

Eating Habits - Questions list

Introduction: Eating habits affect your health and risk for certain diseases. Of course, when and what you eat is complicated, and influenced by psychological, social, and genetic factors. If we understand more about the genetics of taste and cravings, we can address the epidemics of diabetes, obesity, and cardiovascular disease. Thank you for contributing to important research about which eating habits are important for physical and mental health.

Question 1: How many meals do you typically eat in one day?

Number of meals:

Gender specific: None

Routing rule: None

Question 2: How many times do you typically eat BETWEEN meals (snack) in one day?

Number of snacks:

Gender specific: None

Routing rule: None

Question 3: How many servings of fruit and vegetables do you eat each day?

1 serving means Vegetables: ½ cup cooked or 1 cup raw
Large fruits (ex. Grapefruit): ½ of fruit
Medium fruits (ex. Apple, pear, small banana): 1 fruit
Small fruits: ½ cup

- 0
- 1 – 3
- 4 – 6
- 7 or more

Gender specific: None

Routing rule: None

Question 4: Do you currently follow a special diet?

- Yes
- No, but I used to be on a diet
- No, I have never been on a diet

Gender specific: None

Routing rule: (Yes->5 No, but I used to be on a diet->7 No, I have never been on a diet->7)

Question 5: What kind of diet do you follow?

Select all that apply:

- Weight reduction (low calorie)
- Low cholesterol / low sodium
- Diabetic
- Low fat
- Low triglyceride
- Diet for ulcer or gastritis
- High potassium
- Vegetarian / Vegan
- Not listed above

Gender specific: None

Routing rule: (Not listed above@->6 SKIPTO->7)7

Question 6: You said your diet wasn't listed; please tell us the kind of diet you follow.

Please specify:

Gender specific: None

Routing rule: None

Question 7: How many days per week do you eat meat?

- Every day
- 4-6 days per week
- 1-3 days per week
- Never

Gender specific: None

Routing rule: (Never@->8 SKIPTO->9)9

Question 8: You said you never eat meat, would you classify your diet as any of the following?

- Ovo vegetarian (includes eggs but not dairy products)
- Lacto vegetarian (includes dairy products but no eggs)
- Ovo-lacto vegetarian (includes animal/dairy products such as eggs, milk, and honey)
- Vegan (excludes all animal flesh and products)
- Raw vegan (only fresh and uncooked fruit, nuts, seeds, grains, and vegetables)
- Fruitarianism (only fruit, nuts, seeds, and other plant matter that can be gathered without harming the plant)
- Semi-vegetarian (includes any of the following: fish, seafood, chicken, or poultry)
- Other

Gender specific: None

Routing rule: None

Question 9: Do you eat food that contains gluten?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->11 No->10 I do not know->11)

Question 10: Why do you not eat food that contains gluten?

- I have celiac disease
- I have gluten intolerance
- I do not like it
- I think it is unhealthy
- Other

Gender specific: None

Routing rule: None

Question 11: Do you drink cow's milk?

- Yes
- No

Gender specific: None

Routing rule: (Yes->12 No->13)

Question 12: Which kind of milk do you usually drink?

- Whole milk
- Low fat milk
- Fat-free milk

Gender specific: None

Routing rule: (14)

Question 13: Why do you not drink cow's milk?

- I do not like it
- I am lactose intolerant
- Other

Gender specific: None

Routing rule: None

Question 14: Do you have any food allergies?

Even a tiny amount of the offending food can cause an immune system reaction that can be severe or life-threatening.

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->15 No->17 I do not know->17)

Question 15: What kind of food allergy do you have?

Please specify:

Gender specific: None

Routing rule: None

Question 16: Was this confirmed by a physician with a special test?

- Yes
- No

Gender specific: None

Routing rule: None

Question 17: Please estimate how many glasses of each you drink in a typical day.

