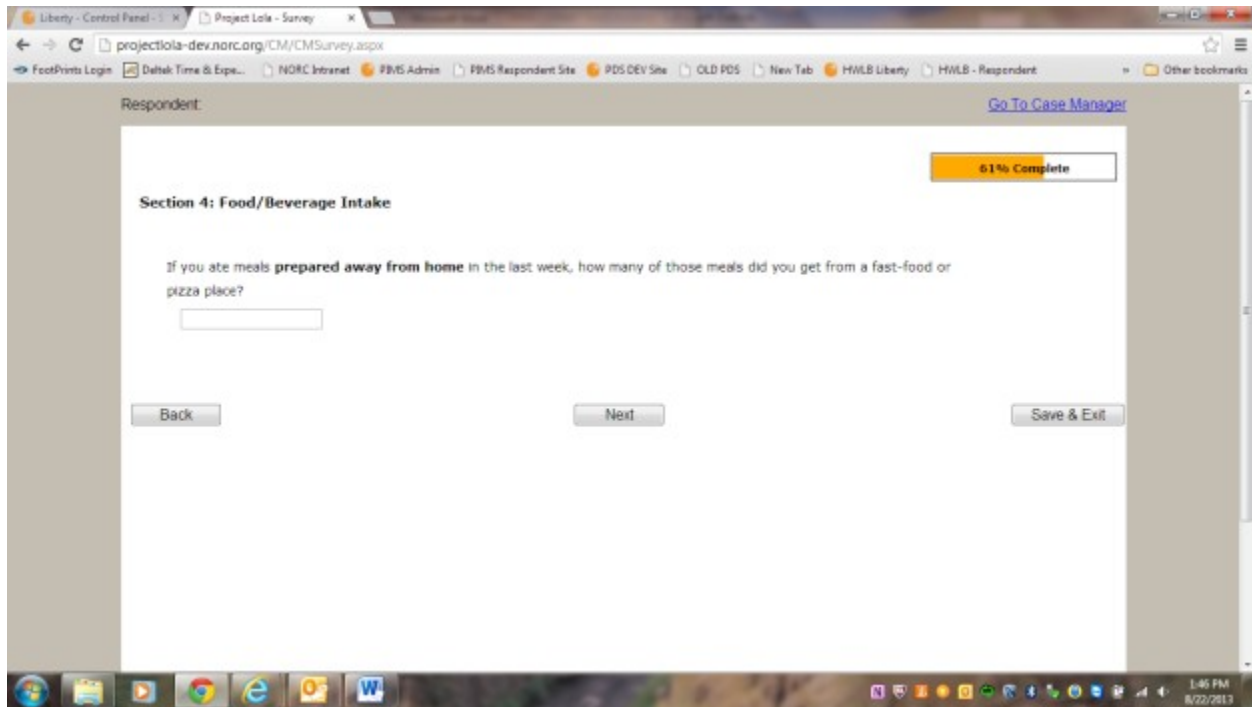
Inches

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Respondent: 63% Complete

Section 4: Food/Beverage Intake

During the **past 30 days**, how often did you eat **frozen meals or frozen pizzas**?

Per day

Per week

Per month

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Respondent: 64% Complete

Section 4: Food/Beverage Intake

During the **past month**, how many times per day, week or month did you drink **100% PURE fruit juices**? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

64% Complete

Section 4: Food/Beverage Intake

During the **past month**, not counting juice, how many times per day, week or month did you eat **fruit**? Count fresh, frozen or canned fruit. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

65% Complete

Section 4: Food/Beverage Intake

During the **past month**, how many times per day, week or month did you eat **cooked or canned beans**, such as refried, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

66% Complete

Section 4: Food/Beverage Intake

During **the past month**, how many times per day, week or month did you eat **dark green vegetables** for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

67% Complete

Section 4: Food/Beverage Intake

During **the past month**, how many times per day, week or month did you eat **orange colored vegetables** such as sweet potatoes, pumpkin, winter squash or carrots? [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: 68% Complete

Section 4: Food/Beverage Intake

Not counting questions 9 & 10, during **the past month**, about how many times per day, week or month did you eat **OTHER vegetables**? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, lettuce, cabbage and white potatoes that are not fried such as baked or mashed potatoes. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: 69% Complete

Section 4: Food/Beverage Intake

How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; 1/2 cup fresh, frozen or canned fruits/vegetables; 3/4 cup fruit/vegetable juice; 1 cup salad greens; or 1/4 cup dried fruit)

0 servings per day

1-2 servings per day

3-4 servings per day

5 or more servings per day

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Respondent: [Go To Case Manager](#)

70% Complete

Section 4: Food/Beverage Intake

During **the past month**, how often did you drink **regular soda or pop that contains sugar**? Do not include diet soda, juices or teas. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

71% Complete

Section 4: Food/Beverage Intake

During **the past month**, how often did you drink **sports or energy drinks** such as Gatorade, Red Bull and Vitamin Water? Do not include diet or sugar-free kinds. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

71% Complete

Section 4: Food/Beverage Intake

During **the past month**, how often did you drink **sweetened fruit drinks** such as Kool-aid, cranberry drink and lemonade? Include fruit drinks you made at home and added sugar to. Do not include 100% fruit juices and drinks with things like Splenda or Equal. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

72% Complete

Section 4: Food/Beverage Intake

During **the past month**, how often did you **drink coffee or tea with sugar or honey added**? DO not include drinks with things like Splenda or Equal. Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

Per day

Per week

Per month

Never

I don't know

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Respondent: [Go To Case Manager](#)

73% Complete

Section 4: Food/Beverage Intake

In the past month, how often did you **drink water** (including tap, bottled, and carbonated water)? [Choose only one unit of time or answer. If you chose a unit of time, please enter a number into the space provided next to the time unit you chose.]

- Per day
- Per week
- Per month
- Never
- I don't know

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Respondent: [Go To Case Manager](#)

74% Complete

Section 4: Food/Beverage Intake

Each time you drank water, how much did you usually drink?

- Less than 6 fl oz (3/4 cup)
- 8 fl oz (1 cup)
- 12 fl oz (1-1/2 cups)
- 16 fl oz (2 cups)
- More than 20 fl oz (2-1/2 cups)

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Respondent: 75% Complete

Section 4: Food/Beverage Intake

By a drink we mean half an ounce of absolute alcohol (e.g. a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor).

During the last 30 days, how often did you usually have any kind of drink containing alcohol?

