

# Final Project Study A Survey for 431 Fall 2019

This is the final version that students (and TAs) should actually fill out. You may do so, starting now.

The deadline for completing the survey is 10 AM on 2019-10-28. There are 145 items, so this will take a while, but remember that your fellow students need data. While none of the items are marked as mandatory so that you can skip around if you like, we really hope you will answer all 145 items.

The survey is broken into 10 sections. You can submit the survey at any time by moving down to the final section and then submitting the form. A copy will be emailed to you automatically, and you will receive a link which will let you edit your responses, and answer more of the items at your convenience. Please remember to:

1. Answer every single question (all 145 of them) to the best of your ability.
2. When an item asks for a number, provide only the number. There is no need to type in any other details.
3. Let us know at 431-help if anything is confusing to you.

The data will be thoroughly de-identified and lightly adjusted before it is provided to the students in the class, but Dr. Love (unfortunately) will have the ability to see what your responses were. He will delete this information as soon as he has verified that everyone has completed the task. Again, the survey will collect your CWRU email address, and Dr. Love will be able to use this to verify that you've completed the task.

Again, please complete the entire survey by 10 AM on 2019-10-28. Thank you.

Your email address (**tel3@case.edu**) will be recorded when you submit this form. Not **tel3**? [Sign out](#)

## Section 1

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The fifteen items suggested by Dr. Love

### 1. Q001. Were you born in the United States?

*Mark only one oval.*

☐ Yes

☐ No

### 2. Q002. Is English the language you speak better than any other?

*Mark only one oval.*

☐ Yes

☐ No

3. **Q003. Do you identify as female?**

*Mark only one oval.*

☐ Yes

☐ No

4. **Q004. Do you wear prescription glasses or contact lenses?**

*Mark only one oval.*

☐ Yes

☐ No

5. **Q005. Before taking 431, had you ever used R before?**

*Mark only one oval.*

☐ Yes

☐ No

6. **Q006. Are you currently married or in a stable domestic relationship?**

*Mark only one oval.*

☐ Yes

☐ No

7. **Q007. Have you smoked 100 cigarettes or more in your entire life?**

*Mark only one oval.*

☐ Yes

☐ No

8. **Q008. In what year were you born?**

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9. **Q009. How would you rate your current health overall?**

*Mark only one oval.*

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

10. **Q010. For how long, in months, have you lived in Northeast Ohio?**

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11. **Q011. What is your height, in inches?**

If you are five feet, eight inches tall, please write 68 inches. To convert from centimeters to inches, multiply your height in centimeters by 0.3937, and then round the result to the nearest inch.

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12. **Q012. What is your weight, in pounds?**

To convert from kilograms to pounds, multiply your weight in kilograms by 2.2046, and then round the result to the nearest pound.

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13. **Q013. What is your pulse rate, in beats per minute?**

Please either use a tracking device, or count your pulse for 15 seconds then multiply by 4.

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14. **Q014. Last week, on how many days did you exercise?**

*Mark only one oval.*

0      1      2      3      4      5      6      7

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|                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

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15. **Q015. Last night, how many hours of sleep did you get?**

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## Section 2

Home-brewed items about what you like to eat, and related matters.

16. **Q016. Do you have any dietary restrictions?**

*Mark only one oval.*

☐ No

☐ Yes

17. **Q017. In the past month, did you buy most of the groceries you consumed?**

*Mark only one oval.*

☐ No

☐ Yes

18. **Q018. In the past 7 days, did you drink at least one cup of coffee?**

*Mark only one oval.*

☐ No

☐ Yes

19. **Q019. In the past 7 days, did you drink at least one cup of hot tea?**

*Mark only one oval.*

☐ No

☐ Yes

20. **Q020. In the past 7 days, did you make coffee or tea for yourself at home?**

*Mark only one oval.*

☐ No

☐ Yes

21. **Q021. In the past 7 days, did you consume water from a plastic disposable bottle?**

*Mark only one oval.*

☐ No

☐ Yes

22. **Q022. Have you ever worked in a kitchen professionally?**

*Mark only one oval.*

☐ No

☐ Yes

23. **Q023. Have you ever had any formal culinary education?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

24. **Q024. How would you rate your cooking skill?**

*Mark only one oval.*

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I don't cook.

