

Appendix A: The survey

Q1.

Project Title: Impacts of the COVID-19 Pandemic on Eating Habits and Behaviours in Canada Among Post-Secondary Students

Supervising Investigator: Dr. Nota Klentrou, Professor
Department of Kinesiology
Brock University
Email: nklentrou@brocku.ca

INVITATION

You are invited to participate in a research study to explore how the COVID-19 pandemic has impacted eating habits and behaviour patterns before, during and after the start of stay-at-home, social distancing strategies and closure of outdoor recreation areas in mid-March, 2020 in Canada. It also explores the impact of the closure of outdoor recreation areas on your perceptions of your mental, physical and overall health.

ELIGIBILITY

To be eligible to participate in this study you must:

- Attended a Canadian University for undergraduate studies during the 2019/2020 school year,
- Be a minimum age of 18 years old, and;
- Be residing within Canada for the COVID-19 pandemic,

WHAT'S INVOLVED

As a participant, you will be asked to complete an online survey. Participation will take approximately 30-60 minutes of your time.

POTENTIAL BENEFITS AND RISKS

You may benefit from this study by having the chance to reflect on your eating habits and behaviors, outdoor recreation and mental health practices, and contemplate the importance of these factors in your life and overall wellbeing. You may also learn about nutrition, managing stress and outdoor recreation opportunities by considering the scope and range of resources available in Canada. Finally, aggregated findings from this study will be shared with government agencies, land managers, and private service providers in hopes of informing future decisions about the importance of nutrition and dietary habits and behaviour during restriction and public closures. This will benefit both decision-makers and participants. Findings will also inform the scholarly understanding of dietary habits and behaviour, and outdoor recreation and how access (or lack of access) to public and outdoor recreation areas impacts people.

There may also be risks associated with participation. You may feel some emotional stress when reflecting on loss of access to outdoor recreation and public areas, or COVID-19 circumstances. If you feel undue stress, you should contact your local or provincial mental health service provider or telehealth agency for assistance.

CONFIDENTIALITY

All information you provide is considered confidential; your name will not be included or, in any other way, associated with the data collected in the study. Furthermore, because our interest is in the average responses of the entire group of participants, you will not be identified individually in any way in written reports of this research. To protect your privacy, we recommend you complete the survey in a private location and clear your browser cache after submitting the survey. Data collected during this study will be electronically stored indefinitely on the researchers' computers in a password protected file as it may be necessary to allow the data to be used for future comparative purposes by our group or by colleagues, students, or other researchers. After the completion of the study, hardcopy files will be stored for 5 years, after which all of the hardcopy data will be deleted.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time and may do so without any penalty or loss of benefits to which you are entitled. If you choose to withdraw, simply close your browser window and do not return to the survey website. If you choose to withdraw and do not want any data you've provided included in the study, you can email Madison Bell with the date, approximate time, and approximate question at which you stopped the survey. This will compromise anonymity, but allow the researchers to find your file and delete it from the database.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals, presented at conferences, and shared with governmental agencies. Feedback about this study will be available upon completion. You may request an executive summary of the research at the end of the survey by entering an email address where indicated. This will not be connected to your survey responses and only be used to send the executive summary to you.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Madison Bell, Principal Student Investigator, using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University [File #_____]. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035

Thank you for your assistance in this project. You may download a copy of this form here ([Consent form.pdf](#)) if you would like one for your records.

Please **Select** the appropriate button to indicate whether you would or would not wish to participate in this questionnaire. If you select the "I do not agree" to participate, this survey will close.

- I AGREE to participate in this study and complete the survey. I confirm I am an undergraduate student enrolled at a Canadian post-secondary University for the 2019/20 school year, that I am 18 years of age or older, and am residing in Canada during the COVID-19 pandemic. I understand that I do not have to answer any question that I am uncomfortable answering and that I may end my participation at any time. I understand my responses are anonymous, confidential and may be stored for later research. Selecting this button and clicking the arrow at the bottom of the page will start the survey.
- I DO NOT AGREE to participate in this study and complete the survey at this time. I am aware that I can return to this link and complete it at another time. Selecting this button and clicking the arrow at the bottom of the page will close the survey.

