

**GROWTH AND HEALTH STUDY  
 NUTRITION FORM - A**

ID							
NC							
VN							

1. On **WEEKDAYS**, do you **USUALLY** eat:

- |                          | Yes                      | No                       |                 |
|--------------------------|--------------------------|--------------------------|-----------------|
| A. Breakfast .....       | <input type="checkbox"/> | <input type="checkbox"/> | <b>BREAKFST</b> |
| B. Lunch .....           | <input type="checkbox"/> | <input type="checkbox"/> | <b>LUNCH</b>    |
| C. Afternoon snack ..... | <input type="checkbox"/> | <input type="checkbox"/> | <b>AFTSNK</b>   |
| D. Dinner/supper .....   | <input type="checkbox"/> | <input type="checkbox"/> | <b>DINNER</b>   |
| E. Evening snack .....   | <input type="checkbox"/> | <input type="checkbox"/> | <b>EVNSNK</b>   |

2. How often do you eat fast food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, or any other place where you can buy fast food? (This means food eaten there or carried out.)

- |                                | <b>FSTFOOD7</b>            |
|--------------------------------|----------------------------|
| Never .....                    | <input type="checkbox"/> 1 |
| Less than once a week .....    | <input type="checkbox"/> 2 |
| Once a week .....              | <input type="checkbox"/> 3 |
| 2 to 3 times a week .....      | <input type="checkbox"/> 4 |
| 4 to 5 times a week .....      | <input type="checkbox"/> 5 |
| 6 to 7 times a week .....      | <input type="checkbox"/> 6 |
| More than 7 times a week ..... | <input type="checkbox"/> 7 |

3. How well do these statements describe you? Put a check in the box that best describes how often this happens.

		Never or Almost Never	Some- times	Usually or Always	
A.	When I am bored I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOREDMR</b>
B.	I sneak food when no one is looking .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECRET</b>
C.	I wish I weighed more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WGHMOR</b>
D.	I am physically active, which means that I gets lots of exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PHYSACT</b>
E.	I eat while I watch TV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EATTV</b>
F.	When I am happy I eat less .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HAPPYLS</b>
G.	I diet to lose weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DIETLOS</b>
H.	I eat between meals even when I am not hungry .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTHUNGY</b>
I.	When I am worried I eat less .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WORRYLS</b>
J.	When I do something well I give myself a food treat .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>REWARD</b>
K.	When I am sad I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SADMR</b>
L.	When I am stressed I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>STRSDMR</b>
M.	When I am happy I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HAPPYMR</b>
N.	I eat more when I am mad .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAD2</b>
O.	I eat big helpings of food .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BHELPS</b>
P.	When I am worried I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WORRYMR</b>
Q.	I eat food in my bedroom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BEDRM</b>
R.	When I am sad I eat less .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SADLS</b>
S.	I eat less when I am mad .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MADLS</b>
T.	When I watch TV, I snack .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TVSNAK</b>
U.	When I am bored I eat less .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOREDLS</b>
V.	I wish I weighed less .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WGHLES</b>
W.	I am a picky eater .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PICKEAT</b>
X.	I eat a healthy diet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HLTHDIET</b>

4. Put a check in the box that best describes how often you usually eat the following foods:

	Never eat this food	Eat less than once a week	Eat 1-3 times a week	Eat 4-6 times a week	Eat once a day	Eat 2 times a day	Eat 3 or more times a day
	1	2	3	4	5	6	7
A. French fries or other fried potatoes	FFRDA					FFRDB	
B. Potatoes - not fried	POTA					POTB	
C. Salad	SALADA					SALADB	
D. Vegetables - not salad	VEGA					VEGB	
E. Fruit Juice	FJUICA					FJUICB	
F. Fruit	FRUITA					FRUITB	