25. **Q025. If you have any dietary restrictions, please specify the main reason**

*Mark only one oval.*

- ☐ Religious
- ☐ Health
- ☐ Personal Decision
- ☐ Environment
- ☐ Allergies
- ☐ I have no dietary restrictions

26. **Q026. What type of diet do you follow?**

*Mark only one oval.*

- ☐ Vegetarian
- ☐ Vegan
- ☐ Kosher
- ☐ Halal
- ☐ Low sodium
- ☐ Low carbohydrate
- ☐ Gluten-free
- ☐ Allergy Avoidance
- ☐ Don't follow a special diet

27. **Q027. Last week, on how many days did you eat breakfast?**

*Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

28. **Q028. Which of the following best describes the breakfast you consume on a typical day?**

*Mark only one oval.*

- ☐ I don't eat breakfast
- ☐ 1 - 200 calories (e.g. a granola bar)
- ☐ 201 - 400 calories (e.g. a bowl of cereal with skim milk)
- ☐ 401 - 600 calories (e.g. eggs and bacon)
- ☐ More than 600 calories

29. **Q029. At which of these have you bought coffee or tea in the past 30 days? (CHECK ALL THAT APPLY)**

*Check all that apply.*

- ☐ Cafe (i.e. Starbucks)
- ☐ Grocery Store
- ☐ Fast food restaurant
- ☐ Other restaurant
- ☐ Purchased online
- ☐ Did not purchase coffee or tea

30. **Q030. At which of the following do you buy groceries regularly? (CHECK ALL THAT APPLY)**

*Check all that apply.*

- ☐ I do not buy groceries regularly
- ☐ Aldi
- ☐ Constantino's Market
- ☐ Costco
- ☐ Dave's Market
- ☐ Giant Eagle
- ☐ Heinen's
- ☐ Marc's
- ☐ Sam's Club
- ☐ Target
- ☐ Trader Joe's
- ☐ Walmart
- ☐ Whole Foods

31. **Q031. How confident are you in your ability to prepare a full meal?**

Please answer on a scale from 0 = Not confident at all to 100 = Extremely confident

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32. **Q032. In a typical week, how much (in dollars) does your household spend on food?**

Please include dining out, food deliveries, snacks and grocery shopping

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33. **Q033. As you were growing up, what percentage of your meals were home-cooked?**

Please include meals cooked by you, your parents, grandparents, neighbors, friend's parents, etc. If you grew up in multiple households, use an average.

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34. **Q034.** In the last 30 days, about how many times did someone in your household shop for groceries?

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35. **Q035.** In the last week, how many times did you dine out or get delivery or take-out food from a restaurant (including fast-food restaurants?)

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36. **Q036.** In the past 7 days, how many times did you skip a meal?

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37. **Q037.** Last week, how many meals did you eat that contained vegetables?

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38. **Q038.** How many minutes does it take you, or whoever does the shopping in your household, to get to your most frequently visited grocery store?

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39. **Q039.** In the past week, how many times have you purchased coffee or tea?

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40. **Q040.** In the past week, how many times have you made coffee or tea?

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41. **Q041.** In the past month, how many times did YOU go to the grocery store?

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42. **Q042. What was the total amount (in US dollars) you spent during your last visit to the grocery store?**

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## Section 3

Home-brewed items about stress and sleep and your working life

43. **Q043. Have you ever talked to a health care provider about difficulty sleeping?**

*Mark only one oval.*

☐ No

☐ Yes

44. **Q044. Have you ever been diagnosed with a sleep disorder?**

*Mark only one oval.*

☐ No

☐ Yes

45. **Q045. Do you have any sleep-related condition that interferes with getting a full night's worth of quality sleep, i.e. insomnia, sleep apnea, etc?**

*Mark only one oval.*

☐ No

☐ Yes

46. **Q046. How would you rate your sleep quality?**

*Mark only one oval.*

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

47. **Q047. How long did it take you to fall asleep last night, in minutes?**

If you did not sleep last night, leave this question blank.