Q2. This survey is best completed on a laptop or computer, as some questions have a wider format. If you are on a mobile device you will be able to continue with the survey, it may just take you a few minutes longer to complete.

Specification of terminology:

*Prior to/before the COVID-19 pandemic, will stand for meaning the time period before the World Health Organization declared a global pandemic and before Canada began experiencing restrictions due to the pandemic, therefore any time before March 13th of 2020.

*During the COVID-19 pandemic, will stand for meaning the time period after the World Health Organization declared a global pandemic and Canada began experiencing restrictions due to the pandemic, therefore any time after March 13th of 2020.

Q3. This survey should take you approximately 30-45 minutes to complete.

A reminder that all answers are anonymous and confidential.

There are three sections:

1. Background: demographic, physical activity and stress level questions
2. Eating Behaviours: questions regarding reasons for eating/not eating
3. Food Frequency Questionnaire: a valid and reliable questionnaire for estimating food intake and nutrition profiles

Q4.

SECTION 1: The following questions are to provide us with some background on your demographic, your current living situation and lifestyle, as well as looking to compare with prior to COVID-19 (before restrictions). Please answer each question with the option that best represents you.

Q5. What age bracket do you fall into as of today?

- 18-24
- 25-39
- 40-59
- 60+

Q6. What is your sex?

- Male
- Female
- Intersex

Q7. What is your race/ethnicity?

Q8. Estimated height in feet and inches? (e.g. 5'7")

Q9. Estimated weight in pounds (lbs)?

Q10. Year of study for the 2019/2020 school year?

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5+

Q11.
PRIOR to the COVID-19 pandemic, wherein Canada did you reside while attending school?

- Ontario
- Quebec
- Prairies (Saskatchewan or Manitoba)
- West Coast (B.C. or Alberta)
- East Coast (Nova Scotia, New Brunswick, P.E.I., Newfoundland and Labrador)
- Territories (Northwest, Nunavut, Yukon)
- Did not live in Canada Prior to COVID-19

Q12.

DURING the COVID-19 pandemic, wherein Canada do you reside currently?

- Ontario
- Quebec
- Prairies (Saskatchewan or Manitoba)
- West Coast (B.C. or Alberta)
- East Coast (Nova Scotia, New Brunswick, P.E.I., Newfoundland and Labrador)
- Territories (Northwest, Nunavut, Yukon)

Q13. Please select which best describes your situation. (select all that apply)

	PRIOR to COVID-19 (before March 2020)	DURING COVID-19 (March 2020-today)
Living alone	<input type="radio"/>	<input type="radio"/>
Living with family or a significant other	<input type="radio"/>	<input type="radio"/>
Living with friends or roommates	<input type="radio"/>	<input type="radio"/>
Living in an apartment/condo/residence	<input type="radio"/>	<input type="radio"/>
Living in a house/duplex	<input type="radio"/>	<input type="radio"/>
Have access to a yard/backyard	<input type="radio"/>	<input type="radio"/>
Have access to a gym	<input type="radio"/>	<input type="radio"/>
Have access to a pool/lake	<input type="radio"/>	<input type="radio"/>
Employed	<input type="radio"/>	<input type="radio"/>

Q14.

Please indicate if you have ever been diagnosed with/experience any of the following conditions on a regular basis (select all that apply).

