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Global Opinion Panels

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FAB STUDY FOOD ATTITUDES AND BEHAVIORS SURVEY ANNOTATED VERSION

Dear Panel Member,

These questions are for the person whose age and gender appears above. This may be you. Please make sure the appropriate person in your household answers these questions. It is very important that only that person answers the questions.

TO THE PERSON WHOSE AGE AND SEX APPEAR ABOVE:

Today I would like to invite you to participate in an important study about how people like you make decisions about what to eat and drink. This study is sponsored by the National Institutes of Health (NIH). As a thank-you, you will receive \$5.00 after completing this mail survey.

Please try to complete and return the survey within the next **7 days**. The results of this survey will help make an important contribution to the goal of better understanding the food choices people make.

The survey includes a wide range of questions about you and your attitudes and opinions regarding food. It is extremely important that you answer the survey questions carefully and accurately. The best responses to the questions are those that describe your situation.

Please carefully read the instructions at the beginning of each section. You will find that most of the questions can be answered by marking an "X" in the box that best expresses your answer.

Your participation in this survey is completely voluntary. Please know that your responses will be kept confidential as required by law, and will not be shared with anyone not involved with conducting the study. Neither your name nor any other information about your identity will be provided to the sponsors of this survey. The information you provide will be combined with information from everyone that participates in the study before delivering it to the **National Institutes of Health**. **You may skip any question that you prefer not to answer. This survey should take about 25 minutes to complete.**

Thank you so much for helping with this important survey. I'm looking forward to receiving your answers. A postage-paid envelope is provided for your convenience.

Cordially,

Marie Brighton
Panel Director

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 25 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 Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0560). Do not return completed form to this address.

	STRONGLY DISAGREE 1	2	3	4	STRONGLY AGREE 5	DOES NOT APPLY
I don't pay attention to government recommendations about what I should eat Q2DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be religious Q2EE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to purchase fruits and vegetables in my neighborhood Q2FF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I eat out, it is easy for me to get fruits and vegetables Q2GG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For each statement listed, put an "X" in the box that best indicates how much you personally agree or disagree with that statement. Use the scale of 1 (Strongly Disagree) to 5 (Strongly Agree). ("X" ONE BOX ON EACH LINE)

I don't eat fruits and vegetables as much as I like to because:	STRONGLY DISAGREE 1	2	3	4	STRONGLY AGREE 5
They cost too much Q3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They often spoil before I get a chance to eat them Q3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They take too much time to prepare Q3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are not filling enough Q3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family doesn't like them Q3E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The restaurants I go to don't serve fruit Q3F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The restaurants I go to don't serve vegetables Q3G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble digesting them Q3H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know how to choose fresh fruits and vegetables Q3I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I just don't think of fruits and vegetables when I'm looking for something to eat Q3J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too messy Q3K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. About how many **CUPS** of fruits and vegetables does the government recommend that adults should eat each day? (CHOOSE ONLY ONE ANSWER)

I am really not sure **Q4NS** OR **Q4CUPS** _____ cups per day (WRITE IN NUMBER)

5. About how many **SERVINGS** of fruits and vegetables does the government recommend that adults should eat each day? (CHOOSE ONLY ONE ANSWER)

I am really not sure **Q5NS** OR **Q5SERV** _____ servings per day (WRITE IN NUMBER)

6. When you were growing up, which **BEST** describes how often you ate fruit? ("X" ONE BOX) **Q6**

More than once a day More than once a week A few times a month
 About once a day Once a week Rarely or never

7. When you were growing up, which **BEST** describes how often you ate vegetables? ("X" ONE BOX) **Q7**

More than once a day More than once a week A few times a month
 About once a day Once a week Rarely or never

8. When you were growing up, which **BEST** describes your overall physical activity patterns, that is, engaging in activities such as biking, swimming, team sports, brisk walking, etc.? ("X" ONE BOX) **Q8**