5. Please check the oil, fat, or salad dressing you add **most often** to the following foods:

	Vegetable Oil	Olive Oil	Margarine	Diet Margarine	Butter	Mayonnaise	Diet or Light Mayonnaise	Regular Salad Dressing	Diet Salad Dressing	Sour Cream	Diet Sour Cream	Fat or salad dressing never used
	1	2	3	4	5	6	7	8	9	10	11	12
A. Salad			SALADNA2						SALADNB2			
B. Vegetables			VEGNA2						VEGNB2			
C. Potatoes			POTANA2						POTANB2			
D. Bread and rolls			BREADA2						BREADB2			

6. Would you say that you: (Mark one box only.) **EATAGE**

Eat less food than most young women your age? .....  1

Eat about as much food as most young women your age? .....  2

Eat more food than most young women your age? .....  3

7. Would you say that you: (Mark one box only.) **JNKAGE**

Eat less junk food than most young women your age? .....  1

Eat about as much junk food as most young women your age? .....  2

Eat more junk food than most young women your age? .....  3

8. How do you think of yourself? (Mark one box only.) **SELFWT**

Very underweight .....  1

Slightly underweight .....  2

About the right weight .....  3

Slightly overweight .....  4

Very overweight .....  5

9. At the **present time** are you: (Mark one box only.) **PRSNTWT**

Trying to gain weight? .....  1

Trying to lose weight? .....  2

Trying to stay the same weight? .....  3

Not trying to do anything about your weight? .....  4

10. Have you **ever** lost five pounds or more on a weight loss diet? .....  **DT5**

Yes No

11. During the **past year** how often have you gone on a diet to **lose weight**? **FRQDT**

Never .....  1

1-4 times .....  2

5-10 times .....  3

More than 10 times .....  4

I am always dieting .....  5

12. During the **past 30 days**, which of the following did you do to lose weight or to keep from gaining weight? (You may check more than one answer.)

- |    |  |                          |   |          |
|----|--|--------------------------|---|----------|
| A. | I did not try to lose weight or keep from gaining weight ..... | <input type="checkbox"/> | 1 | LSMNOTRY |
| B. | I dieted .....   | <input type="checkbox"/> | 1 | LSMDIET  |
| C. | I did not eat at all for one or more days .....                | <input type="checkbox"/> | 1 | LSMNOEAT |
| D. | I skipped meals .....  | <input type="checkbox"/> | 1 | LSMSKIP  |
| E. | I exercised to lose weight or keep from gaining weight .....   | <input type="checkbox"/> | 1 | LSMEXER  |
| F. | I made myself throw up .....                                   | <input type="checkbox"/> | 1 | LSMVOMIT |
| G. | I took diet pills .....  | <input type="checkbox"/> | 1 | LSMPILL  |
| H. | I used laxatives, ipecac, or diuretics .....                   | <input type="checkbox"/> | 1 | LSMLAX   |
| I. | I used diet drinks such as Slim Fast .....                     | <input type="checkbox"/> | 1 | LSMDRNK  |
| J. | I smoked to lose weight or keep from gaining weight .....      | <input type="checkbox"/> | 1 | LSMSMOK  |
| K. | I used some other method .....                                 | <input type="checkbox"/> | 1 | LSMOTHR  |

1. Specify: LSMRMK

Lots of people talk about nutrition these days. We are trying to learn what people your age believe about the foods they eat. Please answer the following:

- |   |                          |                          |         |
|---|--------------------------|--------------------------|---------|
| 13. I don't need to worry about what I eat: | True                     | False                    |         |
| A. if I drink enough milk .....             | <input type="checkbox"/> | <input type="checkbox"/> | IFMILK  |
| B. if I maintain my weight .....            | <input type="checkbox"/> | <input type="checkbox"/> | IFWT    |
| C. if I take vitamins regularly .....       | <input type="checkbox"/> | <input type="checkbox"/> | IFVITMN |
| D. if I eat a low-fat diet .....            | <input type="checkbox"/> | <input type="checkbox"/> | IFLOFAT |

