**SURVEY QUESTIONS**

\*All information will remain anonymous

I. FITNESS INFORMATION

This section asks you about specific information regarding your physical activity routines and habits. This section should take you approximately \_\_\_ minutes to complete.

Are you a professional, sponsored, or fulltime paid athlete? Yes or No

Do you do any **vigorous-intensity** sports, fitness, recreational, or work-related activities that cause large increases in breathing or heart rate for at least 10 minutes continuously? e.g. running or basketball. Y or N

(if yes)In a typical week, how many days do you do **vigorous-intensity** sports, fitness, recreational, or work-related activities? (1-7)

How many hours do you spend doing **vigorous-intensity** sports, fitness, recreational, or work-related activities in a typical day? \_\_\_\_\_

What **vigorous-intensity** activities do you typically do each day or week?

Do you do any **moderate-intensity** sports, fitness, recreational, or work-related activities that cause a small increase in breathing or heart rate for at least 10 minutes continuously? E.g. brisk walking, bicycling or golf? Y or N

(if yes)In a typical week, how many days do you do **moderate-intensity** sports, fitness, recreational, or work-related activities? (1-7) \_\_\_\_

How many hours do you spend doing **moderate-intensity** sports, fitness, recreational, or work-related activities in a typical day? \_\_\_\_

What **moderate-intensity** activities do you typically do each day or week?

In a typical 24-hour period, list how many hours you devote to the following activities. Put a 0 if you do not devote time to any particular activity. Be sure to total 24 hours:

Sleeping

Sitting at a desk/computer

Sitting in a car/other transports

Watching TV

Other sedentary activities (e.g. reading)

Vigorous exercise (e.g. running)

Moderate exercise (e.g. brisk walking)

Light activity (e.g. cooking, laundry)

How much of your current daily physical activity comes from regimented exercise (planned exercise)?

All of it

Most of it

About half

Much less than half

None at all

Do you currently train for any type of sports or activities? Y or N

If yes, what sports do you train for?

Have you recently (in the past 2 years) competed in any type of sports? Yes or No

(if yes) In what sport?

At what level of competition?

How many days per week did you train?

Do you currently receive coaching or personal training? Yes or No

If yes:

How often (days per week)?

How long have you maintained this arrangement (days/months/years)?

What are the primary goals of your fitness regimen? Check all that apply. (multi-response)

Improve physical appearance

Lose weight

Gain weight

Maintain weight

Improve physical fitness

Promote health and longevity

Other \_\_\_\_\_\_

II. DIETARY INTAKE

The following questions ask about your food and beverage intake. This section will take approximately \_\_\_\_ minutes to complete. It is important that you carefully respond to the questions regarding what specific foods and portions you consumed.

If you tend to eat more of only **one** food group as compared to others, what group is it?

- Breads, pasta, cereals

- Beans, lentils, tubers (potatoes)

- Fresh fruits and vegetables

- Meat: red meat, chicken, pork, seafood

- I do not consume one food group more than others

Now I’m going to ask you about your meal choices from the previous day. Please recall everything with as much detail as possible including brand names, cup sizes, ingredients and time of day. For help, use the sample Diet Record provided as a guide to formatting and thinking of your responses. When you have recalled everything you ate, select “finished” box below the prompt.

What was the first thing you ate after you woke up?

After that, what was the next thing you ate?

After that, what was the next thing you ate?

Etc. (x10)

(add Finished option)

Please list what liquids you consumed the previous day beginning with when you first woke up. Include as much detail as possible such as brand names, cup sizes, and time of day.

Was the amount of food that you ate in the last 24 hours: (single answer)

much more than usual

somewhat more than usual

usual

somewhat less than usual

much less than usual?

Was the food you ate in the last 24 hours typical of an average day? Yes/NO

If no, explain any particular events or food choices you made that would not typically occur.

Now think about your average daily routine in terms of the typical foods you eat most days of the week.

