

**ATTACHMENT K:**

**Adolescent Diet Survey Instrument**

# FLASHE

Family Life, Activity, Sun,  
Health, and Eating Study

## Teen Diet Survey

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

### Survey Instructions

This information will help you answer the FLASHE Survey questions.

- Some parts of the survey are about you. Others are about your parents and family.
- *In this survey, "parent" means the adult who takes care of you.* It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.
- You'll need about 15 minutes to do the survey.
- Read all the answers before selecting a box. Please select only the box that best describes you or your family. There aren't any right or wrong answers.
- Try to answer all of the questions. The more questions you answer, the more we'll learn. If any question makes you uncomfortable, it's okay to skip it.

OMB #: 0925-XXXX  
Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by the National Cancer Institute (contact:

[FLASHESurvey@Westat.com](mailto:FLASHESurvey@Westat.com)) so we can learn about behaviors that might prevent cancer.

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## Section 1: Your Attitudes & Opinions

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

About how many servings of fruits and vegetables does the government recommend that teenagers should eat each day?

servings each day

I'm not really sure

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I feel confident in my ability to eat fruits and vegetables every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends eat fruits and vegetables most days of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

There are lots of reasons why people might eat fruits and vegetables every day. Please select how much you disagree or agree with how true each of these reasons is for YOU.

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I would feel bad about myself if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about it and decided that I want to eat fruits and vegetables every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would be upset with me if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is an important thing for me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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## Section 1: Your Attitudes & Opinions

There are lots of reasons why people might not eat fruits and vegetables as much as they'd like to. Please select how much you disagree or agree with how true each of these reasons is for YOU.

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
They often spoil before I get a chance to eat them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They aren't filling enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The restaurants I go to don't serve them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just don't think of fruits and vegetables when I'm looking for something to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are not packed in my lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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## Section 1: Your Attitudes & Opinions

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

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I feel confident in my ability to limit the amount of junk food and sugary drinks I eat and drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends eat junk food or drink sugary drinks on most days of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

There are lots of reasons why people might limit the amount of junk food and sugary drinks they have. Please select how much you disagree or agree with how true each of these reasons is for YOU.

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I would feel bad about myself if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about it and decided that I want to limit junk food and sugary drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others would be upset with me if I didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is an important thing for me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

There are lots of reasons you might start eating or continue eating when you aren't hungry. How often do YOU start or continue to eat when YOU'RE not hungry because...

	Never	Rarely	Sometimes	Often	Always
You feel sad or depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel anxious or nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

## Section 1: Your Attitudes & Opinions

These next questions are about how you regulate and manage your emotions. Please select how much you disagree or agree with each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
I keep my emotions to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling <b>positive</b> emotions, I am careful not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by <b>not expressing them</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling <b>negative</b> emotions, I make sure not to express them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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

When I see advertisements for foods or drinks...

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

[Clear Answers](#)

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## Section 2: What You Eat and Drink

These questions ask about what you DRANK DURING THE PAST 7 DAYS. Think about everything you drank from the time you got up until you went to bed. Be sure to count what you drank at home, work, restaurants or anywhere else. Also think about drinks you had in a can, bottle or glass.

**DURING THE PAST 7 DAYS, how many times did you drink SWEETENED FRUIT DRINKS and teas like Capri Sun, Sunny D, Arizona Tea, etc.?**

**DON'T COUNT 100% pure fruit juice or artificially sweetened or diet drinks.**

- I did not drink sweetened fruit drinks during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink 100% PURE FRUIT JUICE like orange, apple, grape, etc.?**

**DON'T COUNT fruit-flavored drinks with added sugar like Capri Sun, etc.**

- I did not drink 100% pure fruit juice during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink regular SODA or pop like Coke, Pepsi, Sprite, Dr. Pepper, etc.?**

**DON'T COUNT diet or zero calorie sodas.**

- I did not drink soda during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink ENERGY DRINKS like Rockstar, Red Bull, etc.? These drinks usually have caffeine.**

- I did not drink energy drinks during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink SPORTS DRINKS like Gatorade, Powerade, etc.?**

**DON'T COUNT low-calorie sports drinks like G2, Powerade Zero, etc.**

- I did not drink sports drinks during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink any WATER that is not sweetened like tap water, filtered water bottled water or sparkling water?**

- I did not drink water during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you drink MILK or have it on your cereal?**

**COUNT milk you drank at school.**

**COUNT other types of milk, like soy, rice, almond, etc.**

**DON'T COUNT flavored or sweetened milk OR small amounts of milk added to coffee or tea.**

- I did not drink milk during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

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## Section 2: What You Eat and Drink

These questions ask about the food you ATE DURING THE PAST 7 DAYS. Think about all the meals and snacks you ate from the time you got up until you went to bed. Be sure to count foods that you ate at home, work, restaurants or anywhere else.