- | | |
|--|--|
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Osteoporosis/Osteopenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Broken bone |
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Crohns/Ulcerative Colitis |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Asthma |

- Chest pain or shortness of breath
- Irritable Bowel Syndrome
- Ulcer
- Thyroid conditions
- Celiac disease

- Diabetes
- Cancer
- Food allergies
- Other allergies

Q15.
PRIOR to COVID-19 restrictions, how often did you use/consume any of the following (select all that apply):

	Never	Rarely	Sometimes	Fairly Often	Very Often
Marijuana	<input type="radio"/>				
Other Recreational Drugs	<input type="radio"/>				
Cigarettes	<input type="radio"/>				
Vapes/E-Cigarettes	<input type="radio"/>				
Alcohol	<input type="radio"/>				

Q16.
DURING the COVID-19 restrictions, how often did you use/consume any of the following (select all that apply):

	Never	Rarely	Sometimes	Fairly Often	Very Often
Marijuana	<input type="radio"/>				
Other Recreational Drugs	<input type="radio"/>				
Cigarettes	<input type="radio"/>				
Vapes/E-Cigarettes	<input type="radio"/>				
Alcohol	<input type="radio"/>				

Q17.
 Over the past 3 months have you noticed any of the following within yourself? (select all that apply).

- Minor weight gain (0-10 pounds)
- Major weight gain (10+ pounds)
- Minor weight loss (0-10 pounds)
- Major weight loss (10+ pounds)

Increased appetite

Decreased appetite

No change in appetite

No change in weight

Q18.

Comparing **before COVID-19** to **during COVID-19**; answer based on the change in how often you participate in the following:

	Less than before	Same as before	More than before
Walking the dog or going for a walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light/moderate running or jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate/high intensity running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Lifting/ Resistance Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
“At-home” workouts, Yoga, Pilates, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Sports (volleyball, soccer, tennis, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sport Specific training(s) (drills, strength and conditioning, sport practices, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19. Based on the last 3 months rank the following from MOST stressful at the top, to LEAST stressful at the bottom. (click, hold and drag to move).

Financial stress (e.g. loss of employment, lack of income, paying bills, affording rent/tuition, etc.)

Social stress (e.g. social media, social distancing restrictions, lack of socialization, restrictions of public areas such as parks, beaches, restaurants, gyms, beauty salons, etc.)

Emotional stress (e.g. mental health, family and or friends afflicted by COVID-19)

Physical Stress (e.g. diagnosed with COVID-19 yourself, lack of physical activity, extreme weight changes, overall health, healthcare restrictions such as medical appointments, therapies or surgeries, etc.)

Workplace stress: (e.g. being a frontline/essential worker, working from home/career changes/ business issues due to COVID-19, etc.)

Stress due to change (e.g. school moved online, lack of available resources, children out of school/ finding childcare, transportation restriction, change of living environment/living arrangements such as moving in with parents, roommates, etc.)

Q20.

SECTION 2: The following questions are to provide us with some background on your current eating behaviours and habits. Please answer each question with the option that best represents you as of today.

Q21. Eating Behaviours

	Never	Rarely	Sometimes	Often	Always
Do you try to eat less than you would like to eat?	<input type="radio"/>				
How often do you refuse food or drink offered because you are concerned about your weight?	<input type="radio"/>				
Do you watch exactly what you eat?	<input type="radio"/>				
Do you deliberately eat foods that are slimming?	<input type="radio"/>				
Do you deliberately eat less in order not to become heavier?	<input type="radio"/>				
How often do you eat to put on weight?	<input type="radio"/>				
How often do you use supplements to put on weight?	<input type="radio"/>				
Do the restrictions put in place during the pandemic influence your eating habits?	<input type="radio"/>				

Q22. SECTION 3: The following series of questions are about foods you usually eat.

Think about your intake since the start of the COVID-19 restrictions (Mid March 2020) to today. This includes all meals or snacks, at home, in restaurants or take-out. You will be asked specifics such as how often, followed by how much.

*If you don't eat a food (select 'never'), and the following question will ask how much you consume of it, leave that question blank and move on to the next one.