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## Section 4

More Homemade Questions, about You and Your Health

48. **Q048. Have you been to a dental examination or cleaning in the past 12 months?**

*Mark only one oval.*

☐ No

☐ Yes

49. **Q049. Have you visited University Health Services since you have been a student at CWRU?**

*Mark only one oval.*

☐ No

☐ Yes

50. **Q050. Do you use CWRU Student Health Insurance?**

*Mark only one oval.*

☐ No

☐ Yes

51. **Q051. Do you live with a stable domestic partner / significant other?**

*Mark only one oval.*

☐ No

☐ Yes

52. **Q052. In the past two weeks, how often did you take time to do hobbies or activities that you find relaxing**

*Mark only one oval.*

☐ Never

☐ Rarely

☐ Frequently

☐ Daily

53. **Q053. How would you rate your oral health?**

*Mark only one oval.*

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

54. **Q054. How intensive was your most recent workout this week?**

*Mark only one oval.*

- ☐ High
- ☐ Medium
- ☐ Low
- ☐ I haven't worked out in the past week

55. **Q055. Which of the following kinds of pets do you live with? (CHECK ALL THAT APPLY)**

*Check all that apply.*

- ☐ I don't have any pets
- ☐ Cat
- ☐ Dog
- ☐ Fish
- ☐ Guinea Pig / Hamster
- ☐ Rabbit
- ☐ Reptile
- ☐ Other Kind of Pet

56. **Q056. Please rate your agreement with “I am physically active.”**

Please rate your agreement with the statement on a scale from 0 = Strongly Disagree to 100 = Strongly Agree

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57. **Q057. How happy do you feel on a typical day?**  
Please rate on a scale from 0 = Miserable to 100 = Ecstatic

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58. **Q058. Please rate your agreement with "I feel that my stress level severely impacts my daily functioning."**  
Please rate your agreement with the statement on a scale from 0 = Strongly Disagree to 100 = Strongly Agree

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59. **Q059. Please rate your agreement with "I eat in an extremely healthy way, every day."**  
Please rate your agreement with the statement on a scale from 0 = Strongly Disagree to 100 = Strongly Agree

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60. **Q060. Please rate your agreement with "I feel tremendous stress with regard to my financial situation."**  
Please rate your agreement with the statement on a scale from 0 = Strongly Disagree to 100 = Strongly Agree

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61. **Q061. Please rate your agreement with "I feel tremendous stress with regard to my classes and program of study."**  
Please rate your agreement with the statement on a scale from 0 = Strongly Disagree to 100 = Strongly Agree

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62. **Q062. Including yourself, how many people live in your household?**

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63. **Q063. How many pets live in your household?**

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64. **Q064. Out of the last 30 days, on how many did you feel highly stressed?**

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65. **Q065. In the last 7 days, how many hours did you spend on work, class or research?**

Note that we're looking for the total across the last seven days here, and not the daily average.

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66. **Q066. Last week, how many times did you brush your teeth?**

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67. **Q067. Last week, how many times did you floss your teeth?**

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68. **Q068. In the past seven days, how many hours did you spend studying for, doing work related to, and attending the 431 class?**

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69. **Q069. In the past seven days, how many hours did you spend studying for, doing work related to, and attending classes OTHER THAN 431?**

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70. **Q070. In a typical week, how many miles do you drive?**

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## Section 5

Other Homemade Questions

71. **Q071. Where did you spend most of your childhood?**

*Mark only one oval.*

- ☐ Inside the US
- ☐ Outside the US

72. **Q072. In the past month, did you have access to a car most of the time?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

73. **Q073. Have you ever driven in Northeast Ohio in the winter?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

74. **Q074. Have you ever been a driver in a car accident?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

75. **Q075. Have you ever been a driver in a car accident that occurred during wintry (snow/ice) conditions?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

76. **Q076. Do you carry a smartphone?**

*Mark only one oval.*

- ☐ No
- ☐ Yes

77. **Q077. Which of the following best classifies your current working status?**

*Mark only one oval.*

- ☐ Working part-time
- ☐ Working full-time
- ☐ Not currently working

78. **Q078. Which of the following best describes your current student enrollment status?**

*Mark only one oval.*

- ☐ Undergraduate
- ☐ Graduate Masters program
- ☐ Graduate Doctoral program
- ☐ Dual Degree
- ☐ Non-Degree
- ☐ Certificate Program

79. **Q079. If you spent most of your childhood in the US, then in what region did you spend most of that time?**

*Mark only one oval.*

- ☐ Grew up mostly outside US
- ☐ Midwest
- ☐ Northeast
- ☐ West
- ☐ South

80. **Q080. If you spent most of your childhood outside of the US, then in what nation did you spend most of that time?**

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81. **Q081. Which of the following best describes the area where you grew up?**

*Mark only one oval.*

- ☐ Urban
- ☐ Suburban
- ☐ Rural

82. **Q082. Which of the following best describes your interest in video games?**

*Mark only one oval.*

- ☐ I am a casual player of video games.
- ☐ I am a hardcore player - someone who plays more than just casually.
- ☐ I do not play video games.