**DURING THE PAST 7 DAYS, how many times did you eat FRUIT like apples, bananas, melon, etc.?**

**COUNT fresh, frozen, canned and dried fruit.**

**DON'T COUNT fruit juices.**

- I did not eat fruit during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

**DURING THE PAST 7 DAYS, how many times did you eat a GREEN SALAD, with or without other vegetables?**

- I did not eat green salad during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

**DURING THE PAST 7 DAYS, how many times did you eat FRIED POTATOES like French fries, tater tots, hash brown potatoes, etc.?**

- I did not eat fried potatoes during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

**DURING THE PAST 7 DAYS, how many times did you eat any OTHER KIND OF POTATOES that aren't fried like baked, boiled, mashed or potatoes used in soups and stews?**

- I did not eat non-fried potatoes during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

**DURING THE PAST 7 DAYS, how many times did you eat other NON-FRIED VEGETABLES like carrots, broccoli, collards, green beans, corn, etc.?**

**DON'T COUNT green salad or potatoes.**

- I did not eat non-fried vegetables during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

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## Section 2: What You Eat and Drink

**DURING THE PAST 7 DAYS, how many times did you eat refried beans, baked beans, pinto beans, black beans or other COOKED BEANS?**

**DON'T COUNT green beans or string beans.**

- I did not eat cooked beans during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat PIZZA like frozen, fast food or homemade pizza?**

- I did not eat pizza during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat tacos, burritos, nachos or other dishes like these?**

- I did not eat these dishes during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat foods that you HEAT AND SERVE or make from a box like fried mozzarella sticks, Hot Pockets, macaroni and cheese, etc.?**

**COUNT foods that are made at home or purchased out.**

- I did not eat foods that you heat and serve during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat PROCESSED MEAT like bologna or other kinds of lunch meat, hot dogs, bacon, etc.?**

- I did not eat processed meat during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat HAMBURGERS OR CHEESEBURGERS?**

**COUNT fast food burgers like Big Macs, Whoppers, etc.**

- I did not eat hamburgers or cheeseburgers during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)



## Section 2: What You Eat and Drink

**DURING THE PAST 7 DAYS, how many times did you eat FRIED CHICKEN like chicken nuggets, breaded chicken strips or breaded chicken patties?**

**COUNT only chicken that has been fried.**

- I did not eat fried chicken during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat WHOLE GRAIN BREAD like toast, rolls or sandwich bread?**

**COUNT whole wheat, rye, oatmeal and pumpernickel bread.**

**DON'T COUNT white bread.**

- I did not eat whole grain bread during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat brown rice, whole grain/whole wheat pasta, or other COOKED WHOLE GRAINS?**

**COUNT bulgur, cracked wheat and millet.**

**DON'T COUNT white rice or regular pasta.**

- I did not eat cooked whole grains during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat any type of CANDY OR CHOCOLATE?**

**COUNT** candy bars, lollipops/suckers, sour candies, etc.

**DON'T COUNT** sugar-free candy.

- I did not eat candy or chocolate during the past 7 days
- 1 – 3 times in the past 7 days
- 4 – 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat cookies, cakes, cupcakes, doughnuts, brownies, pop-tarts, etc.?**

**COUNT** homemade and packaged treats like Little Debbie, Hostess Twinkies, etc.

- I did not eat any of these during the past 7 days
- 1 – 3 times in the past 7 days
- 4 – 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

**DURING THE PAST 7 DAYS, how many times did you eat ice cream or other FROZEN DESSERTS like frozen yogurt, ice cream bars, etc.?**

**DON'T COUNT** sugar-free kinds.

- I did not eat frozen desserts during the past 7 days
- 1 – 3 times in the past 7 days
- 4 – 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

[Clear Answer](#)

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## Section 2: What You Eat and Drink

DURING THE PAST 7 DAYS, how many times did you eat regular POTATO CHIPS, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.?

DON'T COUNT baked varieties and don't count pretzels.

- I did not eat chips during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

DURING THE PAST 7 DAYS, how many times did you eat SUGARY CEREALS like Cap'n Crunch, Froot Loops, Frosted Flakes, etc.?

DON'T COUNT non-sugarcoated kinds like Shredded Wheat or regular Cheerios.

- I did not sugary cereals during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

DURING THE PAST 7 DAYS, how many times did you eat NON-SUGARY CEREALS like regular Cheerios, Chex, Corn Flakes, etc.?

DON'T COUNT sugary cereals like Froot Loops or Frosted Flakes.

- I did not eat non-sugarcoated cereals during the past 7 days
- 1 - 3 times in the past 7 days
- 4 - 6 times in the past 7 days
- 1 time per day
- 2 times per day
- 3 or more times per day

Clear Answer

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## Section 3: Food Away from Home

Are there vending machines at your school?