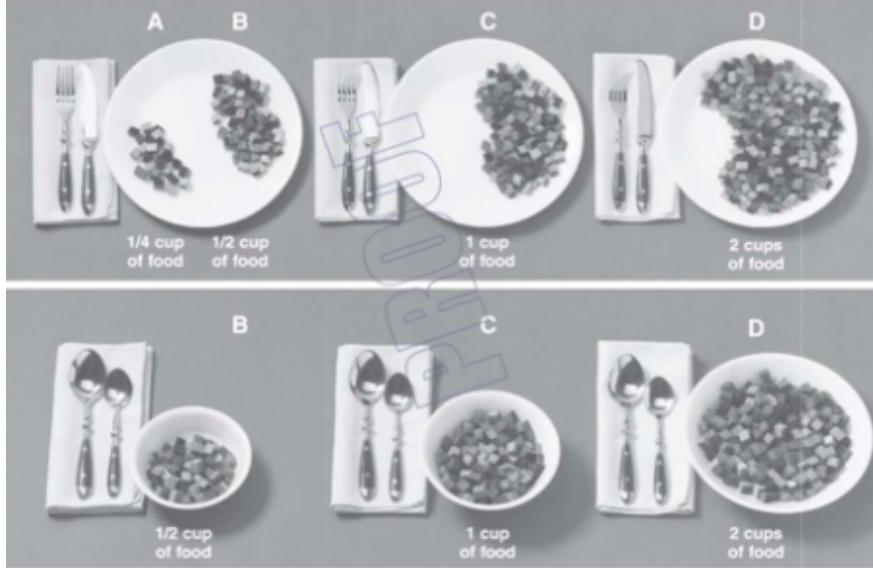
A portion size chart will be given at the beginning of each page to help you visualize different amounts in bowls and or plates.

A=1/4 Cup of Food

B=1/2 Cup of Food

C=1 Cup of Food

D=2 Cups of Food



Q40. SOUPS, MIXED DISHES, and NOODLES

	How Often?									How much on those days? (see portion size pictures for A-B-C-D)		
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	B	C	D
Split pea, bean, or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable soup, vegetable beef soup, or tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other soup, including chicken noodle, cream soups, Cup-A-Soup, ramen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	B	C	D
Macaroni and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti, lasagna, other pasta with tomato sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other noodles like plain pasta, pasta salad, soap seca	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

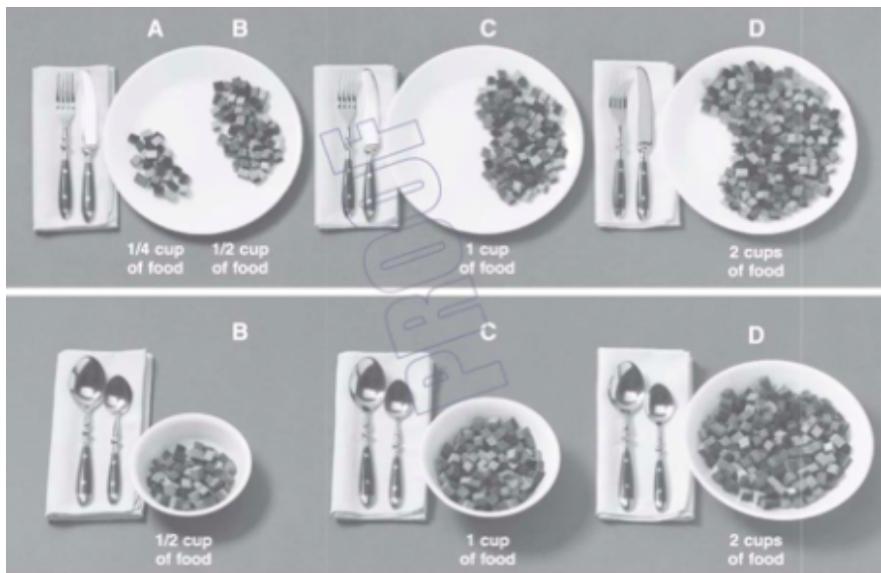
Q41. SOUPS, MIXED DISHES, and NOODLES

	How Often?									How many on those days?			
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	1	2	3	4
Pizza or pizza pockets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other chicken or turkey dish, like chicken stew or curry, chicken salad, stir-fry, Chinese chicken dishes

