Form Approved

OMB No. 0920-xxxx

Expiration Date: xx/xx/xxxx

High School Student Dietary Behavior Validation Study

Attachment L2

Dietary Behavior Questionnaire for the Validation Study

1. How old are you?
2. 12 years old or younger
3. 13 years old
4. 14 years old
5. 15 years old
6. 16 years old
7. 17 years old
8. 18 years old or older
9. What is your sex?
10. Female
11. Male
12. In what grade are you?
13. 9th grade
14. 10th grade
15. 11th grade
16. 12th grade
17. Ungraded or other grade
18. What is your race? (Select one or more responses.)
19. American Indian or Alaska Native
20. Asian
21. Black or African American
22. Hispanic or Latino
23. Middle Eastern or North African
24. Native Hawaiian or Other Pacific Islander
25. White

**The next 3 questions ask about food you ate yesterday. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

1. Yesterday, how many times did you eat fruit? Do not count juice.
2. I did not eat fruit yesterday
3. 1 time
4. 2 times
5. 3 or more times
6. Yesterday, how many times did you eat vegetables? Include all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. Do not count French fries or chips.
7. I did not eat vegetables yesterday
8. 1 time
9. 2 times
10. 3 or more times
11. Yesterday, how many times did you eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? Do **not** count green beans.
12. I did not eat beans yesterday
13. 1 time
14. 2 times
15. 3 or more times

**The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

1. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
2. I did not drink 100% fruit juice during the past 7 days
3. 1 to 3 times during the past 7 days
4. 4 to 6 times during the past 7 days
5. 1 time per day
6. 2 times per day
7. 3 times per day
8. 4 or more times per day
9. During the past 7 days, how many times did you eat fruit? (Do **not** count fruit juice.)
10. I did not eat fruit during the past 7 days
11. 1 to 3 times during the past 7 days
12. 4 to 6 times during the past 7 days
13. 1 time per day
14. 2 times per day
15. 3 times per day
16. 4 or more times per day
17. During the past 7 days, how many times did you eat **green salad**?
18. I did not eat green salad during the past 7 days
19. 1 to 3 times during the past 7 days
20. 4 to 6 times during the past 7 days
21. 1 time per day
22. 2 times per day
23. 3 times per day
24. 4 or more times per day
25. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count French fries, fried potatoes, or potato chips.)
26. I did not eat potatoes during the past 7 days
27. 1 to 3 times during the past 7 days
28. 4 to 6 times during the past 7 days
29. 1 time per day
30. 2 times per day
31. 3 times per day
32. 4 or more times per day
33. During the past 7 days, how many times did you eat **carrots**?
34. I did not eat carrots during the past 7 days
35. 1 to 3 times during the past 7 days
36. 4 to 6 times during the past 7 days
37. 1 time per day
38. 2 times per day
39. 3 times per day
40. 4 or more times per day
41. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
42. I did not eat other vegetables during the past 7 days
43. 1 to 3 times during the past 7 days
44. 4 to 6 times during the past 7 days
45. 1 time per day
46. 2 times per day
47. 3 times per day
48. 4 or more times per day
49. During the past 7 days, how many times did you drink an energy drink, such as Red Bull, Monster, or Rockstar? (Do **not** count diet energy drinks or sports drinks such as Gatorade or Powerade.)
50. I did not drink energy drinks during the past 7 days
51. 1 to 3 times during the past 7 days
52. 4 to 6 times during the past 7 days
53. 1 time per day
54. 2 times per day
55. 3 times per day
56. 4 or more times per day