*For an average day*, give examples of all the foods you typically eat during and between each meal. Include snacks and beverages. Think about everything you eat from the time you wake up until the time you go to sleep.

What do you typically eat when you first wake up?

What is the next thing you typically eat?

What is the next thing you typically eat?

Etc. (x10)

[finished option]

How many meals per day do you eat out? These are prepared away from home at food stands, vending machines, restaurants, fast-food places, etc.

E.g. Starbucks mocha latte at 8am; Sushi roll with salmon at 12pm; etc.

Do you currently have any special dietary restrictions or requirements, e.g. vegetarian, vegan, lactose intolerance, gluten/wheat allergies, fasting etc.? Yes or No

(If yes), what?

Are you currently diagnosed with any of the following?:

Diabetes I or II

Anemia

High Cholesterol

Bulimia

Anorexia nervosa

Other? \_\_\_\_\_

Do you currently follow any particular published diet plan, *e.g. Atkins, Zone, South Beach, etc.?*

Do you ever experience food cravings? Y or N

If yes, when do you experience these cravings, *e.g.* *at night, after exercise, etc.*?

What do you typically crave during these times?

Do you act on your cravings and eat what you crave?

Do you ever research or read about nutrition and/or recommended dietary choices? Y or N

How many calories do you think you ate yesterday?

* <500
* 500 – 1000
* 1000- 1500
* 1500- 2000
* 2000- 2500
* 2500- 3000
* >3000

***[To what extent are you aware of the number and type of calories you eat?***

***5- always aware***

***4- often aware***

***3- somewhat aware***

***2- rarely aware***

***1- not aware]***  MAY NOT INCLUDE THIS QUESTION

To what extent do you consciously try to eat healthy foods?

5- all the time

4- often

3- sometimes

2- rarely

1- not at all

Do you take any vitamins or supplements? Y or N

If yes, please list what you take, include dosage and brand names if known.

III. PERSONAL INFORMATION

The following questions will ask you for basic information about your age, height, weight and habits as well as body size information. This section should take approximately 5 minutes to complete. You are almost done!

Age: \_\_\_\_

Where were you born? (City, state, country)

Where do you currently reside?

Do you currently practice any religious or cultural activities that require particular dietary choices? Yes or No

If Yes, what?

Sex: M or F (drop down)

If F, are you currently pregnant?

Are you breastfeeding?

Height (feet, inches)?

Weight (lbs)?

Have you ever smoked, chewed or otherwise used tobacco? Y or N

If Y, do you currently (check all that apply): (multi answer)

Smoke cigarettes

Smoke cigars

Smoke a pipe

Inhale snuff

Chew tobacco?

Do you drink alcohol? Y or N

If Y, how many alcoholic drinks per week?

*1 drink= standard 1oz shot of straight spirits, or*

*= 1 small glass of wine, or*

*= 1 12oz can of beer*

Answer the following questions to the best of your ability. (add don’t know choice)

What is your bone structure? (single answer)

Very large, large to medium, medium to small, small to frail, don’t know

If you encircle your wrist with your other hand’s middle finger and thumb:

Middle finger and thumb do not touch

Middle finger and thumb just touch

Middle finger and thumb overlap

Your body generally tends towards: (single answer)

Being overweight, maintaining weight, being underweight

How would you best describe your body shape?

Overweight and generally round shaped

Holds weight above the waist (in the torso)

Holds weight below the waist (hips, legs & buttocks)

Solid and stocky but not fat

Lean with muscle tone

Lean without muscle tone

Very thin

As a child between 5 and 7 years, were you:

overweight

Normal

underweight

Don’t know

What is your body-fat percentage?

*Men: thin/athletic=0-10%, average=11-18%, overweight=19%>*

*Women: very thin/athletic=14-18%, average=19-25%, overweight=26%>*

[Don’t know]

How do you know your body-fat percentage?

What is your blood pressure (systolic over diastolic, mmHg)? *e.g= 120/80 (add don’t know)*

What is your resting heart rate (beats per min)? (*add don’t know)*