Not at all active Fairly active Extremely active
 A little active Very active

9. For each of the following foods, please indicate whether you consider it to be a vegetable, fruit, or something else. ("X" ONE BOX ON EACH LINE)

	VEGETABLE	FRUIT	SOMETHING ELSE	NOT SURE
Black beans Q9A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketchup Q9B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice Q9C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grape jelly Q9D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes Q9E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tofu Q9F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheat Q9G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes Q9H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is the name of the **CURRENT** national campaign to eat fruits and vegetables? (“X” ONE BOX) **Q10**

- Don't know
- “Fruits and Vegetables: Way to Health”
- “3 a Day for Healthy Bones”
- “Fruits and Veggies: More Matters”
- “5 a Day for Better Health”

SECTION 2 – YOUR HEALTH

11. In general, would you say your health is ... (“X” ONE BOX) **Q11**

- Excellent
- Very Good
- Good
- Fair
- Poor

12. What is your height and weight without shoes? (WRITE IN)

Height: Q12FT _____ Feet Q12IN _____ Inches

Weight: Q12WT _____ Pounds

13. How do you describe your weight? (“X” ONE BOX) **Q13**

- | | | | | |
|--------------------------|-----------------------------|-------------------------------|----------------------------|--------------------------|
| <u>VERY UNDERWEIGHT</u> | <u>SLIGHTLY UNDERWEIGHT</u> | <u>ABOUT THE RIGHT WEIGHT</u> | <u>SLIGHTLY OVERWEIGHT</u> | <u>VERY OVERWEIGHT</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Are you currently trying to gain weight, lose weight, or neither? (“X” ONE BOX) **Q14**

- | | | |
|--------------------------|--------------------------|--------------------------|
| <u>GAIN WEIGHT</u> | <u>LOSE WEIGHT</u> | <u>NEITHER OF THESE</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. How often have you worried about your overall health in the past year? (“X” ONE BOX) **Q15**

- Not at all
- A little
- Somewhat ..
- Quite a bit...
- All the time....

16. How much has worrying about your health led you to change the way you ate in the past year? (“X” ONE BOX) **Q16**

- Not at all
- A little
- Somewhat ..
- Quite a bit...
- All the time....

17. Have you smoked at least 100 cigarettes in your entire life? One hundred cigarettes is equal to 5 packs. (“X” ONE BOX) **Q17**

- Yes → (CONTINUE TO QUESTION 18)
- No } (SKIP TO QUESTION 19)
- Don't know/Not sure

18. Do you now smoke cigarettes every day, some days, or not at all? (“X” ONE BOX) **Q18**

- Every day
- Some days
- Not at all

SECTION 3 – SHOPPING

19. Who is the primary food shopper(s) in your household? The primary food shopper(s) is the person(s) who does the grocery shopping most often. (“X” ONE BOX) **Q19**

- I am
- We take turns
- A parent
- Spouse or partner.....
- We go together.....
- Someone else.....

20. Where does the primary food shopper(s) go grocery shopping? (“X” ALL THAT APPLY)

- | | |
|--|---|
| Large chain grocery store or supermarket Q20A <input type="checkbox"/> | Discount superstore (such as Wal-Mart) Q20F <input type="checkbox"/> |
| Natural or organic supermarket Q20B (such as Whole Foods Market) <input type="checkbox"/> | Online delivery (such as Peapod or Fresh Direct) Q20G <input type="checkbox"/> |
| Small local store or corner store Q20C <input type="checkbox"/> | Ethnic market Q20H <input type="checkbox"/> |
| Convenience store (such as 7-Eleven or mini market) Q20D <input type="checkbox"/> | Farmer's market/co-op Q20I <input type="checkbox"/> |
| Warehouse club store (such as Sam's Club or Costco) Q20E <input type="checkbox"/> | Don't know Q20J <input type="checkbox"/> |

21. How often does the primary food shopper(s) go out of their way or make a special effort to go to a particular store to buy fresh or high quality fruits or vegetables? ("X" ONE BOX) Q21

- More than once a week .. Every other week .. Every other month... Yearly or not at all ...
- Once a week..... Once a month 2-3 times a year Don't know.....