- Every day
- 5 to 6 times a week
- 3 to 4 times a week
- twice a week
- once a week
- 2 to 3 times a month
- once a month
- I did not drink any alcohol in the past month, but I did drink in the past
- I never drank any alcohol in my life

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Respondent: 76% Complete

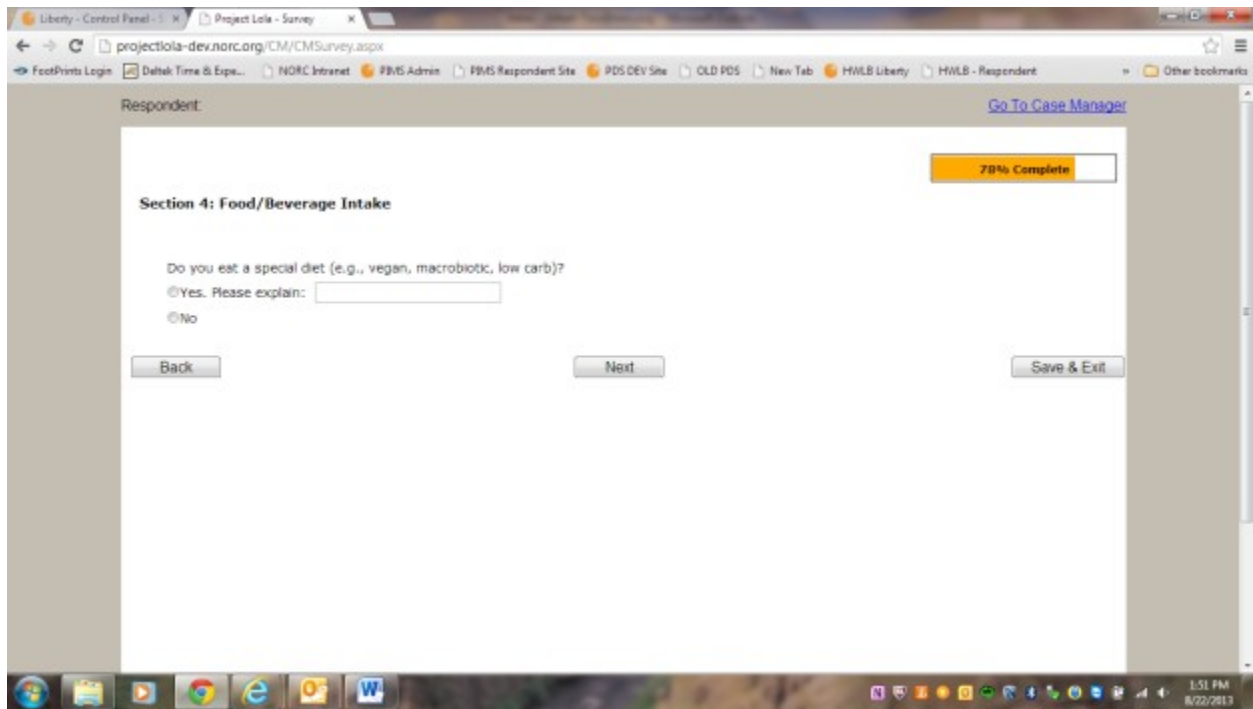
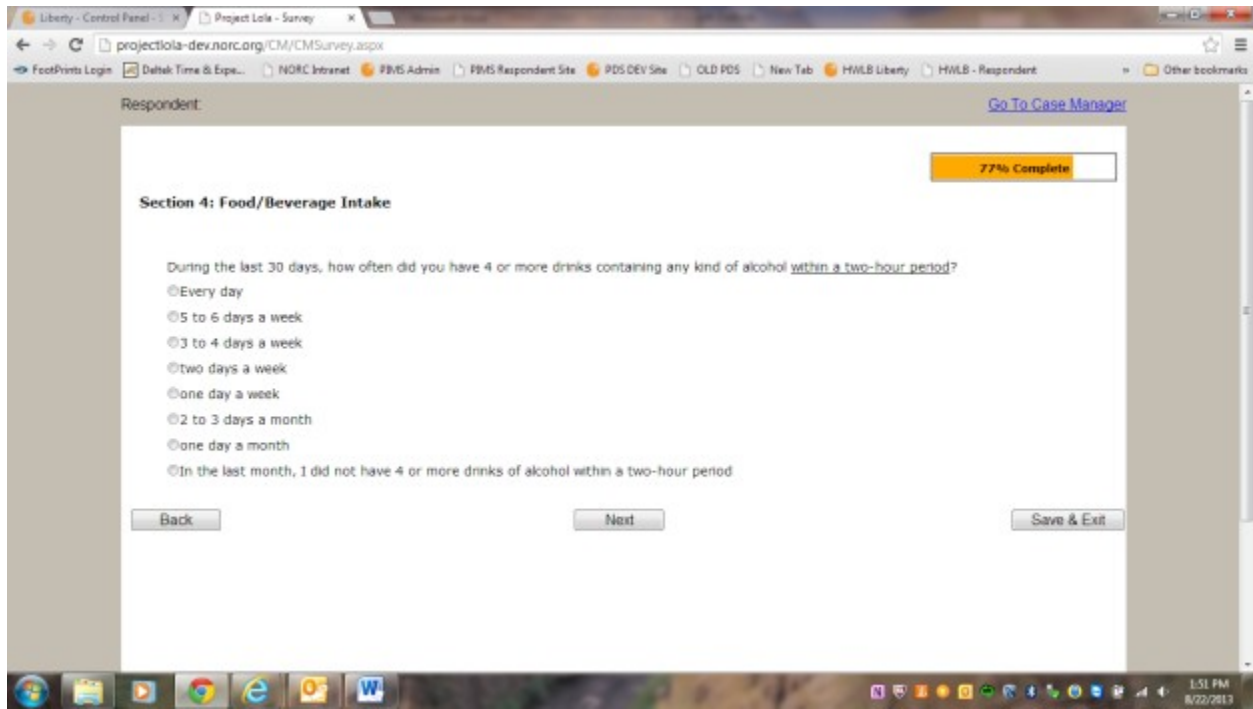
Section 4: Food/Beverage Intake