- |   |                          |                          |         |
|---|--------------------------|--------------------------|---------|
| 14. I would eat fast food more often:                               | True                     | False                    |         |
| A. if I had more money .....  | <input type="checkbox"/> | <input type="checkbox"/> | FFMONEY |
| B. if it were more nutritious .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | FFNUTR  |
| C. if it contained less fat .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | FFLSFAT |
| D. if it had fewer calories .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | FFLOCAL |
| E. if there were more fast food restaurants near where I live ..... | <input type="checkbox"/> | <input type="checkbox"/> | FFMRRST |

15. It is important for me to choose foods that:

	Not Important	Important	Very Important	
A. are low in sugar .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHLOSUG</b>
B. are low in fat .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHLOFAT</b>
C. are low in calories .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHLOCAL</b>
D. include plenty of breads, cereals, pasta and rice ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHGRN</b>
E. include plenty of fruits and vegetables .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHFRUIT</b>
F. include a variety of foods .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHVARTY</b>
G. include plenty of milk and cheese .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHDAIRY</b>
H. include plenty of meat, fish and chicken .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHMEAT</b>

16. Do you read the nutrition information on food labels? .....

**READNUTR**  
   
 Yes No

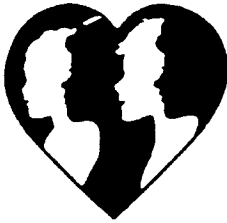
If YES, how often do you do the following?

	Usually	Rarely	
A. When I read the information on nutrition labels I find it confusing .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NTRCONF</b>
B. I read the nutrition labels on snack foods .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NTRSNAK</b>
C. I read the nutrition labels for calorie information .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NTRCAL</b>
D. I read nutrition labels for information on the amount of fat .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NTRFAT</b>
E. I use the information on nutrition labels to help me choose the foods I eat .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>NTRCHOS</b>









**GROWTH AND HEALTH STUDY  
 NUTRITION FORM - A**

ID							
NC							
VN							

1. On **WEEKDAYS**, do you **USUALLY** eat:

- |                          | Yes                      | No                       |                  |
|--------------------------|--------------------------|--------------------------|------------------|
| A. Breakfast .....       | <input type="checkbox"/> | <input type="checkbox"/> | <b>BREAKFAST</b> |
| B. Lunch .....           | <input type="checkbox"/> | <input type="checkbox"/> | <b>LUNCH</b>     |
| C. Afternoon snack ..... | <input type="checkbox"/> | <input type="checkbox"/> | <b>AFTSNK</b>    |
| D. Dinner/supper .....   | <input type="checkbox"/> | <input type="checkbox"/> | <b>DINNER</b>    |
| E. Evening snack .....   | <input type="checkbox"/> | <input type="checkbox"/> | <b>EVNSNK</b>    |

2. How often do you eat fast food from a place like McDonald's, Kentucky Fried Chicken, Pizza Hut, or any other place where you can buy fast food? (This means food eaten there or carried out.)

- |                                | <b>FSTFOOD7</b>            |
|--------------------------------|----------------------------|
| Never .....                    | <input type="checkbox"/> 1 |
| Less than once a week .....    | <input type="checkbox"/> 2 |
| Once a week .....              | <input type="checkbox"/> 3 |
| 2 to 3 times a week .....      | <input type="checkbox"/> 4 |
| 4 to 5 times a week .....      | <input type="checkbox"/> 5 |
| 6 to 7 times a week .....      | <input type="checkbox"/> 6 |
| More than 7 times a week ..... | <input type="checkbox"/> 7 |

3. How well do these statements describe you? Put a check in the box that best describes how often this happens.

		Never or Almost Never	Some- times	Usually or Always	
A.	I am physically active, which means that I get lots of exercise .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSACT
B.	I am a picky eater .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PICKEAT
C.	When I am stressed I eat more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRSDMR
D.	I eat a healthy diet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HLTHDIET
E.	I diet to lose weight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIETLOS
F.	When I watch TV, I snack .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TVSNAK
G.	I eat too much .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETTOMCH
H.	I eat too little .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETTOLTL
I.	I eat too many snacks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETTOSNK
J.	I eat too little variety .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETTOVRTY
K.	I eat the wrong kinds of food .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ETWRGFD