22. In the summer, how often does the primary food shopper(s) get fruits and vegetables from a farmer's market, roadside stand, pick-your-own produce farm or Community Supported Agriculture (CSA)? Q22 ("X" ONE BOX)

- More than once a week .. Every other week .. Less than once a month or not at all....
- Once a week..... Once a month Don't know

SECTION 4 – WHAT YOU EAT AND DRINK

23. On average, about how many cups of bottled or tap water do you drink each day? (8 oz. of water is equal to one cup. One standard 16 oz. bottle of water equals 2 cups.) ("X" ONE BOX) Q23

- None..... 1-3 cups 4-7 cups..... 8 or more cups

24. How often do you eat pre-washed/ pre-cut fruits and vegetables such as bags of salad, baby carrots, or cut-up fruit? ("X" ONE BOX. DO NOT COUNT FROZEN OR CANNED FRUITS AND VEGETABLES.) Q24

- More than once a week .. Every other week .. Every other month... Yearly or not at all ...
- Once a week..... Once a month 2-3 times a year Don't know.....

25. How often do you get drinks from coffee places such as Starbucks, Caribou Coffee, and others? ("X" ONE BOX.) Q25

- One or more times a day Once a week Once a month 2-3 times a year.....
- More than once a week .. Every other week .. Every other month... Yearly or not at all ..

26. How many times a week do you usually eat a meal from a fast food restaurant like McDonald's, Burger King, Wendy's, Taco Bell, Pizza Hut, etc.? Consider breakfast, lunch, and dinner. Q26

(WRITE IN NUMBER) _____ Meals per week

27. How many times a week do you eat a meal while watching television? Consider breakfast, lunch, and dinner. Q27

(WRITE IN NUMBER) _____ Meals per week

28. How many times a week do you eat dinner sitting around a table with family or friends? Q28

(WRITE IN NUMBER) _____ Dinners per week

The next two questions ask about cups of fruits and vegetables. The following boxes provide some examples of how much counts as one cup.

1 cup of fruit could be:

- 1 small apple
- 1 large banana
- 1 large orange
- 8 large strawberries
- 1 medium pear
- 2 large plums
- 32 seedless grapes
- 1 cup (8 oz.) of 100% juice
- ½ cup of dried fruit
- 1 small wedge of watermelon (1 inch thick)

1 cup of vegetables could be:

- 3 broccoli spears, 5 in. long
- 1 cup of cooked leafy greens
- 2 cups of lettuce or raw greens
- 12 baby carrots
- 1 medium potato
- 1 large sweet potato
- 1 large ear of corn
- 1 large raw tomato
- 2 large celery stalks
- 1 cup of cooked beans

29. About how many cups of FRUIT (including 100% pure fruit juice) do you eat or drink each day? Q29 ("X" ONE BOX)

- None ½ to 1 cup 2-3 cups 4 cups or more
- ½ cup or less 1-2 cups 3-4 cups

30. About how many cups of VEGETABLES (including 100% vegetable juice) do you eat or drink each day?

("X" ONE BOX) **Q30**

None ½ to 1 cup 2-3 cups 4 cups or more
 ½ cup or less 1-2 cups 3-4 cups

31. Thinking about yourself, if you were to eat plenty of fruits and vegetables every day, how likely would you be to . . . ("X" ONE BOX ON EACH LINE, USING THE SCALE OF 1, NOT AT ALL LIKELY, TO 5, VERY LIKELY.)