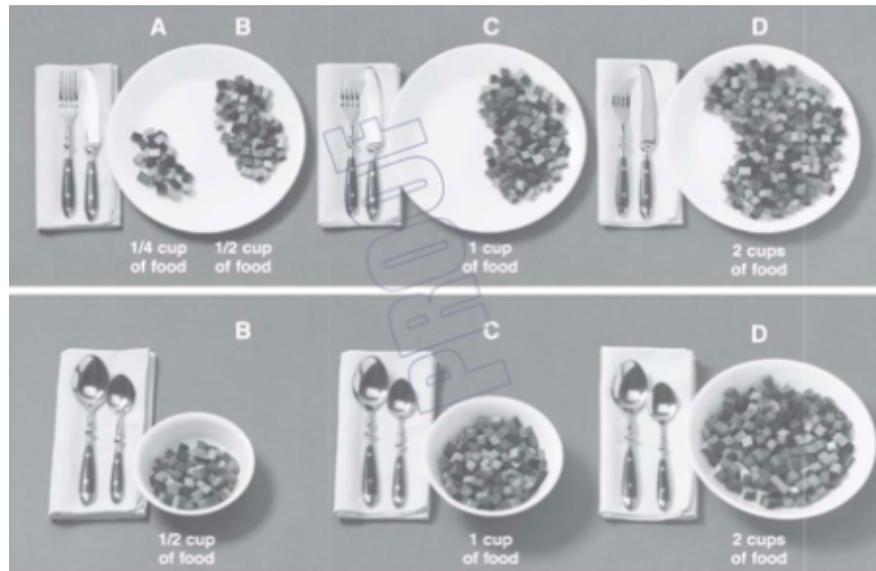
Q44. MEAT and CHICKEN

	How Often?									How many on those days?				
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	1 small	1 Large	2 pcs or 6 nuggets	3	4
Hamburgers, cheeseburgers, turkey burger, at home or from a 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs or dinner sausage like Polish, Italian, chicken apple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slices of lunch meats like bologna, sliced ham, sliced turkey, salami	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	1 small	1 Large	2 pcs or 6 nuggets	3	4
Fried chicken, including chicken fingers, chicken nuggets, wings, chicken patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Click to write Statement 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q46. FISH, SEAFOOD

	How Often?									How much on those days? (see portion size pictures for A-B-C-D)			
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	A	B	C	D
Oysters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish like shrimp, scallops, crab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna, tuna salad, tuna casserole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	A	B	C	D
Salmon, mackerel, sea bass, trout, sardines, herring, (without breading)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish, fish sticks, fish sandwich, breaded fillets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q48. NUTS, SEEDS, SNACKS

	How Often?									How much on those days? (see portion size pictures for A-B-C-D)			
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	A	B	C	D
Peanuts, sunflower seeds, other nuts or seeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole grain crackers, like Wheat Thins, RyeKrisp, Ryvita, Wasa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other cracker like saltines, Ritz, Cheese-Its, cheese-filled pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	A	B	C	D
Tortilla chips or corn chips, like Fritos, Doritos, corn nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other snack chips, like potato chips, Cheetos, Chex mix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q49. NUTS, SEEDS, SNACKS

	How Often?										How much on those days?				
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	1/2	1	2	3	4	
Peanut butter or other nut butters (tbsps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breakfast bars, cereal bars, granola bars (not energy or protein bars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q50. NUTS, SEEDS, SNACKS

	How Often?										How much on those days?			
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	1 tbsp	2 tbsp	1/4 cup	1/2 cup	
Walnuts or flax seeds (don't count flaxseed oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q51. NUTS, SEEDS, SNACKS

	How Often?										How much on those days?		
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	Small	Medium	Large	
Energy or protein bars like Power Bar, Clif, Balance, Luna, South Beach, Atkins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q52. NUTS, SEEDS, SNACKS

