

FLASHE – Annotated Teen 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 each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I feel confident in my ability to eat fruits and vegetables every day TDEFFFV: TD_EfficacyFV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My friends eat fruits and vegetables most days of the week TDNORMFV: TD_NormFV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 TDMFVBAD: TD_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 TDMFVWANT: TD_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 TDMFVUPST: TD_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 TDMFVIMPT: TD_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 teenagers should eat each day?

[TDKNFV: TD_KnowFV](#)

_____ servings each day

- I'm not really sure.
[TDKNFVNS: TD_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 often spoil before I get a chance to eat them TDBFVSPL: TD_BarrierFV_SpoilBeforeEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. They aren't filling enough TDBFVNTFL: TD_BarrierFV_NotFillingEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. The restaurants I go to don't serve fruits and vegetables TDBFVREST: TD_BarrierFV_RestaurantNotServe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I just don't think of fruits and vegetables when I'm looking for something to eat TDBFVDTHINK: TD_BarrierFV_DontThinkOf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. They are not packed in my lunch TDBFVNUNCH: TD_BarrierFV_NotPackedLunch	<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 each of the statements listed below.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I feel confident in my ability to limit the amount of junk food and sugary drinks I eat and drink TDEFFFB: TD_EfficacyFB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My friends eat junk food or drink sugary drinks on most days of the week TDNORMFB: TD_NormFB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 TDMFBBAD: TD_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 TDMFBWANT: TD_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 TDMFBUPST: TD_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 TDMFBIMPT: TD_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 why 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 and depressed? TDENHSAD: TD_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? TDENHANX: TD_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 TDEMKPSELF: TD_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 TDEMPOSNE: TD_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 TDEMCNTNE: TD_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 TDEMNEGNE: TD_EmotionReg_NegativeNotExpress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9. Please think about messages you see or hear on television, magazines, radio, internet or billboards about foods and drinks. Please mark 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. TDADTRY: TD_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. TDADTASTE: TD_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. TDADTRUST: TD_Ads_TrustMessages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 2: What You Eat and Drink

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, school, restaurants or anywhere else. Also think about drinks you had in a can, bottle or glass.

10. 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.

[TDBFRUTDRK: TD_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

11. 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.

[TDBFRUTJC: TD_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

12. 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.
 TDBSODA: TD_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
13. DURING THE PAST 7 DAYS, how many times did you drink ENERGY DRINKS like Rockstar, Red Bull, etc.? These drinks usually have caffeine.
 TDBENERGY: TD_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
14. 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.
 TDBSPORT: TD_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
15. 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?
 TDBWATER: TD_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
16. DURING THE PAST 7 DAYS, how many times did you drink MILK or have it on your cereal? COUNT milk you drank at school. 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.
 TDBMILK: TD_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, school, restaurants or anywhere else.

17. 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.

[TDFFRUIT: TD_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

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

[TDFSALAD: TD_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

19. DURING THE PAST 7 DAYS, how many times did you eat FRIED POTATOS like French fries, tater tots, hash brown potatoes, etc.?

[TDFPOTFRD: TD_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

20. 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?

[TDFPOTOTH: TD_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

21. 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.

[TDFVEG: TD_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

22. 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.
 TDFBEANS: TD_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
23. DURING THE PAST 7 DAYS, how many times did you eat PIZZA like frozen, fast food or homemade pizza?
 TDFPIZZA: TD_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
24. DURING THE PAST 7 DAYS, how many times did you eat tacos, burritos, nachos or other dishes like these?
 TDFTACOS: TD_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
25. 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.
 TDFHTSERV: TD_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
26. 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.?
 TDFPROCMT: TD_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
27. DURING THE PAST 7 DAYS, how many times did you eat HAMBURGERS OR CHEESEBURGERS? COUNT fast food burgers like Big Macs, Whoppers, etc.
 TDFBURGERS: TD_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

28. 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.
[TDFFRCHCKN: TD_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
29. 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.
[TDFWHGRBRD: TD_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
30. 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.
[TDFWHGRCKD: TD_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
31. 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.
[TDFCANDY: TD_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
32. 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.
[TDFCAKE: TD_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
33. 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.
[TDFDESSRT: TD_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

34. DURING THE PAST 7 DAYS, how many times did you eat regular POTATO CHIPS, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.? DON'T COUNT baked varieties and don't count pretzels.

TDFCHIPS: [TD_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

35. 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.

TDFCERSUGR: [TD_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

36. 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.

TDFCERNOSUG: [TD_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

Section 3: Food Away From Home

37. Are there vending machines at your school?

TDSCHLVNDG: [TD_SchoolVending](#)

- 1 Yes
 2 No

IF NO, RESPONDENT SKIPPED TO QUESTION 39

38. Do they sell sodas, salty snacks and/or candy?

TDSCHLSODA: [TD_SchoolVending_Sodas](#)

- 1 Yes
 2 No

39. Does your school have working water fountains or dispensers?

TDSCHLH2O: [TD_SchoolWater](#)

- 1 No, none work
 2 Yes, only a few
 3 Yes, widely available
 4 There are no water fountains or dispensers

40. Think about the local area around your school, within a 10-15 minute walk in any direction. Do you have any of the following in walking distance from your school? Please select all that apply.