	NOT AT ALL LIKELY 1	2	3	4	VERY LIKELY 5
Have more energy Q31A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live a long life Q31B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control your weight Q31C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look better (appearance) Q31D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be "regular" (have regular bowel movements) Q31E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel good about yourself Q31F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. The following questions are about what motivates you to eat fruits and vegetables. People have different reasons for eating fruits and vegetables, and we want to know how true the following reasons are for you. Please indicate the extent to which each reason is true for you, using the following 5-point scale. ("X" ONE BOX ON EACH LINE, USING THE SCALE OF 1, NOT TRUE AT ALL, TO 5, VERY TRUE.)

A reason I eat fruits and vegetables is...	NOT TRUE AT ALL 1	2	3	4	VERY TRUE 5
Because I want to feel in control of my health Q32A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I want to set a good example for my family Q32B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I have a strong value for eating healthy Q32C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I personally believe it is a good thing for my health Q32D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because others would be upset with me if I did not Q32E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I have carefully thought about it and believe it is very important for me Q32F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I would feel better about myself if I did eat a healthy diet Q32G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I would like to improve my physical health Q32H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is an important choice I really want to make Q32I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I feel pressure from others to eat fruits and vegetables Q32J ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is consistent with my life goals Q32K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I want others to approve of me Q32L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is important for being as healthy as possible Q32M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is easier to do what I am told than to think about it Q32N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I want others to see I can do it Q32O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I want to take responsibility for my own health Q32P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I want to set a good example for my community Q32Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is important to treat my body with respect Q32R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I don't want to let others down Q32S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 – PHYSICAL ACTIVITY

33. During the past month, did you participate in any physical activities or exercises such as running, basketball, gardening, dancing, or walking for exercise? ("X" ONE BOX) **Q33**

Yes
 No → (SKIP TO QUESTION 34a)

33a. In a typical week, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and heavy gardening? Moderate-intensity activities make you breathe somewhat harder than normal. ("X" ONE BOX) **Q33A**

None → (SKIP TO QUESTION 34a) 4 days per week
 1 day per week 5 days per week.....
 2 days per week 6 days per week.....
 3 days per week 7 days per week.....

33b. On the days that you do any physical activity or exercise of at least moderate intensity, how long are you typically doing these activities? (WRITE IN NUMBER BELOW).

(WRITE IN NUMBER) Q33B_HRS _____ Hours Q33B_MIN _____ Minutes

SECTION 6 – WHAT YOU ATE IN THE LAST MONTH

These questions are about the different kinds of foods you ate or drank during the LAST MONTH. Please include meals and snacks eaten at home, at work or school, in restaurants, or any place else.

34a. During the last month, how often did you drink 100% PURE FRUIT JUICE, such as orange, apple, and grape juices? Do NOT include fruit drinks with added sugar, like Kool-aid, lemonade, Gatorade, fruit punch, and cranberry cocktail. ("X" ONE BOX) Q34A

Never..... [] 5-6 times per week..... [] 4 times per day..... []
1-3 times last month..... [] 1 time per day..... [] 5 or more times per day..... []
1-2 times per week..... [] 2 times per day..... []
3-4 times per week..... [] 3 times per day..... []

34b. About how much did you have each time you drank 100% fruit juice? ("X" ONE BOX) Q34B

Did not drink 100% fruit juice in the last month ... [] 1 1/4 to 2 cups (10 to 16 ounces)..... []
Less than 3/4 cup (less than 6 ounces)..... [] More than 2 cups (more than 16 ounces)... []
3/4 to 1 1/4 cup (6 to 10 ounces)..... []

35a. During the last month, how often did you eat FRUIT? Count fresh, frozen, and canned fruit. Do NOT count juices. ("X" ONE BOX) Q35A

Never..... [] 5-6 times per week..... [] 4 times per day..... []
1-3 times last month..... [] 1 time per day..... [] 5 or more times per day..... []
1-2 times per week..... [] 2 times per day..... []
3-4 times per week..... [] 3 times per day..... []

35b. About how much did you have each time you ate fruit? ("X" ONE BOX) Q35B

Did not eat fruit in the last month..... [] About 1 cup or 1 large fruit..... []
Less than 1/2 cup or less than 1 medium fruit..... [] More than 1 cup or more than 1 large fruit... []
About 1/2 cup or 1 medium fruit..... []