Chocolate milk, cocoa, hot chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glasses of milk or soy milk (NOT counting on cereal, in coffee, or chocolate milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal replacement drinks like Slim Fast, Ensure, or high protein drinks or powders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice, V-8, other vegetable juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real 100% orange juice or grapefruit juice (do NOT count orange soda or Sunny Delight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 100% juices, like apple, grape, fruit blends, or fruit smoothies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hi-C, cranberry juice cocktail, Hawaiian Punch, Tang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day
Drinks with some juice like Sunny Delight, Knudsen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iced tea, homemade, instant or bottled, like Nestea, Lipton, Snapple, Tazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gatorade, Powerade, or other sports drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks like Red Bull, Rockstar, Monster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kool-Aid, lemonade, fruit flavoured drinks, like Crystal light, atole horchata, (NOT iced tea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft drinks, soda, pop, like cola, 7-Up, orange soda, regular or diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer or non-alcoholic beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day
Wine or wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor or mixed drinks, cocktails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water, bottled or tap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milky coffee drinks like latte, mocha, cappuccino, Frappucino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee (brewed or instant), regular or decaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot tea (NOT including herbal tea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q67. Beverages

How many 8 ounce servings on those days?

	1/2	1	2	3	4
Glasses of milk or soy milk, (NOT counting on cereal, in coffee, or chocolate milk)	<input type="radio"/>				
Tomato juice, V-8, other vegetable juice	<input type="radio"/>				
Real 100% orange juice or grapefruit juice (NOT orange soda or Sunny Delight)	<input type="radio"/>				

Other 100% juices, like apple, grape, 100% fruit blends, or fruit smoothies

Q68. Beverages

How many 12 ounce servings on those days?

1/2

1

2

3

4

Chocolate milk, cocoa, hot chocolate

Hi-C, cranberry juice cocktail, Hawaiian Punch, Tang

Drinks with some juice like Sunny Delight, Knudsen

Q69. ON THOSE DAYS, how many cans or glasses of meal replacement drinks like Slim Fast, Ensure or high protein drinks or powders?

 1 3 2 4

Q70. ON THOSE DAYS, how many 16 ounce glasses or bottles of iced tea (homemade, instant, bottled, like Nestea, Lipton, Snapple, Tazo) do you drink?

 1/2 2 1 3

Q71. ON THOSE DAYS, how many ounces of sport drink (Powerade, Gatorade) do you drink?

 One 16 ounce bottle Two 16 ounce bottles One 20 ounce bottle Two 20 ounce bottles

Q72. ON THOSE DAYS, how much do you drink energy drinks (like Red Bull, Rockstar, Monster)?

- One 8 ounce can
- One 12-16 ounce can

- One 20 ounce can
- 24 ounces or more

Q73. ON THOSE DAYS, how much do you drink Kool-Aid, lemonade, fruit flavoured drinks like Crystal light?

- One 8 ounce can
- One 12-16 ounce can

- One 20 ounce can
- 30 ounces or more

Q74. ON THOSE DAYS - How much do you drink of soda, or pop like cola, 7-Up, orange soda, (regular or diet)?

- 1 can
- 20 ounce bottle

- 2 cans
- Big Gulp or 3 cans

Q75. ON THOSE DAYS - How much beer do you drink (including non-alcoholic beer)?

- 1 can
- 2 cans

- 3-4 cans
- 5+ cans or a large pitcher

Q76. ON THOSE DAYS - How much wine/wine coolers do you drink?

- 1/2 glass
- 1 glass

- 2 glasses, 1/2 bottle
- 4+ glasses

Q77. ON THOSE DAYS - How many drinks of liquor or mixed drinks like cocktails?

- 1
- 2

- 3
- 4+

Q78. ON THOSE DAYS - How many glasses of water do you drink?

- 1
- 2
- 3-4
- 5+

Q79. ON THOSE DAYS - How many ounces of milky coffee do you drink (like latte, mocha, cappuccino, Frappuccino)?

- 12 ounces
- 16 ounces
- 20 ounces
- 24+ ounces

Q80. ON THOSE DAYS - How many coffees (brewed or instant, regular or decaf) do you drink in a day?

- 1
- 2
- 3
- 4+

Q81. ON THOSE DAYS - How many cups of hot tea (not including herbal) do you drink in a day?

