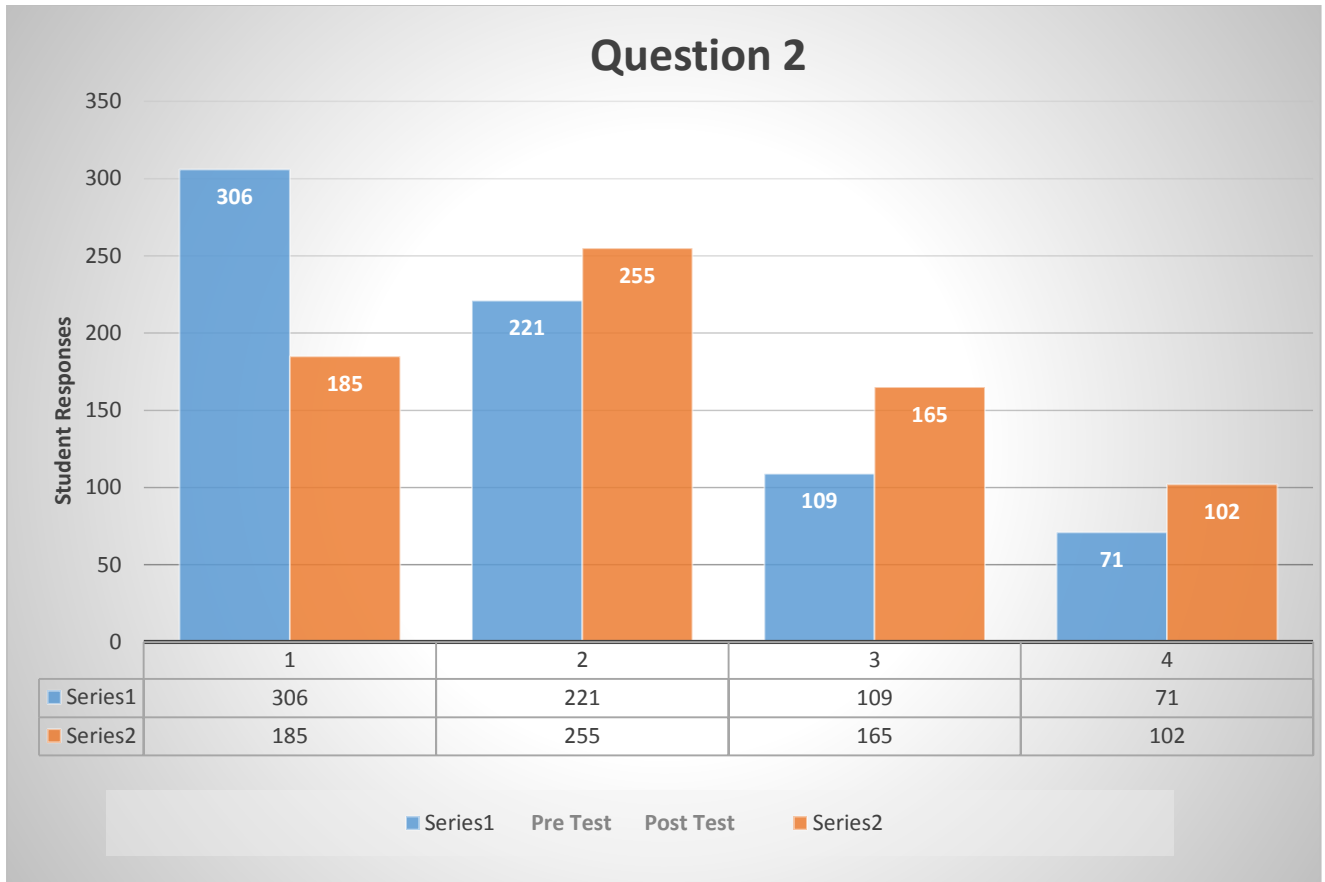


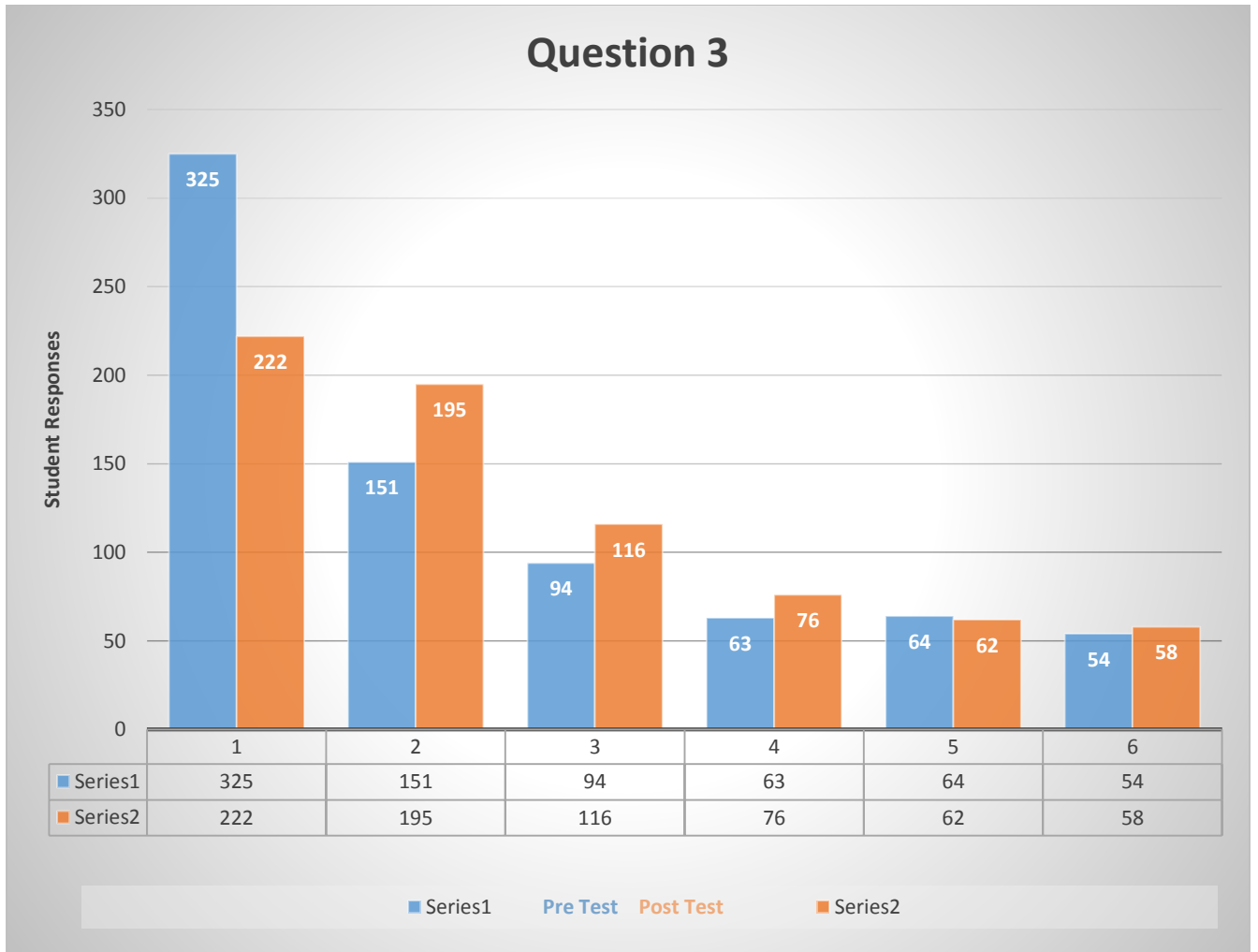
Questions 1: Yesterday did you eat fruit?

1. No, I did not eat any fruit yesterday.
2. Yes, I ate fruit one time.
3. Yes, I ate fruit 2 times yesterday.
4. Yes, I ate fruit 3 or more times yesterday.



