

**ATTACHMENT J:**

**Adult Diet Survey Instrument**

# FLASHE

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

## Parent 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.

- In the first part of the survey we will ask questions about you. In the second part, we will ask questions about your teenager, [adolescent name].
- 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.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

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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 adults should eat each day?

servings each day

I'm not really sure

Please select how much you disagree or agree with this statement:

I feel confident in my ability to eat fruits and vegetables every day.

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

[Clear Answer](#)

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 cost too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 take too much time to prepare	<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"/>
My family doesn't like them	<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"/>
Fruits contain too much sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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 this statement:

I feel confident in my ability to limit the amount of junk food and sugary drinks I eat and drink.

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

[Clear Answer](#)

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"/>

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## 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 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

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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](#)

**Organic foods are grown and processed without the use of toxic pesticides and fertilizers.**

**DURING THE PAST 7 DAYS, how many times did you eat ORGANIC FRUITS OR VEGETABLES?**

- I did not eat organic fruits or 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](#)

### Section 3: Food Away from Home

In the past month, how often did you get food from the following places:

	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"/>
Supermarket/mid-size grocery store	<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"/>
Warehouse club store (such as Sam's Club or Costco) or Discount superstore (such as Wal-Mart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

Think about your neighborhood, which is the local area around your home, within a 10-15 minute walk in any direction. Which of the following do you have in your neighborhood? Please select all that apply.

	Yes	No
Convenience/corner store/small grocery store/bodega	<input type="radio"/>	<input type="radio"/>
Supermarket (or 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](#)

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

During the past 7 days, ON HOW MANY DAYS did you eat at least one meal or snack 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](#)

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## 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 [adolescent name] have lived for most of the time in the PAST 12 MONTHS.

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"/>

[Clear Answers](#)

These next questions are about the food eaten in your household in the PAST 12 MONTHS and whether you were able to afford the food you needed.

For each of the statements below, please select whether the statement was NEVER true, SOMETIMES true, or OFTEN true for you or someone in your household in the PAST 12 MONTHS.

We worried whether our food would run out before we got money to buy more.

- Never true
- Sometimes true
- Often true

[Clear Answer](#)

The food that we bought just didn't last, and we didn't have money to get more.

- Never true
- Sometimes true
- Often true

[Clear Answer](#)

## 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, it is important that we eat at least one meal a day together.

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

[Clear Answer](#)

In my family, we often watch TV while eating dinner.

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

[Clear Answer](#)

How often do you read the detailed food labels or nutrition facts?

- Never
- Rarely
- Sometimes
- Often
- Always

[Clear Answer](#)

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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"/>

[Clear Answers](#)

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## Section 7: General Information About You

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

Are you currently receiving food stamp assistance, such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)?

- Yes  
 No  
 I don't know

Clear Answer

Does your teenager currently receive free or reduced price lunch at school?

- Yes  
 No  
 I don't know

Clear Answer

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## Section 8: Your Teenager

This next part of the survey asks you to think about [adolescent name]'s eating habits. Remember to answer only for [adolescent name].

How much do you disagree or agree with each of the statements listed below regarding your views on fruits and vegetables for [adolescent name]?

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

Clear Answers

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## Section 8: Your Teenager

These questions ask about junk food and sugary drinks that your teenager 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 your views on junk food and sugary drinks for [adolescent name]?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
If my teenager has a bad day, I let him/her have junk food and sugary drinks to feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't buy a lot of junk food or sugary drinks for my teenager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to avoid eating junk food or drinking sugary drinks when my teenager is around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teenager and I decide together how much junk food or sugary drinks he/she can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to make sure that my teenager doesn'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"/>
I decide how much junk food or sugary drinks my teenager can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's okay for me to make rules about how much junk food or sugary drinks my teenager can have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear Answers](#)

Now think in general about how you parent [adolescent name]. 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 expect my teenager to follow family rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like for my teenager to tell me his/her troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I respect my teenager's privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make most of the decisions about what my teenager can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teenager can count on me if he/she has a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I let my teenager 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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