4. Put a check in the box that best describes how often you usually eat the following foods:

	Never eat this food	1	2	3	4	5	6	7
		Eat less than once a week	Eat 1-3 times a week	Eat 4-6 times a week	Eat once a day	Eat 2 times a day	Eat 3 or more times a day	
A. French fries or other fried potatoes		FFRDA				FFRDB		
B. Potatoes - not fried		POTA				POTB		
C. Salad		SALADA				SALADB		
D. Vegetables - not salad		VEGA				VEGB		
E. Fruit Juice		FJUICA				FJUICB		
F. Fruit		FRUITA				FRUITB		

5. Please check the oil, fat, or salad dressing you add **most often** to the following foods:

	Never eat this food	Vegetable Oil	Olive Oil	Margarine	Diet Margarine	Butter	Mayonnaise	Diet or Light Mayonnaise	Regular Salad Dressing	Low Calorie Salad Dressing	Fat Free or No Fat Salad Dressing	Sour Cream	Diet Sour Cream	Fat or Salad Dressing never used
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
A. Salad		SALADNA2								SALADNB2				
B. Vegetables		VEGNA2								VEGNB2				
C. Potatoes		POTANA2								POTANB2				
D. Bread and rolls		BREADA2								BREADB2				

6. Do you usually eat the skin on chicken?

CHSKN

- Yes .....  1
- No .....  2
- Don't eat chicken .....  3

7. Do you usually eat the fat on meat?

EATFAT

- Yes .....  1
- No .....  2
- Don't eat meat .....  3

8. Who usually prepares the meals you eat?

	Do not eat this meal 1	Parent or guardian 2	Self 3	Husband, partner, friend or roommate 4	Eat out or in a cafeteria 5	Other 6	If other, (specify)
A. Breakfast	FIXBRK						BRKRMK
B. Lunch	FIXLNCH						LNCHRMK
C. Dinner	FIXDIN						DINRMK

9. Would you say that you: (Mark one box only.) **EATAGE**
- Eat less food than most young women your age? .....  1
- Eat about as much food as most young women your age? .....  2
- Eat more food than most young women your age? .....  3

10. Would you say that you: (Mark one box only.) **JNKAGE**
- Eat less junk food than most young women your age? .....  1
- Eat about as much junk food as most young women your age? .....  2
- Eat more junk food than most young women your age? .....  3

11. How do you think of yourself? (Mark one box only.) **SELFWT**
- Very underweight .....  1
- Slightly underweight .....  2
- About the right weight .....  3
- Slightly overweight .....  4
- Very overweight .....  5

12. At the **present time** are you: (Mark one box only.) **PRSNTWT**
- Trying to gain weight? .....  1
- Trying to lose weight? .....  2
- Trying to stay the same weight? .....  3
- Not trying to do anything about your weight? .....  4

13. Have you **ever** lost five pounds or more on a weight loss diet? .....  **DT5**   
Yes No

14. During the **past year** how often have you gone on a diet to lose weight? **FRQDT**
- Never .....  1
- 1-4 times .....  2
- 5-10 times .....  3
- More than 10 times .....  4
- I am always dieting .....  5

15. During the **past 30 days**, which of the following did you do to lose weight or to keep from gaining weight? (You may check more than one answer.)

- |    |  |                          |   |          |
|----|--|--------------------------|---|----------|
| A. | I did not try to lose weight or keep from gaining weight ..... | <input type="checkbox"/> | : | LSMNOTRY |
| B. | I dieted .....   | <input type="checkbox"/> | : | LSMDIET  |
| C. | I did not eat at all for one or more days .....                | <input type="checkbox"/> | : | LSMNOEAT |
| D. | I skipped meals .....  | <input type="checkbox"/> | : | LSMSKIP  |
| E. | I exercised to lose weight or keep from gaining weight .....   | <input type="checkbox"/> | : | LSMEXER  |
| F. | I made myself throw up .....                                   | <input type="checkbox"/> | : | LSMVOMIT |
| G. | I took diet pills .....  | <input type="checkbox"/> | : | LSMPILL  |
| H. | I used laxatives, ipecac, or diuretics .....                   | <input type="checkbox"/> | : | LSMLAX   |
| I. | I used diet drinks such as Slim Fast .....                     | <input type="checkbox"/> | : | LSMDRNK  |
| J. | I smoked to lose weight or keep from gaining weight .....      | <input type="checkbox"/> | : | LSMSMOK  |
| K. | I ate only 1 or 2 foods for several days at a time .....       | <input type="checkbox"/> | : | LSM12FD  |
| L. | I used some other method .....                                 | <input type="checkbox"/> | : | LSMOTHR  |