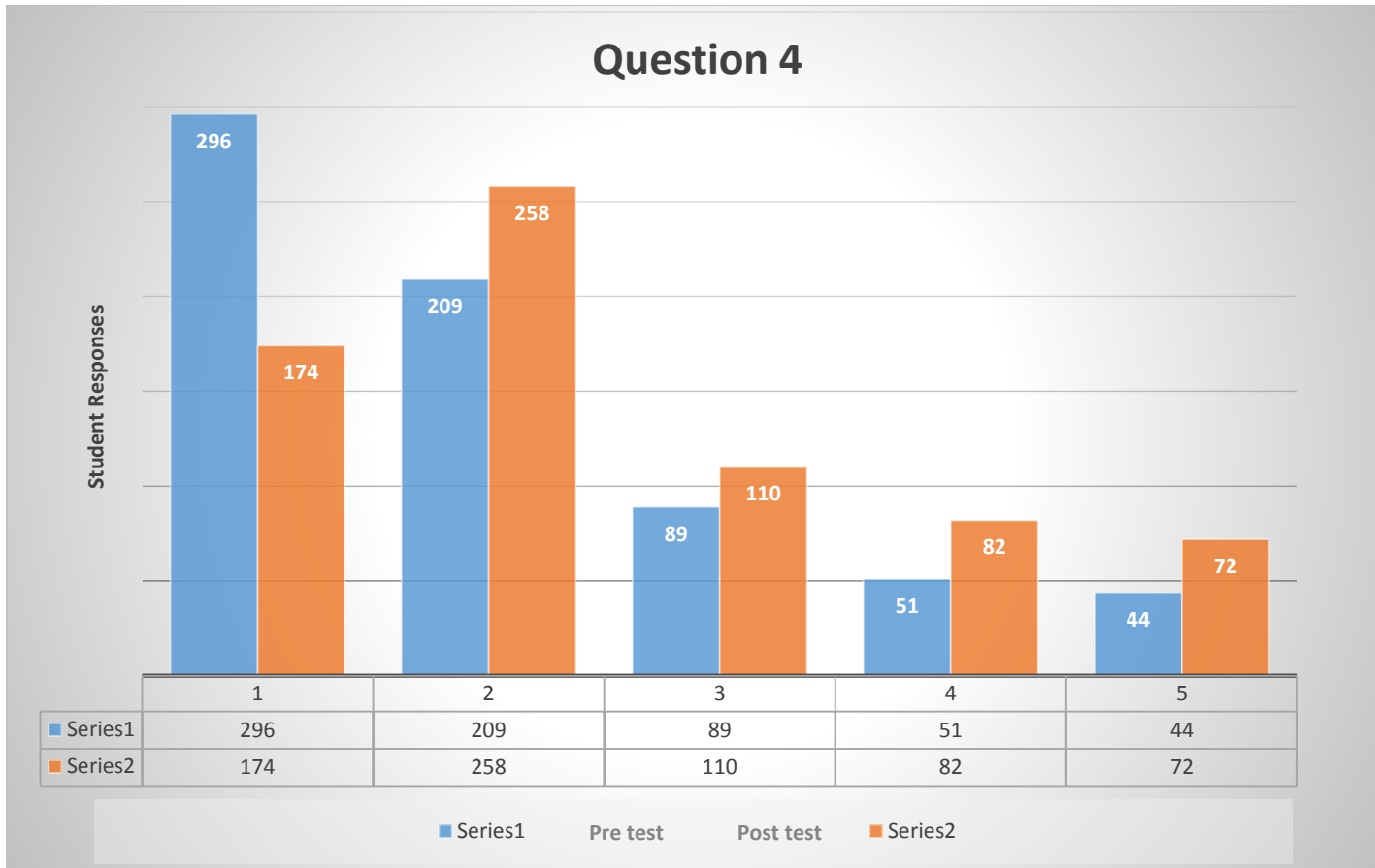
Question 2: Yesterday, did you eat any starchy vegetables like potatoes, corn, or peas?

1. No I didn't eat any of the foods listed above yesterday.
2. Yes I ate one of the foods above 1 time yesterday.
3. Yes I ate one of the foods 2 times yesterday.
4. Yes I ate one of the foods 3 times or more times yesterday.