- 1
- 2
- 3
- 4+

Q82. The following questions are meant to specify types of food you consume.

Only select ONE unless instructed otherwise.

If you don't consume the food/drink in question select "Don't eat" or "Don't drink".

Q83. MILKY COFFEE DRINKS: What kinds do you usually drink?

- Frappuccino
- Cafe con leche

Mocha

Latte or cappuccino

Some of each

Dont drink

Q84. COFFEE: Is your coffee usually regular or decaf?

Decaf

Regular

Both

Don't drink

Q85. What are your milky coffee drinks usually made with?

Whole milk

1 or 2% (reduced fat)

Skim or non-fat

Soy milk

Something else

Don't drink

Q86. What do you usually add to your coffee?

Cream or half-n-half

CoffeeMate, non dairy creamer

Condensed milk

Any other milk

None of these

Q87. How many teaspoons of sugar (or honey) do you add to each cup of coffee?

0 1 2 3 4

Q88. HOT TEA: Is your hot tea usually regular or decaf?

Decaf

Regular

Both

Don't drink

Q89. What do you usually add to your hot tea?

Cream or half-n-half

CoffeeMate, non dairy creamer

Condensed milk

Any other milk

None of these

Q90. How many teaspoons of sugar (or honey) do you add to each cup of tea?

0 1 2 3 4

Q91. MILK

Whole milk

Skim milk, non-fat

1% (low fat)

2% milk

Soy milk

Rice milk

Almond milk, other

Don't drink

Q92. SLIMFAST, ENSURE, OR HIGH PROTEIN DRINKS

Slimfast, Ensure, regular

Slimfast, Ensure, light or low-carb

High protein drinks, regular

High protein drinks, light or low-carb

Don't drink

Q93. Real 100% orange or grapefruit juice

Calcium-fortified

Not calcium fortified

Unsure

Don't drink

Q94. Iced-tea

Home-made, no sugar

Home-made, with sugar

Bottled, no sugar

Bottled, pre-sweetened

Don't drink

Q95. Energy drinks like Red Bull, Monster

Sugar-free Regular Don't drink

Q96. Drinks like Kool-Aid, lemonade, Crystal Light

Low-calorie, sugar-free

Regular

Don't drink

Q97. Soft drinks, soda, pop

Diet, low-calorie

Regular

Don't drink

Q98. Soft drinks, soda, pop

Has caffeine No caffeine Don't drink

Q99. Beer

- Regular
- Light
- Non-alcoholic
- Don't drink

Q100. Wine or wine cooler

- Red wine
- White wine
- Both red and white wine
- Don't drink

Q101. Cheese

Low-fat Regular-fat Don't eat

Q102. Yogurt

Plain (no sugar or fruit) With fruit or other flavours

Q103. Yogurt

- Low-fat
- Non-fat
- Regular (whole milk)
- Don't eat

Q104. Salad dressing

- Low-fat, lite
- Fat free
- Regular
- Oil & vinegar
- Don't use

Q105. Spaghetti or lasagna

- Meatless
- With meat sauce or meatballs
- Don't eat

Q106. Noodles, pasta

- Rarely whole grain
- Sometimes whole grain
- Usually whole grain
- Don't know/don't eat