36a. During the last month, how often did you eat lettuce or a green, leafy SALAD, with or without other vegetables? (INCLUDE SPINACH SALADS) ("X" ONE BOX) Q36A

Never..... [] 5-6 times per week..... [] 4 times per day..... []
1-3 times last month..... [] 1 time per day..... [] 5 or more times per day..... []
1-2 times per week..... [] 2 times per day..... []
3-4 times per week..... [] 3 times per day..... []

36b. About how much did you have each time you ate salad? ("X" ONE BOX) Q36B

Did not eat salad in the last month..... [] About 2 cups..... []
About 1/2 cup..... [] More than 2 cups..... []
About 1 cup..... []

37a. During the last month, how often did you eat FRENCH FRIES, home fries, or hash brown potatoes? ("X" ONE BOX) Q37A

Never..... [] 5-6 times per week..... [] 4 times per day..... []
1-3 times last month..... [] 1 time per day..... [] 5 or more times per day..... []
1-2 times per week..... [] 2 times per day..... []
3-4 times per week..... [] 3 times per day..... []

37b. About how much did you have each time you ate French fries, home fries, or hash brown potatoes? ("X" ONE BOX) Q37B

Did not eat fried potatoes in the last month..... [] About 2 cups (large order)..... []
About 1 cup or less (small order)..... [] About 3 cups or more (Super Size order or more).... []
About 1 1/2 cups (medium order)..... []

38a. During the last month, how often did you have other kinds of non-fried POTATOES? Count baked potatoes, boiled potatoes, mashed potatoes, and potato salad. (INCLUDE YAMS, SWEET POTATOES, RED-SKINNED, AND YUKON GOLD POTATOES) ("X" ONE BOX) Q38A

- Never..... 5-6 times per week..... 4 times per day.....
1-3 times last month..... 1 time per day..... 5 or more times per day.....
1-2 times per week..... 2 times per day.....
3-4 times per week..... 3 times per day.....

38b. About how much did you have each time you ate non-fried potatoes? ("X" ONE BOX) Q38B

- Did not eat other potatoes in the last month..... 1 to 1 1/2 cups (1 large potato).....
1/2 cup or less (1 small potato or less)..... 1 1/2 cups or more (2 medium potatoes or more).....
1/2 to 1 cup (1 medium potato).....

39a. During the last month, how often did you eat COOKED DRIED BEANS, such as refried beans, baked beans, bean soup, and pork and beans? Do NOT include green beans. ("X" ONE BOX) Q39A

- Never..... 5-6 times per week..... 4 times per day.....
1-3 times last month..... 1 time per day..... 5 or more times per day.....
1-2 times per week..... 2 times per day.....
3-4 times per week..... 3 times per day.....

39b. About how much did you have each time you ate COOKED DRIED BEANS? ("X" ONE BOX) Q39B

- Did not eat beans in the last month..... 1 to 1 1/2 cup.....
Less than 1/2 cup..... More than 1 1/2 cups.....
1/2 to 1 cup.....

The next two questions are about other vegetables. The following box provides some examples of how much counts as one cup.

1 cup of vegetables could be: 3 broccoli spears, 5 in. long; 1 cup of cooked leafy greens; 12 baby carrots; 1 large ear of corn; 1 large raw tomato; 2 large celery stalks

40a. During the last month, how often did you eat OTHER VEGETABLES? Examples of other vegetables include string beans, carrots, corn, peas, tomatoes, collard greens, and broccoli. (DO NOT COUNT LETTUCE SALADS, POTATOES, BEANS, RICE, OR ANYTHING YOU HAVE ALREADY COUNTED.) ("X" ONE BOX) Q40A

- Never..... 5-6 times per week..... 4 times per day.....
1-3 times last month..... 1 time per day..... 5 or more times per day.....
1-2 times per week..... 2 times per day.....
3-4 times per week..... 3 times per day.....