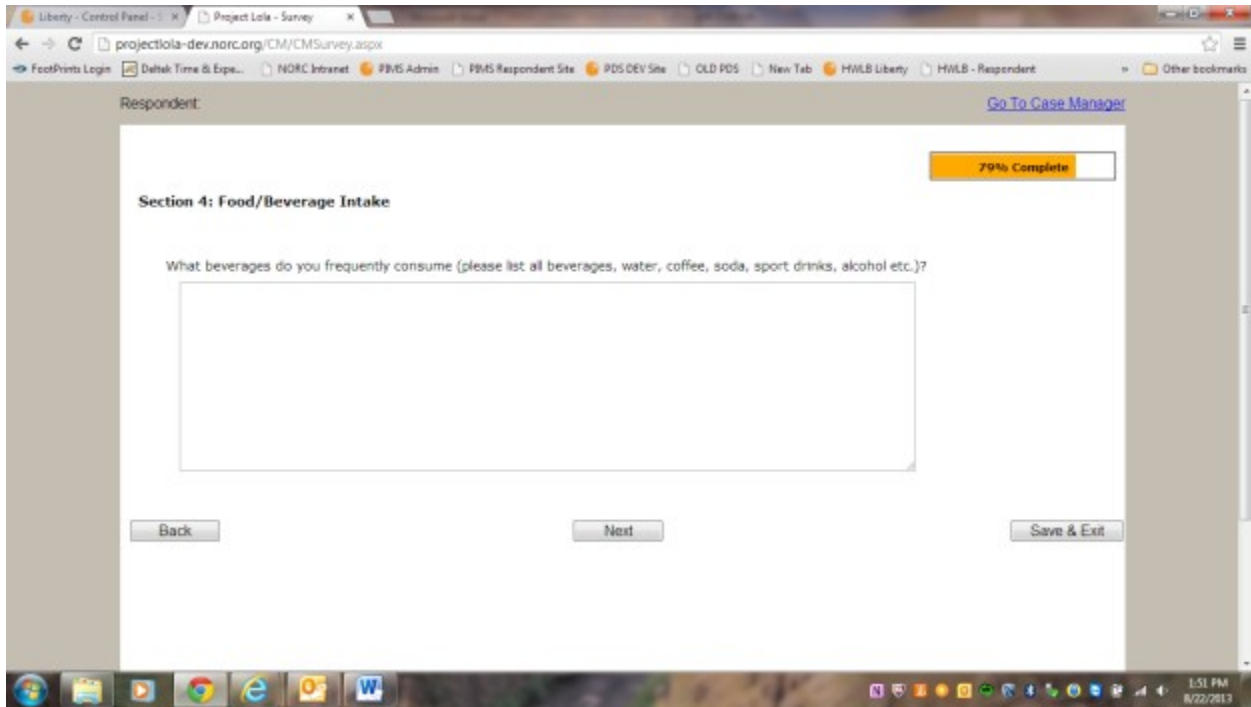
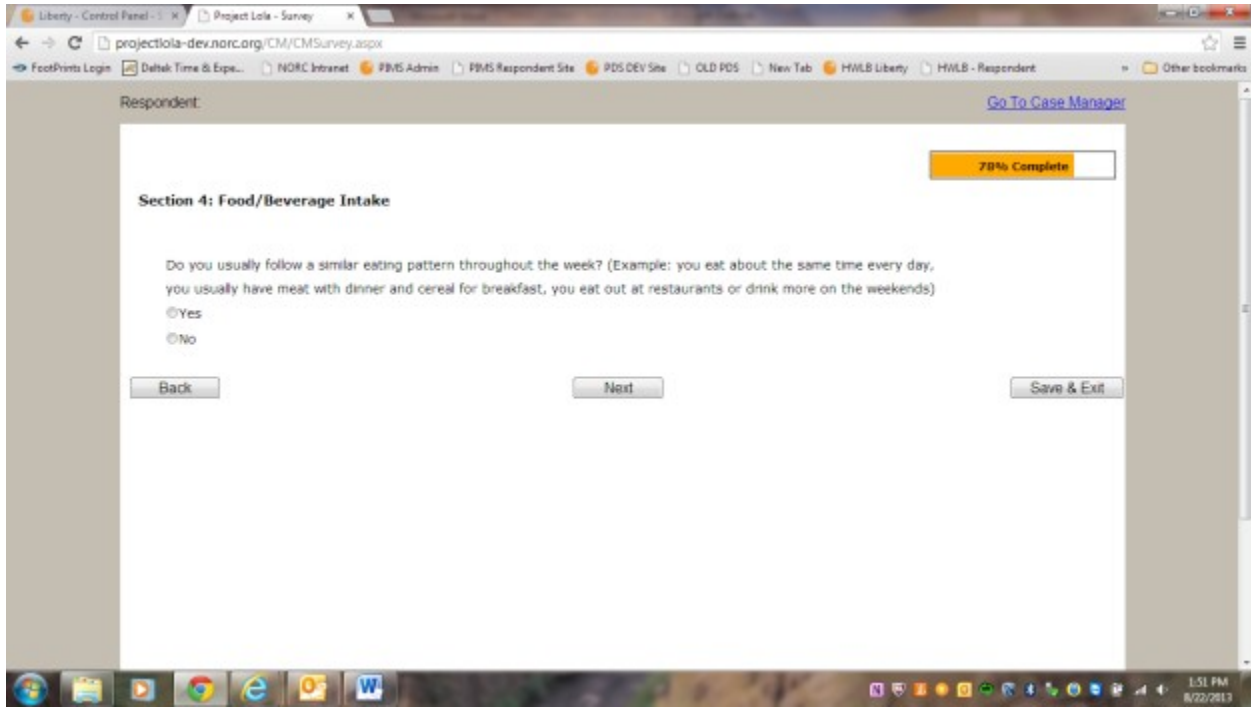
During the last 30 days, how many alcoholic drinks did you have on a typical day when you drank alcohol?

- 25 or more drinks
- 19 to 24 drinks
- 16 to 18 drinks
- 12 to 15 drinks
- 9 to 11 drinks
- 7 to 8 drinks
- 5 to 6 drinks
- 3 to 4 drinks
- 2 drinks
- 1 drink

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Respondent: [Go To Case Manager](#)

Section 4: Food/Beverage Intake

In a typical week, how many times do you eat out or bring food home from a restaurant for breakfast, lunch, and dinner?

	0	1	2	3	4	5	6	7
Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Respondent: [Go To Case Manager](#)

Section 4: Food/Beverage Intake

In a typical week, when you eat out or bring food home from a restaurant, where do you go? Please list the restaurants.

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Respondent: [Go To Case Manager](#)

82% Complete

Section 4: Food/Beverage Intake

Please list the foods that you like most and least.

Foods you like most:

Foods you like least:

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Respondent: [Go To Case Manager](#)

83% Complete

Section 4: Food/Beverage Intake

How many servings of fruits and vegetables do you have per day?

	0	1	2	3	4	5	6 or more
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Respondent: 84% Complete

Section 4: Food/Beverage Intake

How many times per day do you eat (meals and snacks)?

1
 2
 3
 4
 5
 6
 7
 8 or more, Please explain:

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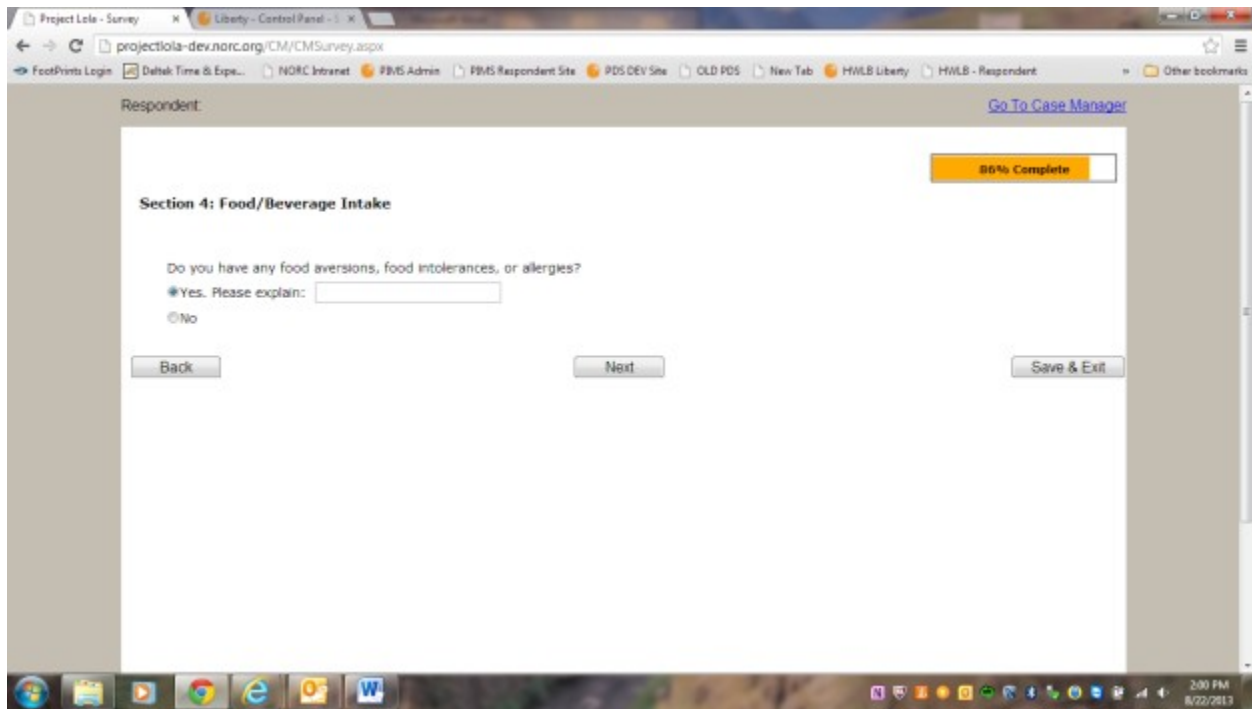
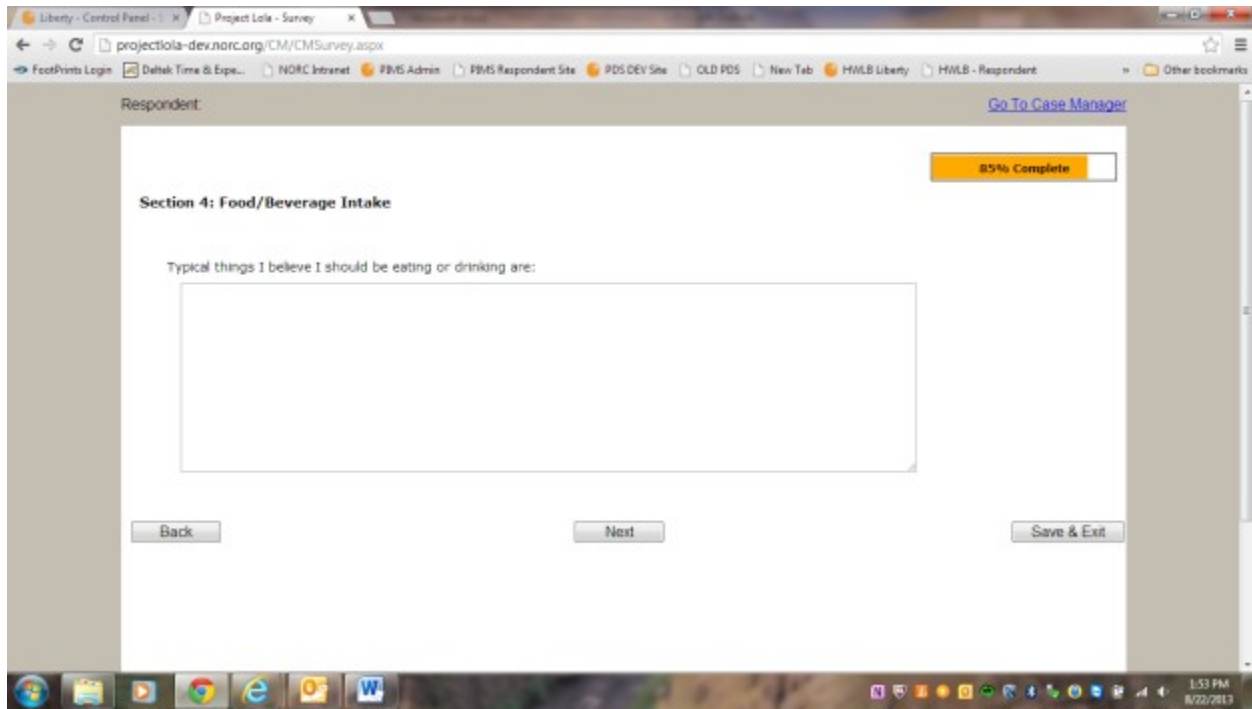
Respondent: 85% Complete