- Yes
- No

Clear Answer

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## Section 3: Food Away from Home

Do they sell sodas, salty snacks and/or candy?

- Yes
- No

Clear Answer

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### Section 3: Food Away from Home

Does your school have working water fountains or dispensers?

- No, none work
- Yes, only a few
- Yes, widely available
- There are no water fountains or dispensers

[Clear Answer](#)

Think about the local area around your school, within a 10-15 minute walk in any direction. Do you have any of the following in walking distance from your school? Please select all that apply.

	Yes	No
Convenience/corner store/small grocery store/bodega	<input type="radio"/>	<input type="radio"/>
Supermarket/mid-size grocery store	<input type="radio"/>	<input type="radio"/>
Fruit/vegetable market/Farmer's market/ co-op/Community Supported Agriculture (CSA)	<input type="radio"/>	<input type="radio"/>
Fast food restaurant	<input type="radio"/>	<input type="radio"/>
Non-fast food restaurant	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

IF YES, how often do you go?

	Not available	Never	Rarely	Sometimes	Often	Always
Convenience/corner store/small grocery store/bodega	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supermarket (or mid-size grocery store)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit/vegetable market/Farmer's market/ co-op/Community Supported Agriculture (CSA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-fast food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

During the past 7 days, ON HOW MANY DAYS did you eat at least one meal or snack AWAY FROM HOME at...

	On 0 days	On 1 day	On 2 days	On 3 days	On 4 days	On 5 days	On 6 days	On 7 days
A fast food restaurant like McDonald's, Taco Bell or KFC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A full service pizza restaurant like Pizza Hut, Godfather's or Cici's Pizza?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A convenience store like 7 Eleven or Express Mart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A full service restaurant like Red Lobster, TGI-Fridays, Chili's or an independent restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

## Section 4: Food in Your Home

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

Again, "PARENT" means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.

Please think about the evening meals eaten AT YOUR HOME in the past 7 days. On how many of the past 7 days was the evening meal...

	On 0 days	On 1 day	On 2 days	On 3 days	On 4 days	On 5 days	On 6 days	On 7 days
Purchased from a fast food restaurant and eaten <b>at home</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivered to your <b>home</b> like pizza or Chinese food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made from a <b>heat and serve</b> or box meal like Spaghetti-O's, a microwave meal or frozen pizza, and eaten <b>at home</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked from scratch or a recipe and eaten <b>at home</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

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

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

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## Section 5: Family Meals

For these next questions, think about meal times with your family.

Please select how much you disagree or agree with each of the statements listed below.  
In my family...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
It is important that we eat at least one meal a day together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We often watch TV while eating dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often eat alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Section 6: Your Preferences

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

Please select one box for how much you **DISLIKE** or **LIKE** each of the drinks and foods listed below.

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
Sweetened fruit drinks and teas like Capri Sun, Sunny D, Arizona Tea, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular soda or pop, like Coke, Pepsi, Sprite, Dr. Pepper, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any water that is not sweetened like tap water, filtered water, bottled water or sparkling water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit like apples, bananas, melon, etc. <b>Count</b> fresh, frozen, canned or dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A green salad, or other non-fried vegetables like carrots, broccoli, green beans, corn, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How much do you disagree or agree with the statement listed below?

I eat a healthy diet.

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

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## Section 8: Your Parents

Again, "PARENT" means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.

How much do you disagree or agree with each of the statements listed below regarding **WHAT YOUR PARENT(S) SAY AND DO** when it comes to eating fruits and vegetables?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
My parent(s) buy fruits and vegetables for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) try to eat fruits and vegetables when I'm around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) encourage me to try different kinds of fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) and I decide together how many fruits and vegetables I have to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) have to make sure that I eat enough fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) make me eat fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for my parent(s) to make rules about how many fruits and vegetables I can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Your Parents

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

How much do you disagree or agree with each of the statements listed below regarding WHAT YOUR PARENT(S) SAY AND DO when it comes to eating junk food or drinking sugary drinks?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
If I've had a bad day, my parents let me have junk food or sugary drinks to make me feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) don't buy a lot of junk food or sugary drinks for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) try to avoid eating junk food or drinking sugary drinks when I'm around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) and I decide together how much junk food or sugary drinks I can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) have to make sure that I don't eat too much junk food or drink too many sugary drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) decide how much junk food or sugary drinks I can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for my parent(s) to make rules about how much junk food or sugary drinks I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
My parent(s) expect me to follow family rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) don't like me to tell them my troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) respect my privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) make most of the decisions about what I can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my parent(s) to help me out if I have a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) let me get away with things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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