40b. About how much did you have each time you ate OTHER VEGETABLES? ("X" ONE BOX) Q40B

- Did not eat other vegetables in the last month.... 1 to 2 cups.....
Less than 1/2 cup..... More than 2 cups.....
1/2 to 1 cup.....

41a. During the last month, how often did you have TOMATO SAUCE, such as spaghetti sauce or pizza with tomato sauce? ("X" ONE BOX) Q41A

- Never..... 5-6 times per week..... 4 times per day.....
1-3 times last month..... 1 time per day..... 5 or more times per day.....
1-2 times per week..... 2 times per day.....
3-4 times per week..... 3 times per day.....

41b. About how much did you have each time you ate TOMATO SAUCE? ("X" ONE BOX) Q41B

- Did not eat tomato sauce in the last month..... About 1 cup.....
About 1/4 cup..... More than 1 cup.....
About 1/2 cup.....

46. For each vegetable listed below, mark the number that best describes how much you like or dislike each type. (“X” ONE BOX ON EACH LINE, USING THE SCALE OF 1, STRONGLY DISLIKE, TO 5, STRONGLY LIKE.)

	STRONGLY DISLIKE				STRONGLY LIKE		NEVER TRIED IT
	1	2	3	4	5		
Tomatoes, tomato sauce Q46A.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Broccoli Q46B.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Spinach (cooked) Q46C.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Collards, turnip greens, or mustard greens (cooked) Q46D.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
String beans, green beans Q46E.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Asparagus Q46F.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Green, red, or yellow pepper Q46G.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Celery Q46H.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Cucumber Q46I.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Peas Q46J.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Lima, red, pinto, kidney, lentils, and other beans Q46K.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Squash, zucchini Q46L.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Brussels sprouts Q46M.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Cauliflower Q46N.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Okra Q46O.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Corn Q46P.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Carrots Q46Q.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Green salad Q46R.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Yams, sweet potatoes Q46S.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Baked potatoes, mashed potatoes, or potato salad Q46T.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

47. Which, if any, of the following foods do you NOT eat? (“X” ALL THAT APPLY)

- Red meat..... Carbs or starchy foods Added fat such as butter, oil, or mayo
- Q47A Q48D Q47G
- Pork Q47B..... Chicken/poultry Q47E..... Processed foods Q47H.....
- Fish Q47C..... Sweets or sugary foods..... I eat all of these things Q47I.....
- Q47F

SECTION 8 – GENERAL

Now that you’ve answered questions about fruits and vegetables, please tell me a little more about yourself and the other things you do.

48. Please tell me whether you consider each statement to be true or false. (“X” ONE BOX FOR EACH STATEMENT)

	TRUE	FALSE
I never hesitate to go out of my way to help someone in trouble Q48A.....	<input type="checkbox"/>	<input type="checkbox"/>
I have never intensely disliked anyone Q48B.....	<input type="checkbox"/>	<input type="checkbox"/>
There have been times that I was quite jealous of the good fortune of others Q48C.....	<input type="checkbox"/>	<input type="checkbox"/>
I would never think of letting someone else be punished for my wrong doings Q48D.....	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel resentful when I don’t get my way Q48E.....	<input type="checkbox"/>	<input type="checkbox"/>
There have been times when I felt like rebelling against people in authority, even though I knew they were right Q48F.....	<input type="checkbox"/>	<input type="checkbox"/>
I am always courteous, even to people who are disagreeable Q48G.....	<input type="checkbox"/>	<input type="checkbox"/>
When I don’t know something, I don’t at all mind admitting it Q48H.....	<input type="checkbox"/>	<input type="checkbox"/>
I can remember “playing sick” to get out of something Q48I.....	<input type="checkbox"/>	<input type="checkbox"/>
I am sometimes irritated by people who ask favors of me Q48J.....	<input type="checkbox"/>	<input type="checkbox"/>