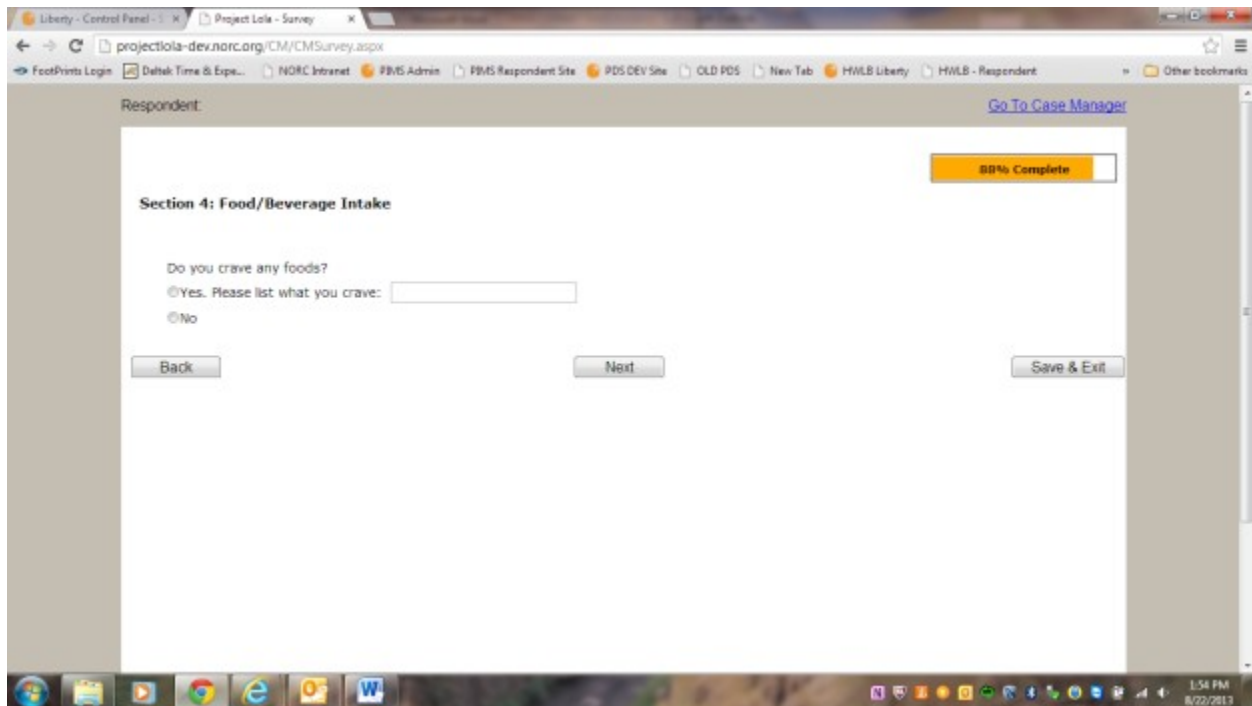
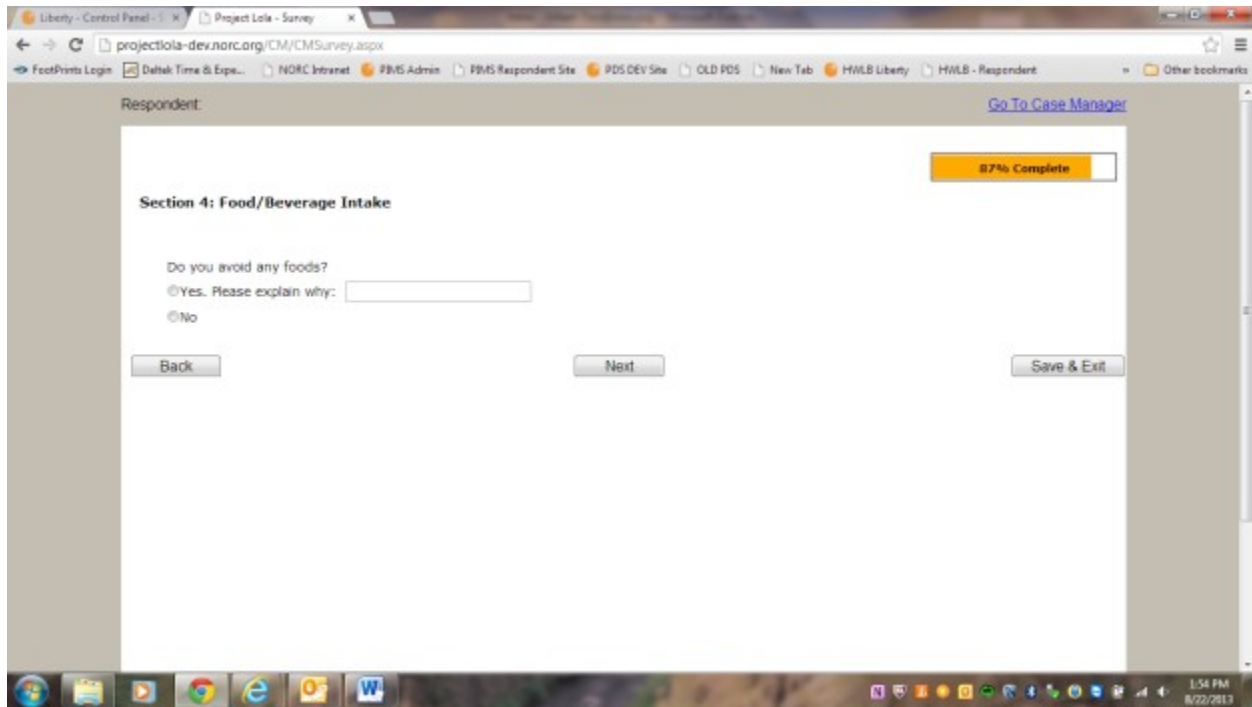
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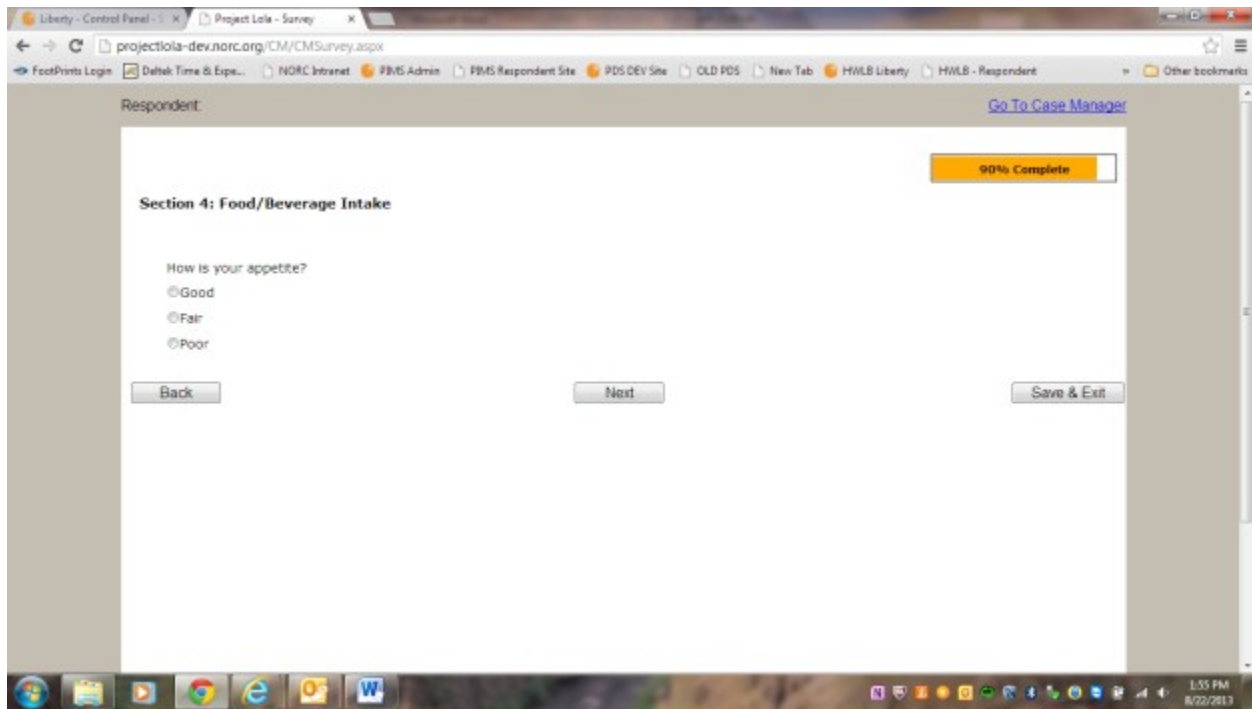
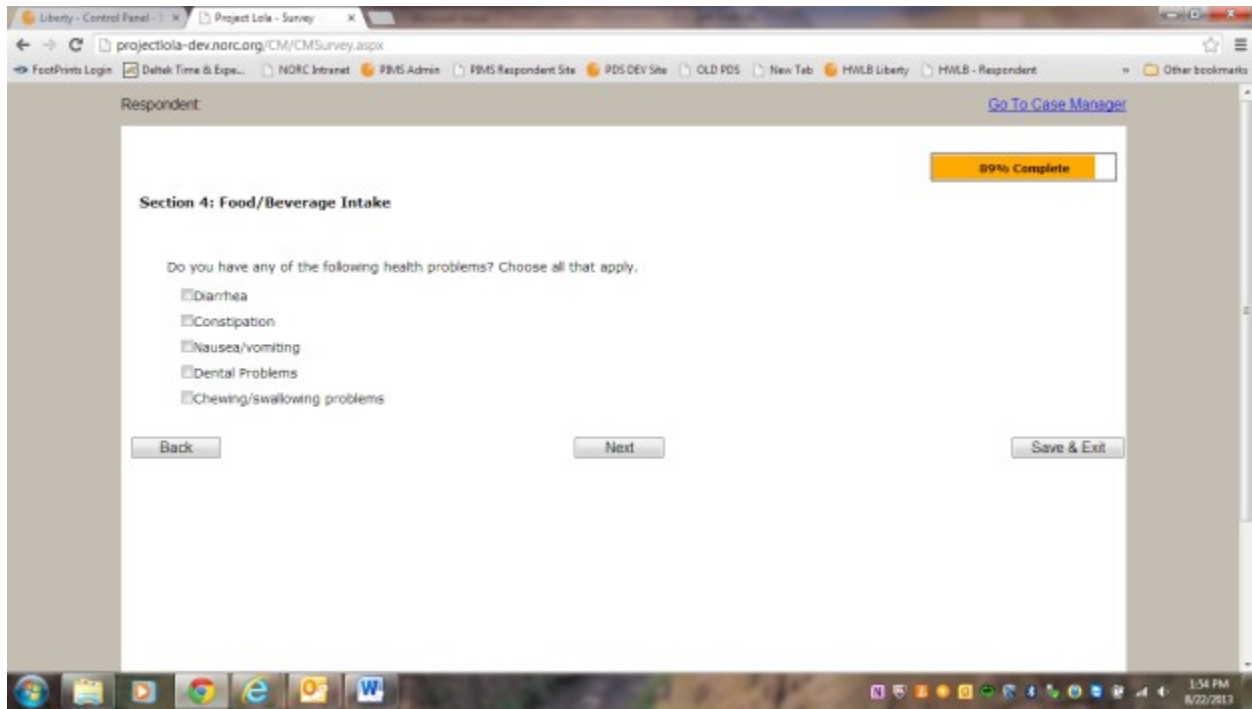
Are you pleased with your current eating habits?