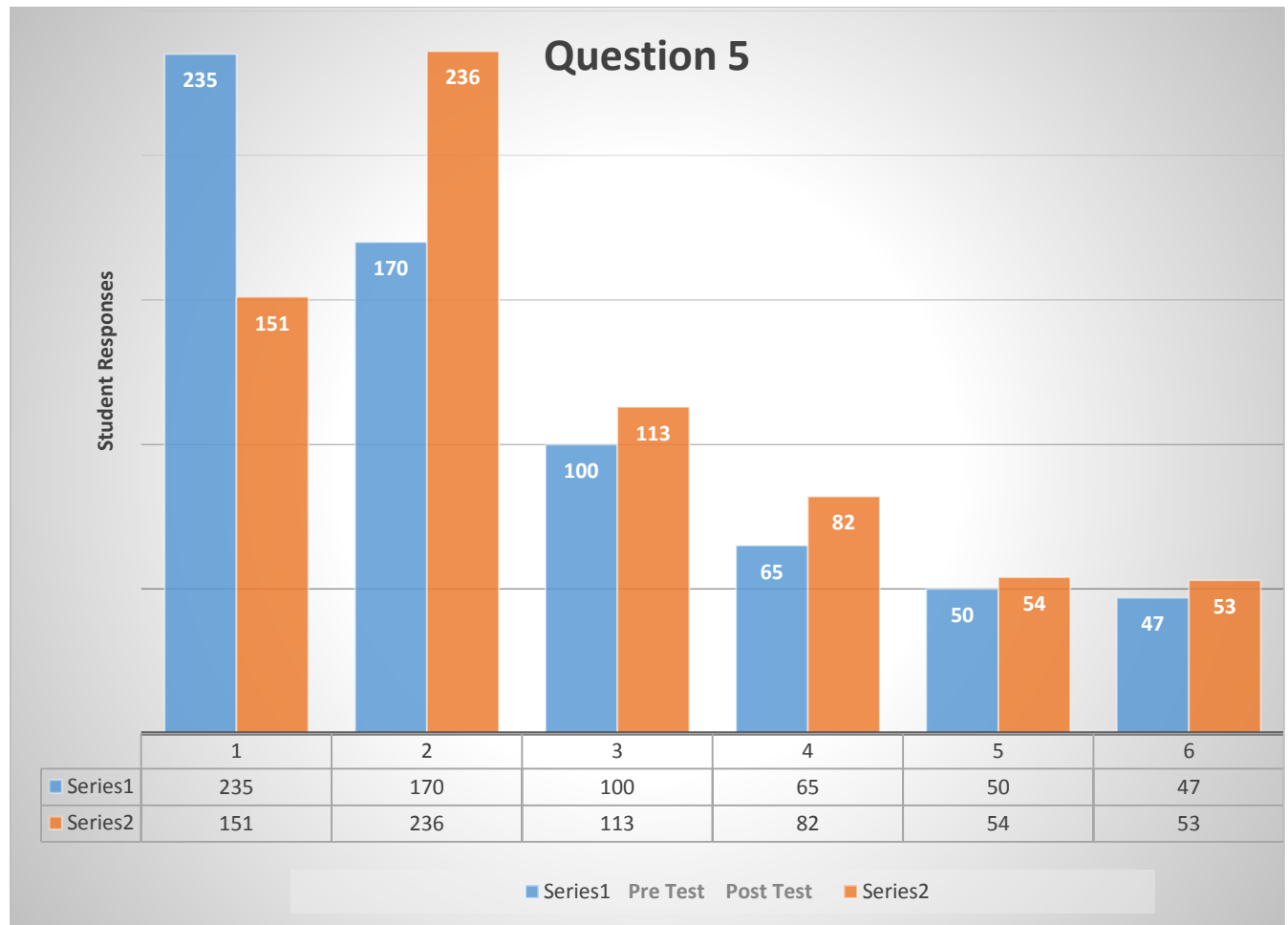
Question 3: Yesterday, did you eat any orange vegetables like carrots, squash, or sweet potatoes?

1. No I didn't eat any of orange vegetables yesterday.
2. Yes I ate orange vegetables foods 1 time yesterday.
3. Yes I ate orange vegetables foods 2 times yesterday.
4. Yes I ate orange vegetables foods 3 times yesterday.
5. Yes I ate orange vegetables foods 4 times yesterday.
6. Yes I ate orange vegetables foods 5 or more times yesterday.