Q107. Burgers

- Hamburger
- Cheeseburger
- Turkey burger
- Don't eat

Q108. Beef or pork

- Avoid eating the fat
- Sometimes eat the fat
- Often eat the fat
- Don't eat

Q109. Chicken or turkey

- Avoid eating the skin
- Sometimes eat the skin

- Often eat the skin
- Don't eat

Q110. Hot dogs, dinner sausage

- Beef or pork
- Chicken or turkey, low-fat
- Don't eat

Q111. Lunch meats

- Beef or pork
- Chicken or turkey, low-fat
- Don't eat

Q112. Cakes, snack cakes, cupcakes

- Low-sugar, low-carb
- Low-fat

- Regular-fat
- Don't eat

Q113. Cookies, brownies

- Low-sugar, low-carb
- Low-fat

- Regular-fat
- Don't eat

Q114. Ice cream, frozen yogurt

- Low-sugar, low-carb
- Low-fat or frozen yogurt

- Regular
- Don't eat

Q115. Energy or protein bars

- High energy
- High protein
- Some of each
- Unsure
- Don't eat

Q116. Bagels, English muffins, rolls

- White
- Multi-grain
- 100% whole wheat
- Eat all kinds
- Don't eat

Q117. Burger, hot dog, submarine buns

- White
- Multi-grain
- 100% whole wheat
- Eat all kinds
- Don't eat

Q118. Bread

- White (not whole grain)
- 100% whole wheat

- Multi-grain, rye, other brown bread
- Eat some of each
- Don't eat

Q119. Tortillas

- Corn tortillas
- Flour tortillas (wheat)
- Eat all kinds or unsure
- Don't eat

Q120. Popcorn

- Air popped, fat free
- Low-fat or light
- Regular
- Caramel corn
- Don't know
- Don't eat

Q121. Crackers, pretzels

- Low-fat (including RyeKrisp, rice cakes, or plain pretzels)
- Regular-fat crackers or filled pretzels
- Don't know
- Don't eat

Q122. Mayonnaise or sandwich spreads

- Low-fat, light
- Regular
- Don't eat

Q123. If you eat COLD cereals, what do you usually eat? Choose ONE or TWO that you eat the most often. If you usually eat just one kind, only choose one.

- All Bran Original
- Cinnamon Toast Crunch
- Grape Nuts
- Special K, plain

	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	Less than 1 year	1-4 years	5-9 years	10+ years
Vitamin D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid, folate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium or antacids with calcium, like Tums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cod liver oil, other fish oils, Omega-3, flax seed oil, algae	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiber supplements like Benefiber, Metamucil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	A Few Times per 4 Months	Once per Year	2-3 Times per Month	Once per Week	2 Times per week	3-4 Times per Week	5-6 Times per Week	Every Day	Less than 1 year	1-4 years	5-9 years	10+ years

Q126. One-A-Day, Centrum, or other types of multi vitamins, do you usually take types that:

- Contain minerals, iron, zinc, etc.
- Do not contain minerals
- Don't know
- Don't take

Q127. How many milligrams of Vitamin C a day? (select closest amount)

- 100
- 250
- 500
- 750
- 1000
- 1500
- 2000
- 3000+
- Don't take

Q128. How many IUs of Vitamin E a day? (select closest amount)

- 100
- 200
- 300
- 400
- 600
- 800
- 1000
- 2000+
- Don't take

Q129. How many milligrams of calcium a day? (select closest amount)

- 100
- 350
- 650
- 1250+
- Don't take

Q130. How many IUs of Vitamin D a day?

- 400
- 600
- 800
- 1000
- 2000
- 3000
- 4000
- 5000+
- Don't take

Q131. Type of omega-3 supplements (mark all that apply)

- Fish oil
- Flax oil, hemp oil, other seed oil
- Krill oil
- Algae
- Don't know
- Don't take

Q132. SOME LAST QUESTIONS ABOUT YOU

Q133. About how many servings of vegetables do you eat, not counting salad or potatoes? (1 serving = 1/2 cup).

- Rarely
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 1 per day
- 1 1/2 per day
- 2 per day
- 3 per day
- 4+ per day

Q134. About how many servings of fruit do you eat, not counting juices? (1 serving = 1/2 cup).

- Rarely
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 1 per day
- 1 1/2 per day
- 2 per day
- 3 per day
- 4+ per day

Q135. How often do you eat foods prepared at home there cooked or fried in fat or oil?

- Rarely
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 1 per day
- 1 1/2 per day
- 2 per day
- 3 per day
- 4+ per day

Q136. During a regular day, how many meals and snack do you usually eat?

Meals per day

Snacks per day

Location Data

Location: ([43.114196777344](#), [-79.203498840332](#))

Source: GeolIP Estimation