83. **Q083. What is your preferred video gaming platform?**

*Mark only one oval.*

- ☐ Console
- ☐ Computer
- ☐ Mobile
- ☐ Handheld (Nintendo DS, PSP, etc.)
- ☐ I don't play video games.

84. **Q084. Which is your favorite season?**

*Mark only one oval.*

- ☐ Winter
- ☐ Summer
- ☐ Fall
- ☐ Spring

85. **Q085. How comfortable are you with using R?**

Please respond using a scale from 0 = Not comfortable at all to 100 = Extremely comfortable

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86. **Q086. In addition to 431, how many other credit hours are you taking this semester?**

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87. **Q087. Last week, how many minutes of video games did you play?**

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88. **Q088.** In the past seven days, what is the total amount of time (in minutes) that you spent on your smart phone?

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89. **Q089.** Consider the place where you have lived for the longest part of your life so far. How many inches of snow fall in a typical winter in that location?

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## Section 6

Perceived Stress Scale (10 items)

90. **PSS items:** In the past month, how often have you ...

*Mark only one oval per row.*

|   | Never                 | Almost Never          | Sometimes             | Fairly Often          | Very Often            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| been upset because of something that happened unexpectedly?<br>[PSS-01]             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt that you were unable to control the important things in your life?<br>[PSS-02] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt nervous and stressed? [PSS-03]   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt confident about your ability to handle your personal problems?<br>[PSS-04]     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt that things were going your way? [PSS-05]                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

91. PSS items: In the past month, how often have you ...

Mark only one oval per row.

|  | Never                 | Almost Never          | Sometimes             | Fairly Often          | Very Often            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| found that you could not cope with all the things that you had to do? [PSS-06]           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been able to control irritations in your life? [PSS-07]                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt that you were on top of things? [PSS-08]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| been angered because of things that happened that were outside of your control? [PSS-09] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| felt difficulties were piling up so high that you could not overcome them? [PSS-10]      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 7

Health Information Orientation Scale (8 items)

92. Please rate your agreement with each of the statements on a scale from 1 = Strongly Disagree to 5 = Strongly Agree

Mark only one oval per row.

|   | 1 = Strongly Disagree | 2                     | 3                     | 4                     | 5 = Strongly Agree    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I make it a point to read and watch stories about health [HIOS-1]   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I really enjoy learning about health issues [HIOS-2]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| To be and stay healthy it's critical to be informed about health issues [HIOS-03]                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The amount of health information available today makes it easier for me to take care of my health [HIOS-04] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

93. Please rate your agreement with each of the statements on a scale from 1 = Strongly Disagree to 5 = Strongly Agree

Mark only one oval per row.

|  | 1 = Strongly Disagree | 2                     | 3                     | 4                     | 5 = Strongly Agree    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When I take medicine, I try to get as much information as possible about its benefits and side effects [HIOS-05] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I need to know about health issues so I can keep myself and my family healthy [HIOS-06]                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Before making a decision about my health, I find out everything I can about this issue [HIOS-07]                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It's important to me to be informed about health issues [HIOS-08]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 8

Financial Capability Scale (8 items)

94. [FCS-01] Do you currently have a personal budget, spending plan, or financial plan?

Mark only one oval.

- ☐ No  
☐ Yes

95. [FCS-02] Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

Mark only one oval.

- ☐ No  
☐ Yes

96. [FCS-03] Over the past month, would you say your family's spending on living expenses was less than its total income?

Mark only one oval.

- ☐ No  
☐ Yes

97. [FCS-04] In the last 2 months, have you paid a late fee on a loan or bill?

Mark only one oval.

☐ No

☐ Yes

98. Please select the best response in each row.

Mark only one oval per row.

|  | Not at all            | Somewhat              | Very                  |
|--|-----------------------|-----------------------|-----------------------|
| How confident are you in your ability to achieve a financial goal you set for yourself today? [FCS-05]   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month? [FCS-06] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 9

Modified Insomnia Severity Index (7 items)

99. Please select the best response in each row.

Mark only one oval per row.

|  | None                  | Mild                  | Moderate              | Severe                | Very Severe           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| In the past two weeks, how much difficulty did you have falling asleep? [ISI-01]           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In the past two weeks, how much difficulty did you have staying asleep? [ISI-02]           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In the past two weeks, how much difficulty did you have with waking up too early? [ISI-03] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

100. [ISI-04] How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Mark only one oval.