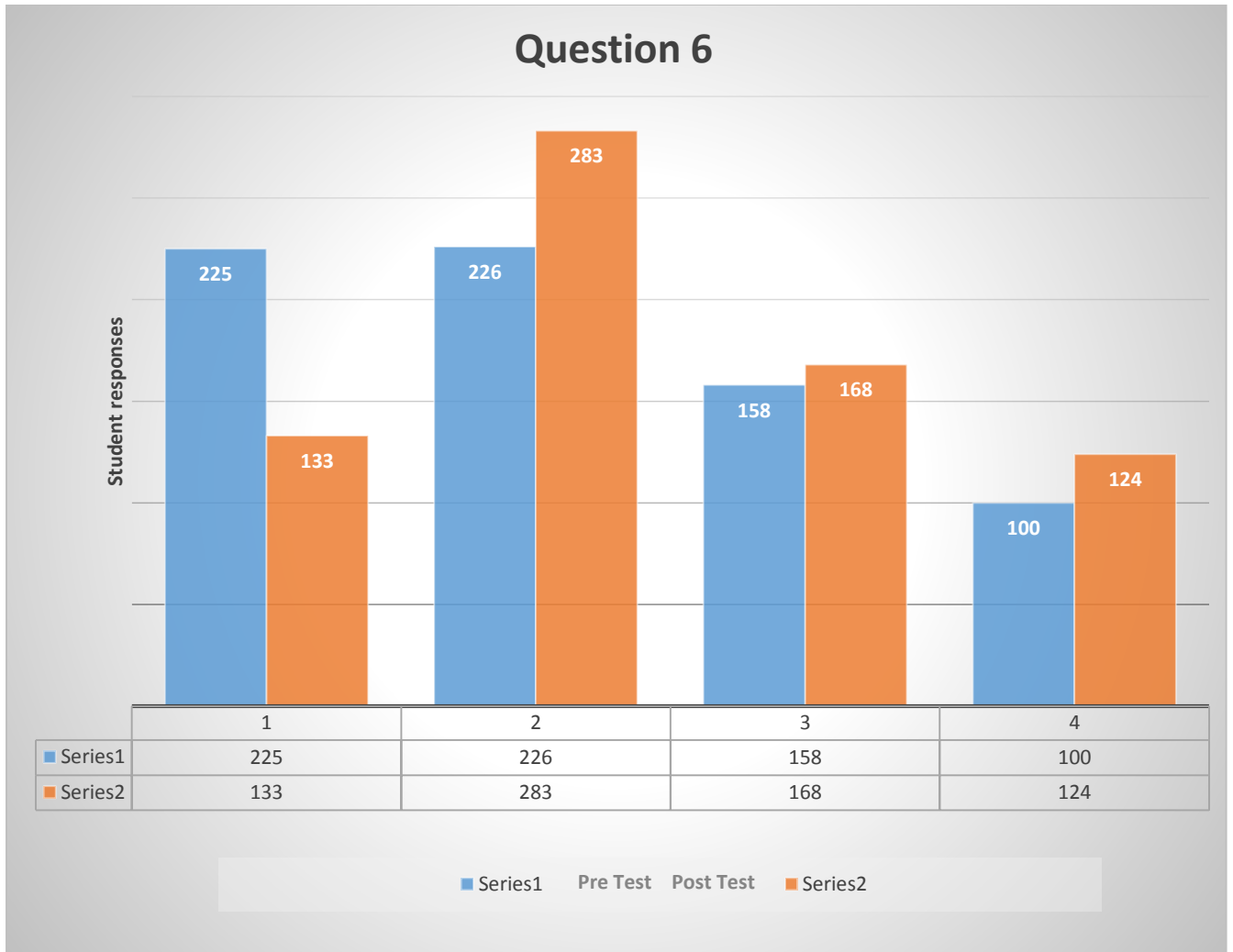
Question 4: Yesterday did you eat a salad made with lettuce, or any green vegetables like spinach, green beans, broccoli, or other greens?

1. No, I didn't eat any salad or green vegetables yesterday.
2. Yes, I ate salad or green vegetables foods 1 time yesterday.
3. Yes, I ate salad or green vegetables foods 2 times yesterday.
4. Yes, I ate salad or green vegetables foods 3 times yesterday.
5. Yes, I ate salad or green vegetables foods 4 times yesterday.



