

FLASHE – Annotated Parent Diet Survey

Notes about this instrument:

- This annotated instrument is designed to provide question content, variable names, labels and response values. It does NOT represent the actual survey completed by respondents because skip patterns and other programming for web-based administration are not presented. For a full list of variables included in each dataset, as well as missing data codes, please reference the codebook. Screen shots of the surveys as administered are available upon request at: email nciflashe@mail.nih.gov
- The variable information in all capitals is the VARIABLE NAME. Following the variable name is the VARIABLE LABEL.
- Survey instrument is indicated by the starting letters of the variable name:
 - T = Teen Demographic survey
 - TD = Teen Diet survey
 - TP = Teen Physical Activity Survey
 - P = Parent Demographic Survey
 - PD = Parent Diet Survey
 - PP = Parent Physical Activity Survey
- Some variables were constructed to facilitate data analyses. These variables are indicated by variable names beginning with “X.” Some of these X variables can be found in this instrument and others can be found in the codebook.
- Federal Laws govern the protection of individual respondents participating in federally-sponsored studies and surveys. In order to ensure that FLASHE was in compliance with these regulations, a risk assessment study was conducted. Data that was determined to pose too great a risk of exposure for personal identifiable information to respondents were modified to ensure confidentiality. The types of changes made included:
 - Recoding some responses to combine response categories due to small cell sizes. Variable names that include “RC” have been recoded.
 - Removing some data from the public use dataset. These data are indicated with the statement “*Information not available on the public use dataset*”.

Section 1: Your Attitudes & Opinions

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

1. Please select how much you disagree or agree with this statement:
I feel confident in my ability to eat fruits and vegetables every day.
[PDEFFV: PD_EfficacyFV](#)
 - 1 Strongly disagree
 - 2 Somewhat disagree
 - 3 Neither disagree nor agree
 - 4 Somewhat agree
 - 5 Strongly agree

2. 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
a. I would feel bad about myself if I didn't PDMFVBAD: PD_MotivationFV_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to eat fruits and vegetables every day PDMFVWANT: PD_MotivationFV_WantToEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't PDMFVUPST: PD_MotivationFV_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It's an important thing for me to do PDMFVIMPT: PD_MotivationFV_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

PDKNFV: PD_KnowFV

_____ servings each day

- I'm not really sure.
PDKNFVNS: PD_KnowFV_NotSure
0 Not checked
1 Checked

4. 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
a. They cost too much PDBFVCOST: PD_BarrierFV_CostTooMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. They often spoil before I get a chance to eat them PDBFVSPL: PD_BarrierFV_SpoilBeforeEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. They take too much time to prepare PDBFVPREP: PD_BarrierFV_TimeToPrepare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. They aren't filling enough PDBFVNTFL: PD_BarrierFV_NotFillingEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My family doesn't like them PDBFVFMNL: PD_BarrierFV_FamilyNotLike	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The restaurants I go to don't serve them PDBFVREST: PD_BarrierFV_RestaurantNotServe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Fruits contain too much sugar PDBFVSUGR: PD_BarrierFV_FruitMuchSugar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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.

5. 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.

[PDEFFFB: PD_EfficacyFB](#)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither disagree nor agree
- 4 Somewhat agree
- 5 Strongly agree

6. 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
a. I would feel bad about myself if I didn't PDMFBBAD: PD_MotivationFB_FeelBadMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have thought about it and decided that I want to limit junk food and sugary drinks PDMFBWANT: PD_MotivationFB_WantToLimit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Others would be upset with me if I didn't PDMFBUPST: PD_MotivationFB_OthersUpset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. It's an important thing for me to do PDMFBIMPT: PD_MotivationFB_ImportantToDo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. 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
a. You feel sad or depressed? PDENHSAD: PD_EatNoHunger_Sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. You feel anxious or nervous? PDENHANX: PD_EatNoHunger_Anxious	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. 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
a. I keep my emotions to myself PDEMKPSELF: PD_EmotionReg_KeepToMyself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. When I am feeling POSITIVE emotions, I am careful not to express them PDEMPOSNE: PD_EmotionReg_PositiveNotExpress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I control my emotions by NOT EXPRESSING THEM PDEMCNTNE: PD_EmotionReg_ControlNotExpress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. When I am feeling NEGATIVE emotions, I make sure not to express them PDEMNEGNE: PD_EmotionReg_NegativeNotExpress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. 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
a. I want to try the advertised foods or drinks PDAADTRY: PD_Ads_WantToTry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I think the advertised foods or drinks will taste good. PDADTASTE: PD_Ads_WillTasteGood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I trust the messages advertised PDADTRUST: PD_Ads_TrustMessages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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.