Water Juice Coffee or tea

Milk Soda, energy drinks, sports drinks Alcohol



Gender specific: None

Routing rule: None

Question 18: Do you take vitamins / supplements on a daily basis?

- Yes
- No

Gender specific: None

Routing rule: (Yes->19 No->20)

Question 19: Which kinds of vitamins / supplements do you take?

Please select all that apply:

- Multivitamin
- Vitamin D
- Vitamin B
- Prenatal
- Calcium
- Fish oil / Omega-3
- St. John's Wort
- Iron
- Other

Gender specific: None
Routing rule: None

Question 20: How often do you eat dessert?

- Always
- Sometimes
- Only on special occasions
- Never

Gender specific: None
Routing rule: None

Question 21: What kind of snacks do you like?

- Sweet
- Salty or savory
- Both
- Neither

Gender specific: None
Routing rule: None

Question 22: Do you prefer milk or dark chocolate?

- Milk chocolate
- Dark chocolate
- I do not like chocolate
- I do not have a preference
- I do not know

Gender specific: None

Routing rule: None

Question 23: Do you skip any meals more than once a week?

Select all that apply

- Breakfast
- Lunch
- Dinner
- Usually, I do not skip meals

Gender specific: None

Routing rule: None

Question 24: Where do you usually eat breakfast?

- At home
- At work
- Fast-food restaurant
- I usually do not eat breakfast

Gender specific: None

Routing rule: None

Question 25: How often do you eat fried food away from home in a typical week?

- Never
- Less than once a week
- 1-3 times per week
- 4-6 times per week
- Daily

Gender specific: None

Routing rule: None

Question 26: How often do you cook in a typical week?

- Never
- Less than once a week
- 1-3 times per week
- 4-6 times per week
- Daily

Gender specific: None

Routing rule: None

Question 27: When you come home after a long day... what do you do?

- I have something planned for dinner
- Someone has cooked for me
- I eat take out from a fast-food restaurant
- I eat snacks
- I heat up frozen dinner
- I already have had dinner in a restaurant
- I do not eat at all
- None of the above

Gender specific: None

Routing rule: None

Question 28: Are you a supertaster (someone who is unusually sensitive to certain flavors in food), as confirmed by taste strips?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 29: Do you like the taste of black licorice?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 30: Do you like fresh cilantro?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 31: When/Why do you eat?

Please select all that apply:

- Hungry
- Stressed
- Tired
- Bored
- Sad
- Not hungry but have a craving
- As a reward
- I do not know

Gender specific: None

Routing rule: None

Question 32: Can you resist when you walk past a candy dish, a plate of doughnuts or a favorite snack in the vending machine?

- Almost always
- Sometimes
- Rarely

Gender specific: None

Routing rule: None

Question 33: Do you always finish everything on your plate?

- Yes
- No

Gender specific: None

Routing rule: None

Question 34: How would you describe your eating pace compared to others?

- Fast, I usually finish first
- Neither fast nor slow
- Slow, I usually finish last

Gender specific: None

Routing rule: None

Question 35: What are you usually doing while you are eating?

Please select all that apply:

- Sitting
- Standing
- Walking
- Watching TV
- Reading
- Working
- Driving

Gender specific: None

Routing rule: None

Question 36: Do you eat mostly alone (more than half of your meals)?

- Yes
- No

Gender specific: None

Routing rule: None

Question 37: Are you satisfied with your eating patterns?

- Yes
- No

Gender specific: None

Routing rule: None

Question 38: Do you ever eat in secret?

- Yes
- No

Gender specific: None

Routing rule: None

Question 39: Does your weight affect the way you feel about yourself?

- Yes
- No

Gender specific: None

Routing rule: None

Question 40: Have any members of your family suffered from an eating disorder?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 41: Do you currently suffer with or have you ever suffered in the past from an eating disorder?

- Yes
- No

Gender specific: None

Routing rule: None

Question 42: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None

Routing rule: (END)