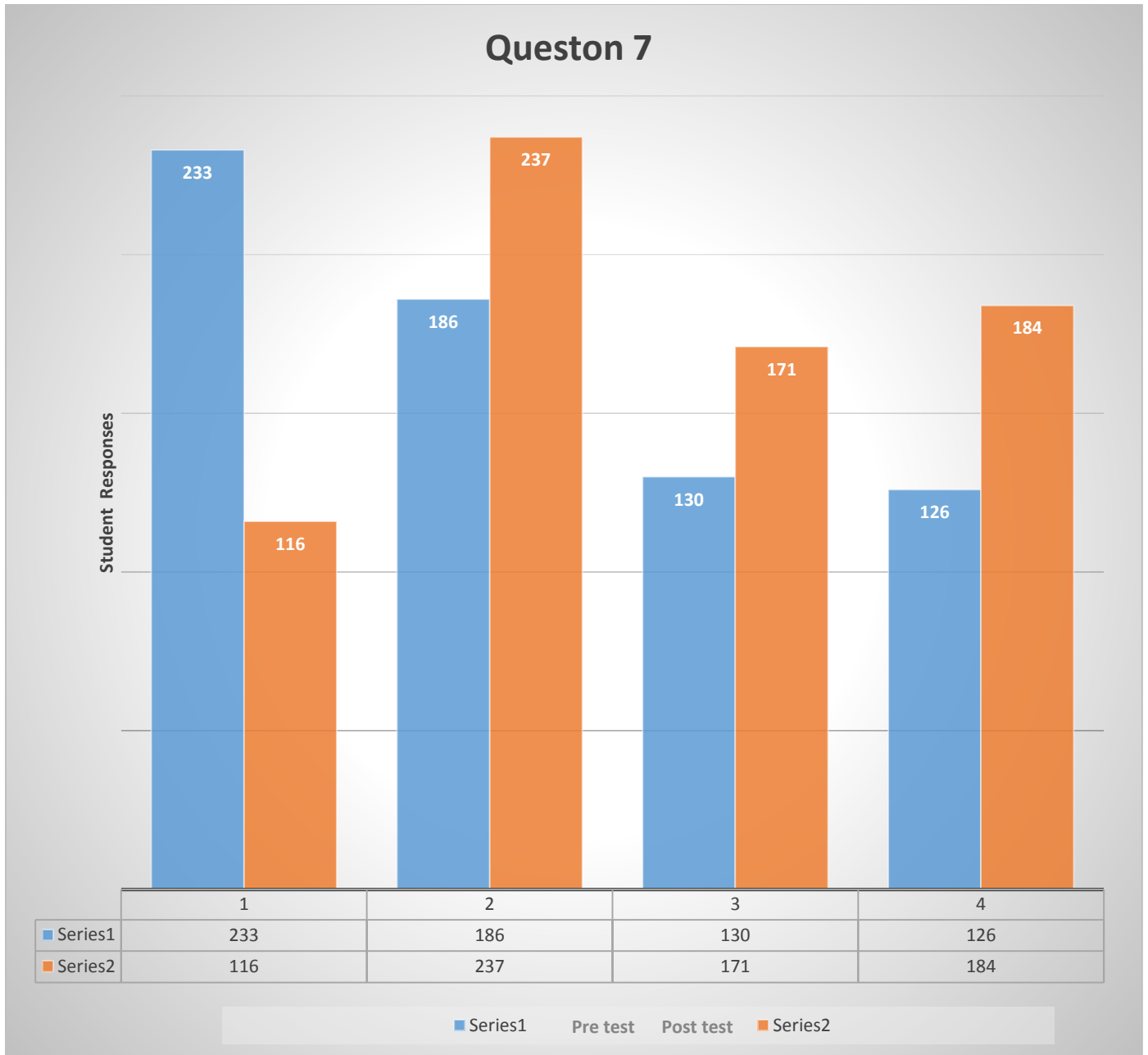
Question 5. Yesterday, did you eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?

1. No I didn't eat any of the foods listed above yesterday.
2. Yes, I ate one of the foods above 1 time yesterday.
3. Yes, I ate one of the foods 2 times yesterday.
4. Yes, I ate one of the foods 3 times yesterday.
5. Yes, I ate one of the foods 4 times yesterday.
6. Yes, I ate one of the foods 5 or more times yesterday



Question 6: Yesterday, did you drink any fruit juice? (Do not count Kool-Aid, sport drinks, or other fruit-flavored drinks)