13. 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.

[PDBFRUTDRK: PD_Bev_FruitDrink](#)

- 1 I did not drink sweetened fruit drinks during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

14. 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.

[PDBFRUTJC: PD_Bev_FruitJuice](#)

- 1 I did not drink 100% pure fruit juice during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

15. 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.

[PDBSODA: PD_Bev_Soda](#)

- 1 I did not drink soda during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

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

[PDBENERGY: PD_Bev_EnergyDrink](#)

- 1 I did not drink energy drinks during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

17. 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.

[PDBSPORT: PD_Bev_SportDrink](#)

- 1 I did not drink sports drinks during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

18. 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?

[PDBWATER: PD_Bev_Water](#)

- 1 I did not drink water during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

19. 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.

[PDBMILK: PD_Bev_Milk](#)

- 1 I did not drink milk during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

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.

20. 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.

[PDFFRUIT: PD_Food_Fruit](#)

- 1 I did not eat fruit during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

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

[PDFSALAD: PD_Food_Salad](#)

- 1 I did not eat green salad during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more times per day

22. DURING THE PAST 7 DAYS, how many times did you eat FRIED POTATOS like French fries, tater tots, hash brown potatoes, etc.?
[PDFPOTFRD: PD_Food_PotatoesFried](#)
- 1 I did not eat fried potatoes during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
23. DURING THE PAST 7 DAYS, how many times did you eat any OTHER KIND OF POTATOS that aren't fried like baked, boiled, mashed or potatoes used in soups and stews?
[PDFPOTOTH: PD_Food_PotatoesOther](#)
- 1 I did not eat non-fried potatoes during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
24. 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.
[PDFVEG: PD_Food_Vegetables](#)
- 1 I did not eat non-fried vegetables during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
25. 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.
[PDFBEANS: PD_Food_Beans](#)
- 1 I did not eat cooked beans during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
26. DURING THE PAST 7 DAYS, how many times did you eat PIZZA like frozen, fast food or homemade pizza?
[PDFPIZZA: PD_Food_Pizza](#)
- 1 I did not eat pizza during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
27. DURING THE PAST 7 DAYS, how many times did you eat tacos, burritos, nachos or other dishes like these?
[PDFTACOS: PD_Food_Tacos](#)
- 1 I did not eat these dishes during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day

28. 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.
[PDFHTSERV: PD_Food_HeatServe](#)
- 1 I did not eat foods that you heat and serve during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
29. 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.?
[PDFPROCMT: PD_Food_ProcessedMeat](#)
- 1 I did not eat processed meat during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
30. DURING THE PAST 7 DAYS, how many times did you eat HAMBURGERS OR CHEESEBURGERS? COUNT fast food burgers like Big Macs, Whoppers, etc.
[PDFBURGERS: PD_Food_Burgers](#)
- 1 I did not eat hamburgers or cheeseburgers during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
31. 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.
[PDFFRCHCKN: PD_Food_FriedChicken](#)
- 1 I did not eat fried chicken during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
32. 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.
[PDFWHGRBRD: PD_Food_WholeGrainBread](#)
- 1 I did not eat whole grain bread during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
33. 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.
[PDFWHGRCKD: PD_Food_WholeGrainCooked](#)
- 1 I did not eat cooked whole grains during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day