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

101. Please select the best response for each row.

Mark only one oval per row.

|  | Not at all            | A little              | Somewhat              | Much                  | Very much             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How NOTICEABLE to others do you think your sleep pattern is in terms of impairing the quality of your life? [ISI-05]   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How WORRIED/DISTRESSED are you about your current sleep? [ISI-06]  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| To what extent do you consider your sleep pattern to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY? [ISI-07] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Section 10

"Simple" Adherence to Dietary Guidelines Index

102. [SDG-01] How many servings of vegetables do you usually eat each day (including fresh, frozen and canned)?

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103. [SDG-02] How many servings of fruit do you usually eat each day (including fresh, dried, frozen and canned fruit)?

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104. How often do you eat ...

Please select the best response in each row.

Mark only one oval per row.

[illegible]

105. **How often do you eat ...**

Please select the best response in each row.

Mark only one oval per row.

|   | Less than<br>once per<br>month | Once<br>per<br>month  | 2-3 times<br>per month | 1-2 times<br>per week | 3-5 times<br>per week | 6 or more<br>times per<br>week |
|---|--------------------------------|-----------------------|------------------------|-----------------------|-----------------------|--------------------------------|
| meat products<br>such as sausages,<br>hot dogs, bacon or<br>ham? [SDG-16]                           | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |
| fried, roast or BBQ<br>chicken, pizza,<br>burgers or fish and<br>chips? [SDG-18]                    | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |
| savory pastries (ie<br>McMuffin,<br>hotpockets,<br>chicken pot pie,<br>shepherd's pie)?<br>[SDG-19] | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |
| cookies, cakes,<br>desserts, candy<br>etc? [SDG-22]   | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |

106. **[SDG-03] What type of bread do you usually eat?**

Mark only one oval.

- ☐ White bread
- ☐ High-fiber white or wholemeal, multigrain, rye or spelt
- ☐ Some other kind
- ☐ Don't eat bread

107. **[SDG-06] How often do you eat red meat (beef, lamb, but not pork or ham)?**

Include all minimally processed forms of red meat such as chops, steaks, roasts, stir-fries, and casseroles.

Mark only one oval.

- ☐ Don't eat meat
- ☐ Less than 2 times per week
- ☐ 3-5 times per week
- ☐ 6 or more times per week

108. **[SDG-08] About how much milk (in total) do you usually have in a day?**

*Mark only one oval.*

- ☐ Less than 150 ml (5 fluid oz.)
- ☐ 150-300 ml (5-10 fluid oz.)
- ☐ More than 300 ml (10 fluid oz.)

109. **[SDG-09] What type of milk do you usually consume?**

*Mark only one oval.*

- ☐ Whole milk
- ☐ Low or reduced fat
- ☐ Skim (non-fat)
- ☐ I do not consume milk

110. **[SDG-11] How many cups of water, including sparkling water, do you drink in a day?**

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111. **[SDG-12] How many cups of diet or sugar-free soft drinks, or sports drinks do you drink in a day?**

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112. **[SDG-13] How many cups of hot drinks (such as tea or coffee) do you drink in a day?**

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113. **[SDG-23] How many cups of regular or sugar sweetened soft drinks, fruit juice or sports drinks do you drink in a day?**

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114. **[SDG-14] What percentage of your total beverage intake on a typical day is water?**

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115. Please select the best response in each row.

Mark only one oval per row.

|   | Never or Rarely       | Sometimes             | Usually               |
|---|-----------------------|-----------------------|-----------------------|
| How often is the meat you eat trimmed of fat either before or after cooking? [SDG-17] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you add salt to your food after it is cooked? [SDG-20]                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often is salt added to your food during cooking? [SDG-21]                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

116. [SDG-24] On how many days of the week do you usually drink alcohol?

Mark only one oval.

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

117. [SDG-25] On a day when you drink alcohol, how many standard drinks do you usually have?

In the United States, one "standard" drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in: 12 ounces of regular beer, which is usually about 5% alcohol. 5 ounces of wine, which is typically about 12% alcohol. or 1.5 ounces of distilled spirits, which is about 40% alcohol.

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A copy of your responses will be emailed to tel3@case.edu