1. Specify: LSMRMK

16. If a person is fat, what do you think are the reasons?

- |  | Yes                      | No                       |          |
|--|--------------------------|--------------------------|----------|
| A. They don't exercise enough .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | NOEXCISE |
| B. They have big bones .....   | <input type="checkbox"/> | <input type="checkbox"/> | BIGBONE  |
| C. They have a gland problem or something is wrong with their body ..... | <input type="checkbox"/> | <input type="checkbox"/> | GLAND    |
| D. They eat the wrong foods .....  | <input type="checkbox"/> | <input type="checkbox"/> | WRFOOD   |
| E. They don't control themselves .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | NOCNTL   |
| F. They eat a lot of snacks .....  | <input type="checkbox"/> | <input type="checkbox"/> | SNACKLOT |
| G. They eat a lot .....  | <input type="checkbox"/> | <input type="checkbox"/> | EATALOT  |
| H. It is natural for them to be fat .....                                | <input type="checkbox"/> | <input type="checkbox"/> | NATURAL  |

Lots of people talk about nutrition these days. We are trying to learn what people your age believe about the foods they eat. Please answer the following:

17. I don't need to worry about what I eat:

- |                                       | True                     | False                    |         |
|---------------------------------------|--------------------------|--------------------------|---------|
| A. if I drink enough milk .....       | <input type="checkbox"/> | <input type="checkbox"/> | IFMILK  |
| B. if I maintain my weight .....      | <input type="checkbox"/> | <input type="checkbox"/> | IFWT    |
| C. if I take vitamins regularly ..... | <input type="checkbox"/> | <input type="checkbox"/> | IFVITMN |
| D. if I eat a low-fat diet .....      | <input type="checkbox"/> | <input type="checkbox"/> | IFLOFAT |

18. I would eat fast food more often:

- |   | True                     | False                    |         |
|---|--------------------------|--------------------------|---------|
| A. if I had more money .....  | <input type="checkbox"/> | <input type="checkbox"/> | FFMONEY |
| B. if it were more nutritious .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | FFNUTR  |
| C. if it contained less fat .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | FFLSFAT |
| D. if it had fewer calories .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | FFLOCAL |
| E. if there were more fast food restaurants near where I live ..... | <input type="checkbox"/> | <input type="checkbox"/> | FFMRRST |

19. It is important for me to choose foods that:

- |  | Not Important            | Important                | Very Important           |         |
|--|--------------------------|--------------------------|--------------------------|---------|
| A. are low in sugar .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHLOSUG |
| B. are low in fat .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHLOFAT |
| C. are low in calories .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHLOCAL |
| D. include plenty of breads, cereals, pasta and rice ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHGRN   |
| E. include plenty of fruits and vegetables .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHFRUIT |
| F. include a variety of foods .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHVARTY |
| G. include plenty of milk and cheese .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHDAIRY |
| H. include plenty of meat, fish and chicken .....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHMEAT  |

20. Do you read the nutrition information on food labels? .....

**READNUTR**

Yes No

If YES, how often do you do the following?

A. When I read the information on nutrition labels I find it confusing .....

Usually Rarely

**NTRCONF**

B. I read the nutrition labels on snack foods .....

**NTRSNAK**

C. I read the nutrition labels for calorie information .....

**NTRCAL**

D. I read nutrition labels for information on the amount of fat .....

**NTRFAT**

E. I use the information on nutrition labels to help me choose the foods I eat .....

**NTRCHOS**