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Convenience/corner store/small grocery store/bodega
TDANCONV: TD_AvailNbhd_ConvenienceStore | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Supermarket/mid-size grocery store
TDANSUPRMKT: TD_AvailNbhd_Supermarket | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Fruit/vegetable market/Farmer's market/ co-op/Community Supported Agriculture (CSA)
TDANMKTCSA: TD_AvailNbhd_MarketCSA | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Fast food restaurant
TDANFASTFD: TD_AvailNbhd_FastFoodRest | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Non-fast food restaurant
TDANNFASTFD: TD_AvailNbhd_NonFastFood | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

41. How often do you go to each of the following that's in walking distance from your school?

- | | Never | Rarely | Sometimes | Often | Always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Convenience/corner store/small grocery store/bodega
TDFSCONV: TD_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
TDFSSUPRMKT: TD_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)
TDFSMKTCSA: TD_FoodShop_MarketCSA | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Fast food restaurant
TDFSFSTFD: TD_FoodShop_FastFoodRest | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Non-fast food restaurant
TDFSNFASTFD: TD_FoodShop_NonFastFood | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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. COUNT breakfast, lunch, dinner and snacks.

42. 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?
TDMAFASTFD: TD_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?
TDMAPIZZA: TD_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?
TDMACONV: TD_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?
TDMAFSREST: TD_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 4: Food in Your Home

The next few questions ask about food in your home. For this survey, home means the place where you and your parent(s) have lived together for most of the time in the PAST 12 MONTHS.

Again, "PARENT" means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, an adult relative or an adult who isn't related to you.

43. 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? TDMHFASTFD: TD_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? TDMHDELIVR: TD_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? TDMHHTSERV: TD_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? TDMHCOOK: TD_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

44. How often are the following foods and drinks available in your home?

	Never	Rarely	Sometimes	Often	Always
a. Fruits or vegetables TDAFV: TD_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. TDASWEET: TD_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 TDASUGRDRK: TD_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. TDACHIPS: TD_Avail_Chips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 5: Family Meals

For these next questions, think about meal times with your family.

45. Please select how much you disagree or agree with each of the statements listed below.

In my family...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. It is important that we eat at least one meal a day together TDFMTOGTHR: TD_FamilyMeals_EatTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. We often watch TV while eating dinner TDFMTV: TD_FamilyMeals_WatchTV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I often eat alone TDFMEATALON: TD_FamilyMeals_EatAlone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 6: Your Preferences

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

46. 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. Sugar sweetened drinks like Capri Sun, Sunny D, Arizona Tea, etc TDPFRUTDRK: TD_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. TDPSTODA: TD_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 TDPWATER: TD_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 TDPFRUIT: TD_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 TDPVEG: TD_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

How much do you disagree or agree with the statement listed below?

47. I eat a healthy diet.
TDHLTHDIET: TD_HealthyDiet

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

Section 8: Your Parents

Again, “PARENT” means the adult who takes care of you. It could be your birth mother or father or your adopted mother or father. It could also be your guardian, and adult relative or an adult who isn’t related to you.

48. How much do you disagree or agree with each of the statements listed below regarding WHAT YOUR PARENT(S) SAY AND DO when it comes to eating fruits and vegetables?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. My parent(s) buy fruits and vegetables for me TDPFVBUY: TD_ParentingFV_Buy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My parent(s) try to eat fruits and vegetables when I’m around TDPFVTRYEAT: TD_ParentingFV_TryToEat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My parent(s) encourage me to try different kinds of fruits and vegetables TDPFVTRYVAR: TD_ParentingFV_TryVariety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My parent(s) and I decide together how many fruits and vegetables I have to eat TDPFVDECIDE: TD_ParentingFV_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My parent(s) have to make sure that I eat enough fruits and vegetables TDPFVENOUGH: TD_ParentingFV_EatEnough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My parent(s) make me eat fruits and vegetables TDPFVMKEAT: TD_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 my parent(s) to make rules about how many fruits and vegetables I can have TDPFVMKRULE: TD_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 you 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.

49. How much do you disagree or agree with each of the statements listed below regarding WHAT YOUR PARENT(S) SAY AND DO when it comes to eating junk food or drinking sugary drinks?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. If I've had a bad day, my parent(s) let me have junk food or sugary drinks to make me feel better TDPFBADDAY: TD_ParentingFB_BadDay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My parent(s) don't buy a lot of junk food or sugary drinks for me TDPFBNOTBUY: TD_ParentingFB_NotBuyAlot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My parent(s) try to avoid eating junk food or drinking sugary drinks when I'm around TDPFBVOID: TD_ParentingFB_TryToAvoid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My parent(s) and I decide together how much junk food or sugary drinks I can have TDPFBDECIDE: TD_ParentingFB_DecideTogether	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My parent(s) have to make sure that I don't eat too much junk food or drink too many sugary drinks TDPFBNOTEAT: TD_ParentingFB_NotEatTooMuch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My parent(s) decide how much junk food or sugary drinks I can have TDPFBPARDEC: TD_ParentingFB_ParentDecideHowMuch	<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 my parent(s) to make rules about how much junk food or sugary drinks I have TDPFBMKRULE: TD_ParentingFB_MakeRules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5