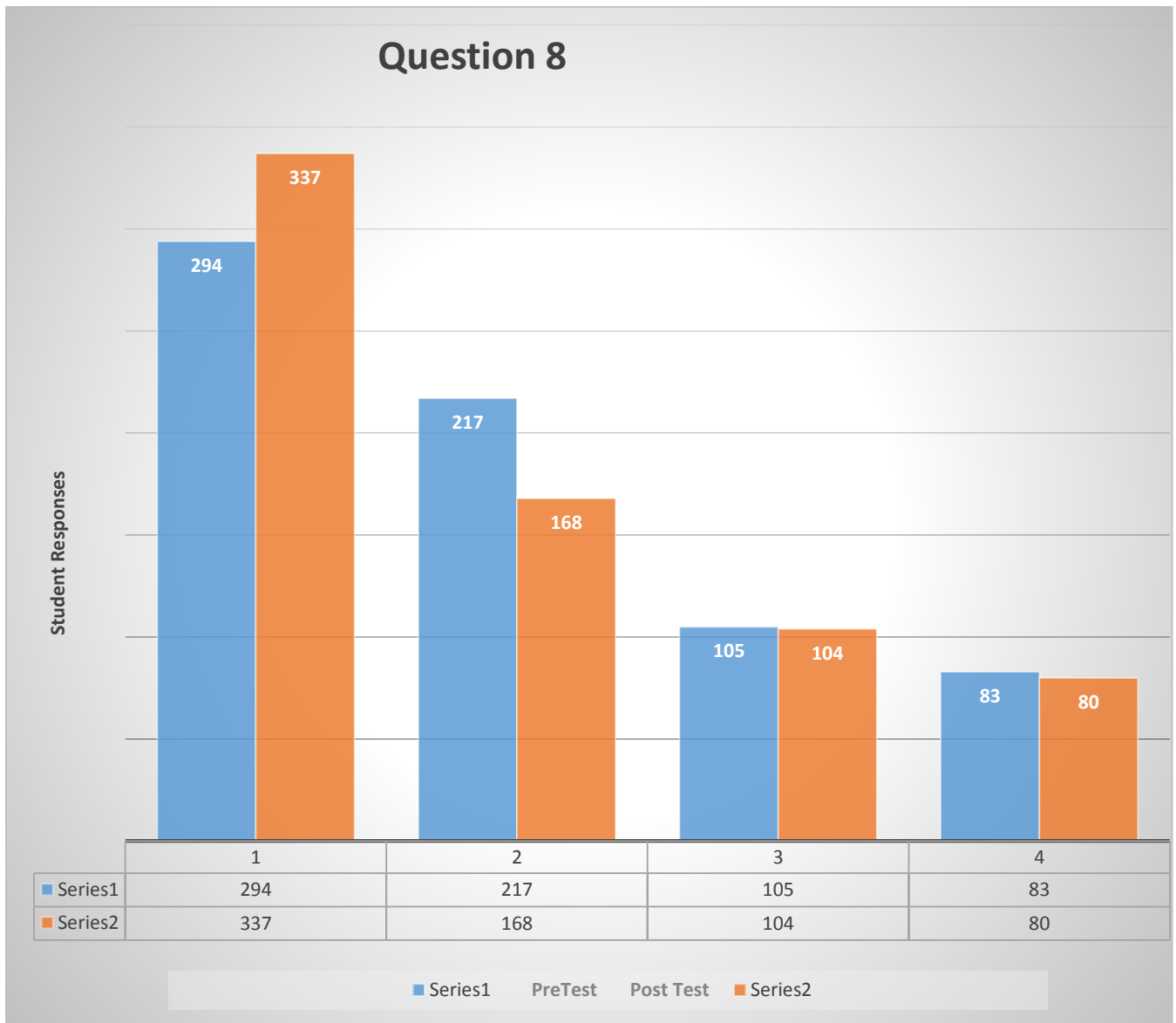
1. No, I didn't eat drink any juice yesterday.
2. Yes, I drank fruit juice 1 time yesterday.
3. Yes, I drank fruit juice 2 times yesterday.
4. Yes, I drank fruit juice 3 times or more times yesterday.



Question 7: Yesterday, did you eat any dairy food (milk, cheese, yogurt, or ice cream)?

1. No, I didn't eat any dairy food yesterday.
2. Yes, I ate dairy food 1 time yesterday.
3. Yes, I ate dairy food 2 times yesterday.
4. Yes, I ate dairy food 3 times or more times yesterday.





Question 8: Yesterday, did you drink any soda or pop?

1. No, I didn't drink any soda or pop yesterday.
2. Yes, I drank soda or pop 1 time yesterday.
3. Yes I drank soda or pop 2 times yesterday.
4. Yes I drank soda or pop 3 or more times yesterday.