34. 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.
[PDFCANDY: PD_Food_Candy](#)
- 1 I did not eat candy or chocolate during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
35. 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.
[PDFCAKE: PD_Food_Cake](#)
- 1 I did not eat any of these during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
36. 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.
[PDFDESSERT: PD_Food_Desserts](#)
- 1 I did not eat frozen desserts during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
37. DURING THE PAST 7 DAYS, how many times did you eat regular POTATOS CHIPS, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.? DON'T COUNT baked varieties and don't count pretzels.
[PDFCHIPS: PD_Food_Chips](#)
- 1 I did not eat chips during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
38. 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.
[PDFCERSUGR: PD_Food_CerealSugar](#)
- 1 I did not eat sugary cereals during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day
39. 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.
[PDFCERNOSUG: PD_Food_CerealNoSugar](#)
- 1 I did not eat non-sugarcoated cereals during the past 7 days
 - 2 1 – 3 times in the past 7 days
 - 3 4 – 6 times in the past 7 days
 - 4 1 time per day
 - 5 2 times per day
 - 6 3 or more times per day

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

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

[PDFORGCV: PD_Food_OrganicFV](#)

- 1 I did not eat organic fruits or vegetables during the past 7 days
- 2 1 – 3 times in the past 7 days
- 3 4 – 6 times in the past 7 days
- 4 1 time per day
- 5 2 times per day
- 6 3 or more per day

Section 2: Food Away From Home

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

	Never	Rarely	Sometimes	Often	Always
a. Convenience/corner store/small grocery store/bodega PDFSCONV: PD_FoodShop_ConvenienceStore	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Supermarket/mid-size grocery store PDFSSUPRMKT: PD_FoodShop_Supermarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Fruit/vegetable market/Farmer’s market/ co-op/Community Supported Agriculture (CSA) PDFSMKTCSA: PD_FoodShop_MarketCSA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Warehouse club store (such as Sam’s Club or Costco) or Discount superstore (such as Wal-Mart) PDFSWAREHS: PD_FoodShop_WarehouseStore	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

42. 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
a. Convenience/corner store/small grocery store/bodega PDANCONV: PD_AvailNbhd_ConvenienceStore	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Supermarket (or mid-size grocery store) PDANSUPRMKT: PD_AvailNbhd_Supermarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Fruit/vegetable market (or Farmer’s market/ co-op/Community Supported Agriculture (CSA) PDANMKTCSA: PD_AvailNbhd_MarketCSA	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Fast food restaurant PDANFASTFD: PD_AvailNbhd_FastFoodRest	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Non-fast food restaurant PDANNFASTFD: PD_AvailNbhd_NonFastFood	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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.

43. 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. A fast food restaurant like McDonald's, Taco Bell or KFC? PDMAFASTFD: PD_MealsAway_FastFoodRest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. A full service pizza restaurant like Pizza Hut, Godfather's or CiCi's Pizza? PDMAPIZZA: PD_MealsAway_PizzaRest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. A convenience store like 7-Eleven or Express Mart? PDMACONV: PD_MealsAway_ConvenienceStore	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. A full service restaurant like Red Lobster, TGI-Fridays, Chili's or an independent restaurant? PDMAFSREST: PD_MealsAway_FullServiceRest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Section 3: Food in Your Home

The next few questions ask about food in your home. For this survey, home means the place where you and {TEEN} have lived for most of the time in the PAST 12 MONTHS.

44. 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
a. Purchased from a fast food restaurant and eaten AT HOME? PDMHFASTFD: PD_MealsHome_FastFood	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Delivered to your HOME like pizza or Chinese food? PDMHDELIVR: PD_MealsHome_Delivered	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Made from a HEAT AND SERVE or box meal like Spaghetti-O's, a microwave meal or frozen pizza, and eaten AT HOME? PDMHHTSERV: PD_MealsHome_HeatServe	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Cooked from scratch or a recipe and eaten AT HOME? PDMHCOOK: PD_MealsHome_Cooked	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

45. How often are the following foods and drinks available in your home?
- | | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Fruits or vegetables
PDAFV: PD_Avail_FV | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Sweets like candy, cookies, cake, ice cream, etc.
PDASWEET: PD_Avail_Sweets | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Sugary drinks like regular soda, sports drinks, fruit drinks, sweetened teas and other drinks with added sugar
PDASUGRDRK: PD_Avail_SugarDrinks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.
PDACHIPS: PD_Avail_Chips | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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.