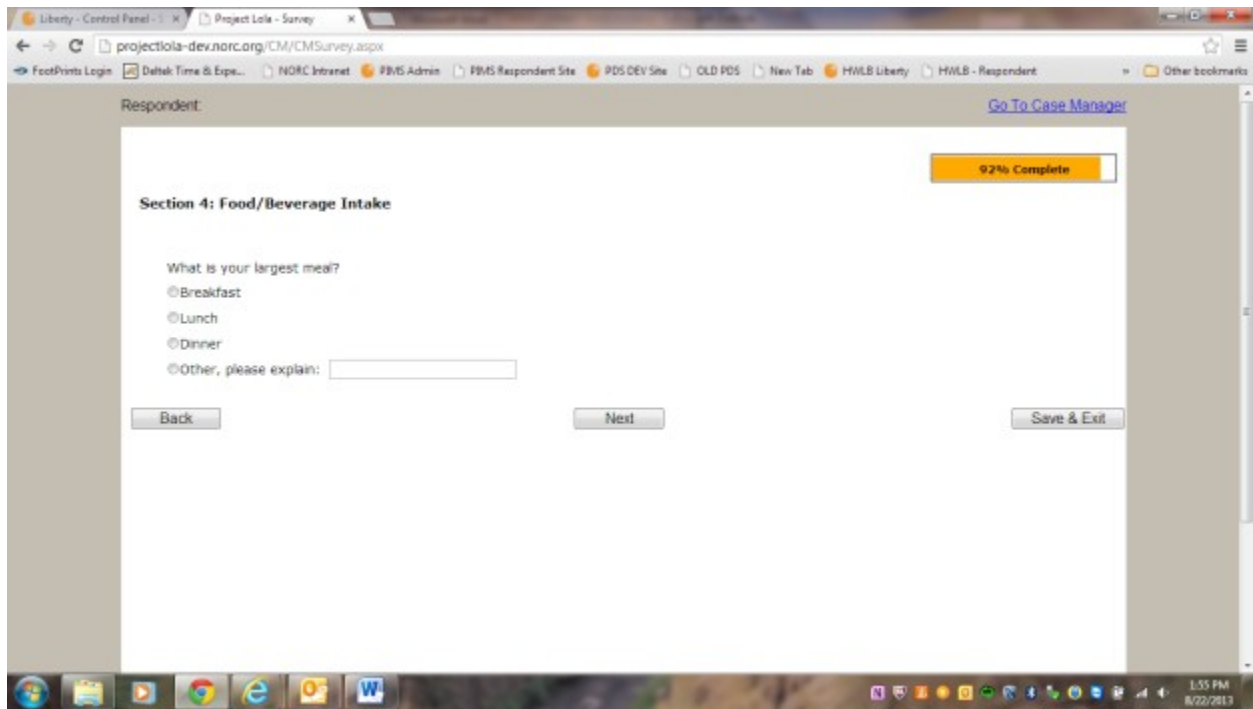
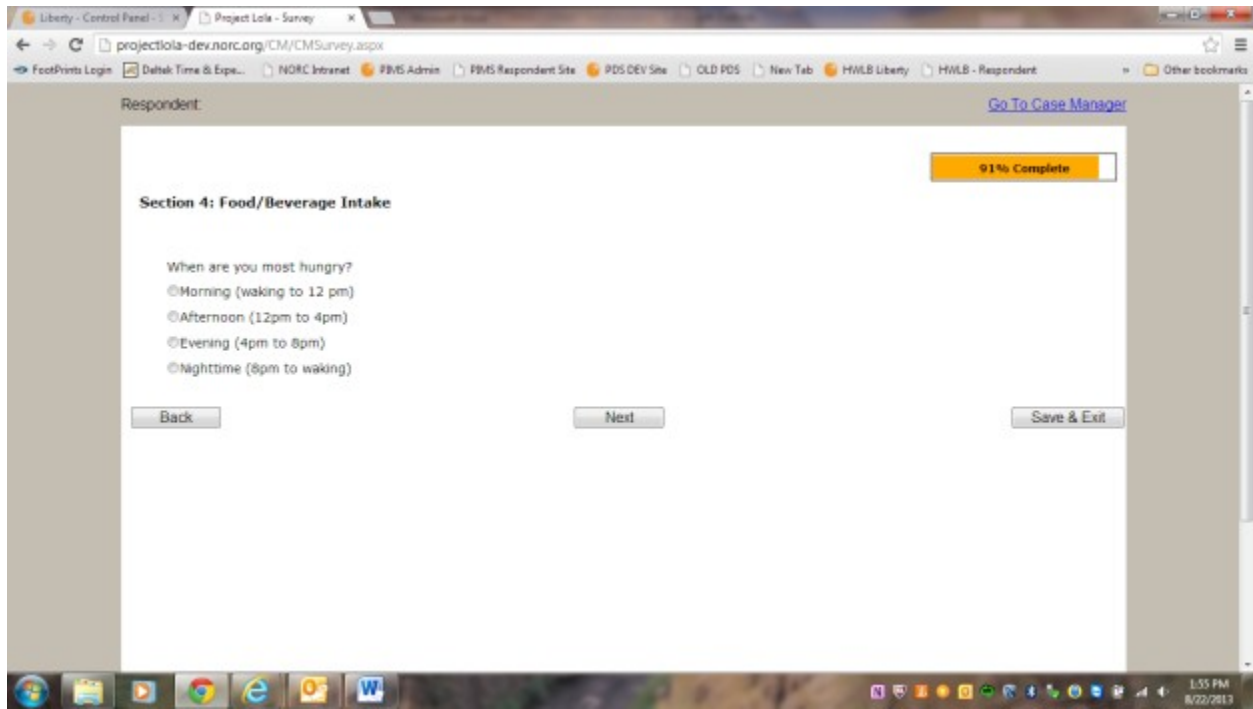
Yes
 No, Please explain:

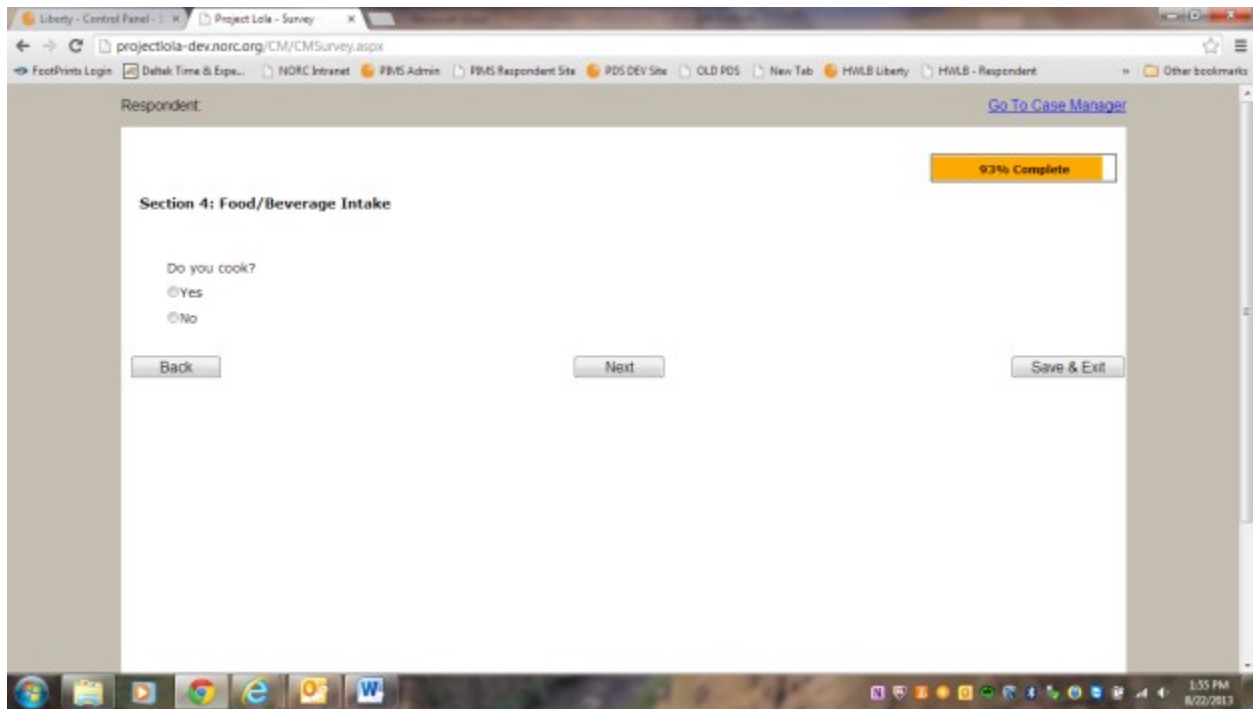
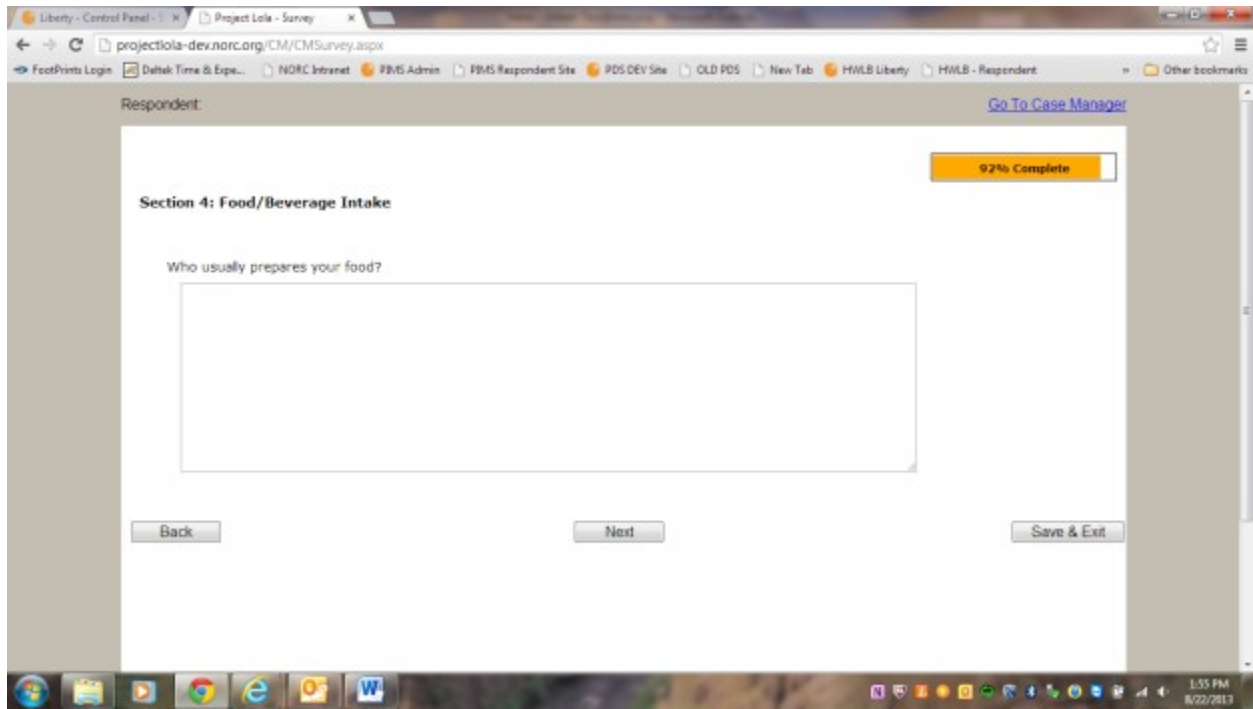
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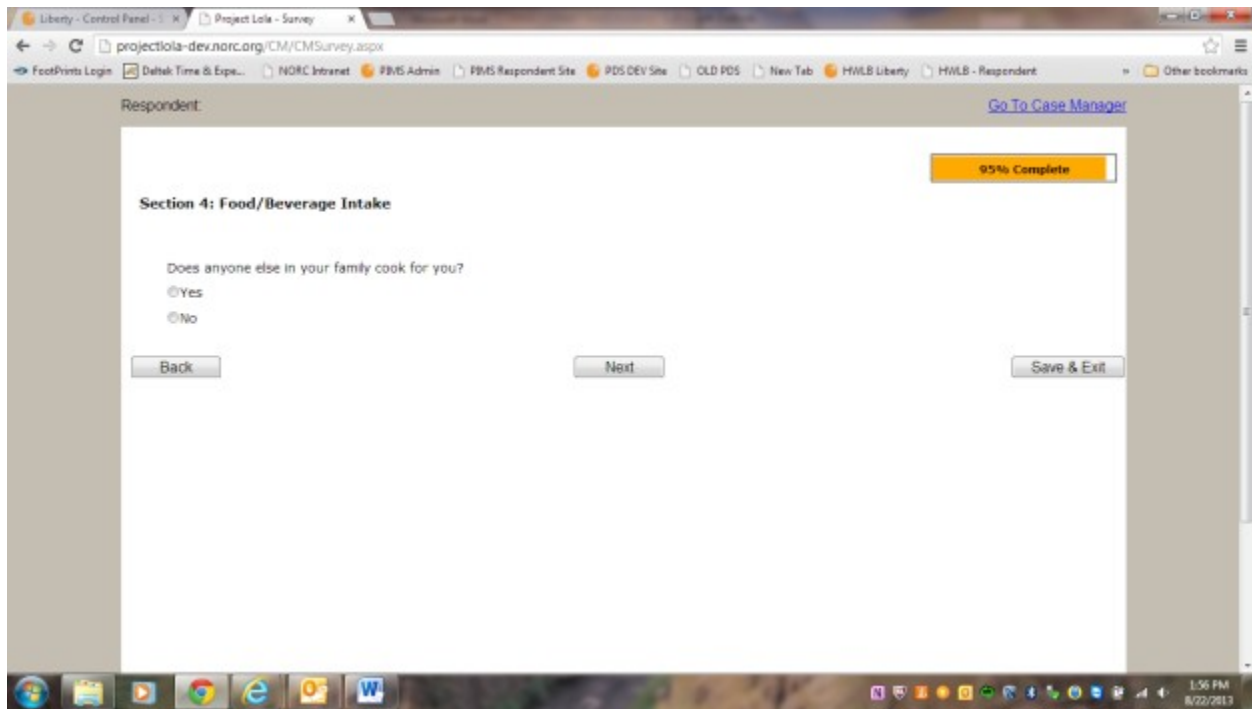
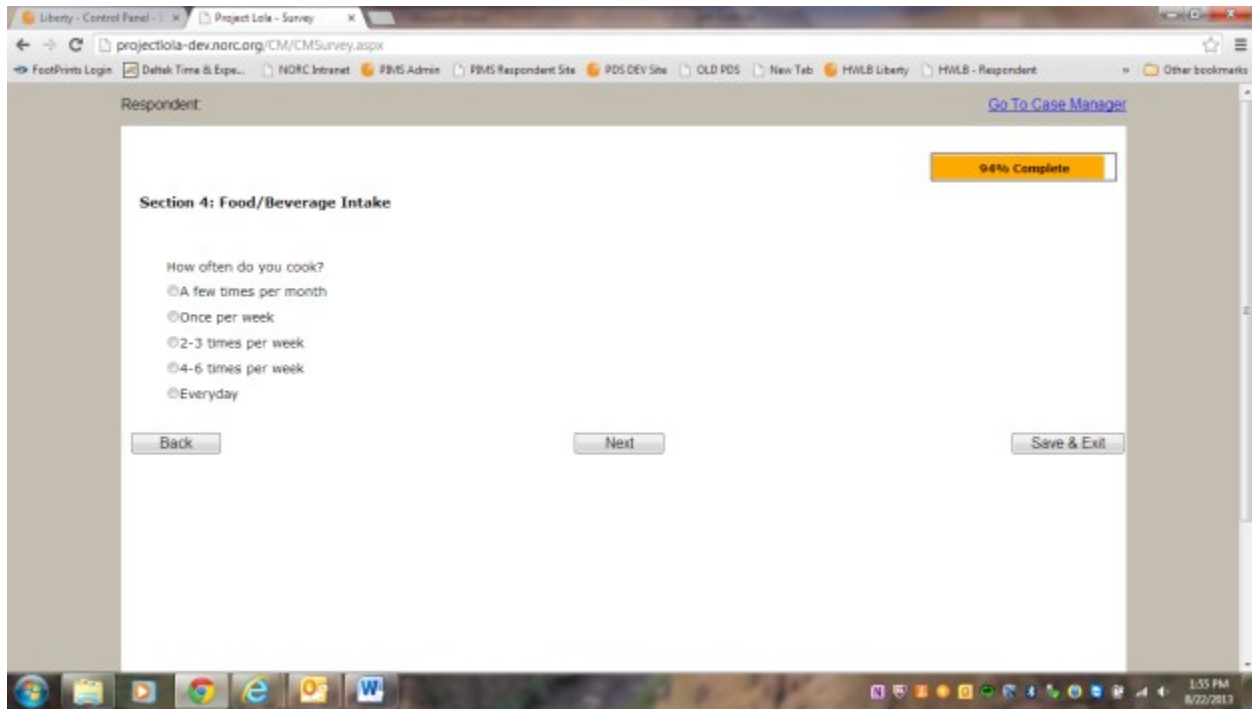












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Respondent: [Go To Case Manager](#)

96% Complete

Section 4: Food/Beverage Intake

Who usually does the grocery shopping and where do you or someone else shop?

Who does the grocery shopping:

Where you or he/she shops:

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projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login | Delta: Time & Epe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

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97% Complete

Section 4: Food/Beverage Intake

Is it difficult to obtain the foods you prefer eating?

Yes, please explain:

No

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