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

PDFSRUNOUT: PD_FoodSecurity_FoodRunOut

- 1 Never true
 2 Sometimes true
 3 Often true

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

PDFSNOTLAST: PD_FoodSecurity_FoodNotLast

- 1 Never true
 2 Sometimes true
 3 Often true

Section 4: 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.

48. In my family, it is important that we eat at least one meal a day together.

PDFMTOGTHR: PD_FamilyMeals_EatTogether

- 1 Strongly disagree
 2 Somewhat disagree
 3 Neither disagree nor agree
 4 Somewhat agree
 5 Strongly disagree

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

PDFMTV: PD_FamilyMeals_WatchTV

- 1 Strongly disagree
 2 Somewhat disagree
 3 Neither disagree nor agree
 4 Somewhat agree
 5 Strongly disagree

For the following question, please select how often you read food labels or nutrition facts.

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

[PDFOODLBL: PD_FoodLabels](#)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

Section 5: Your Preferences

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

51. 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
a. Sweetened fruit drinks and teas like Capri Sun, Sunny D, Arizona Tea, etc. PDPFRUTDRK: PD_Pref_FruitDrink	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Regular soda or pop, like Coke, Pepsi, Sprite, Dr. Pepper, etc. PDPSODA: PD_Pref_Soda	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Any water that is not sweetened like tap water, filtered water, bottled water or sparkling water PDPWATER: PD_Pref_Water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Fruit like apples, bananas, melon, etc. Count fresh, frozen, canned or dried fruit PDPFRUIT: PD_Pref_Fruit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. A green salad, or other non-fried vegetables like carrots, broccoli, green beans, corn, etc. PDPVEG: PD_Pref_Vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section 6: 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.

52. 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)?

[PDFDSTAMP: PD_FoodStamp](#)

- 1 Yes
- 2 No
- 3 I don't know

53. Does {TEEN} currently receive free or reduced price lunch at school?

[PDFRPL: PD_FRPL](#)

- 1 Yes
- 2 No
- 3 I don't know

Section 7: Your Teenager

This next part of the survey asks you to think about {TEENS}'s eating habits. Remember to answer only for {TEEN}.

54. How much do you disagree or agree with each of the statements listed below regarding your views on fruits and vegetables for {TEEN}?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I have to make sure that my teenager eats enough fruits and vegetables PDPFVENGH: PD_ParentingFV_EatEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I buy fruits and vegetables for my teenager PDPFVBUY: PD_ParentingFV_Buy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I try to eat fruits and vegetables when my teenager is around PDPFVTRYEAT: PD_ParentingFV_TryToEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I encourage my teenager to try different kinds of fruits and vegetables PDPFVTRYVAR: PD_ParentingFV_TryVariety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My teenager and I decide together how many fruits and vegetables he/she has to eat PDPFVDECIDE: PD_ParentingFV_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I make my teenager eat fruits and vegetables PDPFVMKEAT: PD_ParentingFV_MakeEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It's okay for me to make rules about how many fruits and vegetables my teenager can have PDPFVMKRULE: PD_ParentingFV_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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.

55. How much do you disagree or agree with each of the statements listed below regarding your views on junk food and sugary drinks for {TEEN}?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. If my teenager has a bad day, I let him/her have junk food and sugary drinks to feel better PDPFBBADDAY: PD_ParentingFB_BadDay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I don't buy a lot of junk food or sugary drinks for my teenager PDPFBNOTBUY: PD_ParentingFB_NotBuyAlot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I try to avoid eating junk food or drinking sugary drinks when my teenager is around PDPFBVOID: PD_ParentingFB_TryToAvoid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My teenager and I decide together how much junk food or sugary drinks he/she can have PDPFBDECIDE: PD_ParentingFB_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I have to make sure that my teenager doesn't eat too much junk food or drink too many sugary drinks PDPFBNOTEAT: PD_ParentingFB_NotEatTooMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I decide how much junk food or sugary drinks my teenager can have PDPFBPARDEC: PD_ParentingFB_MeDecideHowMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It's okay for me to make rules about how much junk food or sugary drinks my teenager can have PDPFBMKRULE: PD_ParentingFB_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5