BevQ Example Survey

Start of Block: Beverage: Parent Frequency

Intro   
Introduction  
  
  
Thanks for helping us populate some sample survey data. We are using this data in an effort to share reproducible scoring and coding for other researchers who wish to use the Bevq scale. Thanks for helping in the name of Open Source/ Open Science efforts!  
  
  
This is completely anonymous. We do not have your answers linked to your email address or any other info, so we won't even know who completed and who did not.  
  
  
Please answer each one as accurately as possible. We would like an approximate "real" sample data set (e.g. please avoid randomly filling in answers).

par\_bev   
In this first section, please think about beverages YOU have consumed within the last month.  
  
  
About how often would you say YOU drank each of the following beverages in the past month?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never or less than 1 time per week (1) | 1 time per week (2) | 2-3 times per week (3) | 4-6 times per week (4) | 1 time per day (5) | 2 times per day (6) | 3+ times per day (7) |
| Water (1) |  |  |  |  |  |  |  |
| 100% fruit juice (2) |  |  |  |  |  |  |  |
| Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) (3) |  |  |  |  |  |  |  |
| Whole milk (5) |  |  |  |  |  |  |  |
| Reduced fat milk (2%) (6) |  |  |  |  |  |  |  |
| Low fat/fat free milk (skim, 1% buttermilk, soy milk) (7) |  |  |  |  |  |  |  |
| Soft drinks, regular (8) |  |  |  |  |  |  |  |
| Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) (9) |  |  |  |  |  |  |  |
| Sweetened tea (10) |  |  |  |  |  |  |  |
| Tea or coffee, with cream and/or sugar (includes non-dairy creamer) (11) |  |  |  |  |  |  |  |
| Tea or coffee, black, with/without artificial sweetener (no cream or sugar) (12) |  |  |  |  |  |  |  |
| Beer, ales, wine coolers, non-alcoholic or light beer (13) |  |  |  |  |  |  |  |
| Hard liquor (shots, rum, tequila, etc.) (14) |  |  |  |  |  |  |  |
| Wine (red or white) (15) |  |  |  |  |  |  |  |
| Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) (16) |  |  |  |  |  |  |  |
| Other (please specify): (17) |  |  |  |  |  |  |  |
| Other (please specify): (18) |  |  |  |  |  |  |  |
| Other (please specify): (19) |  |  |  |  |  |  |  |

End of Block: Beverage: Parent Frequency

Start of Block: Beverage: Parent Amount

par\_bevamt Please indicate the approximate amount of beverage YOU drank each time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less than 6 fl oz (3/4 cup) (1) | 8 fl oz (1 cup) (2) | 12 fl oz (1 1/2 cups) (3) | 16 fl oz (2 cups) (4) | More than 20 flo oz (2 1/2 cups) (5) |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Water [ Never or less than 1 time per week ]  Water (1) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != 100% fruit juice [ Never or less than 1 time per week ]  100% fruit juice (2) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) [ Never or less than 1 time per week ]  Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) (3) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Whole milk [ Never or less than 1 time per week ]  Whole milk (5) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Reduced fat milk (2%) [ Never or less than 1 time per week ]  Reduced fat milk (2%) (6) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Low fat/fat free milk (skim, 1% buttermilk, soy milk) [ Never or less than 1 time per week ]  Low fat/fat free milk (skim, 1% buttermilk, soy milk) (7) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Soft drinks, regular [ Never or less than 1 time per week ]  Soft drinks, regular (8) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) [ Never or less than 1 time per week ]  Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) (9) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Sweetened tea [ Never or less than 1 time per week ]  Sweetened tea (10) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Tea or coffee, with cream and/or sugar (includes non-dairy creamer) [ Never or less than 1 time per week ]  Tea or coffee, with cream and/or sugar (includes non-dairy creamer) (11) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Tea or coffee, black, with/without artificial sweetener (no cream or sugar) [ Never or less than 1 time per week ]  Tea or coffee, black, with/without artificial sweetener (no cream or sugar) (12) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Beer, ales, wine coolers, non-alcoholic or light beer [ Never or less than 1 time per week ]  Beer, ales, wine coolers, non-alcoholic or light beer (13) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Hard liquor (shots, rum, tequila, etc.) [ Never or less than 1 time per week ]  Hard liquor (shots, rum, tequila, etc.) (14) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Wine (red or white) [ Never or less than 1 time per week ]  Wine (red or white) (15) |  |  |  |  |  |
| In this first section, please think about beverages YOU have consumed within the last month. Abou... != Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) [ Never or less than 1 time per week ]  Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) (16) |  |  |  |  |  |
| If In this first section, please think about beverages YOU have consumed within the last month. Abou... Other (please specify): Is Not Empty  Other (please specify):${par\_bev/ChoiceTextEntryValue/17} (17) |  |  |  |  |  |
| If In this first section, please think about beverages YOU have consumed within the last month. Abou... Other (please specify): Is Not Empty  Other (please specify):${par\_bev/ChoiceTextEntryValue/18} (18) |  |  |  |  |  |
| If In this first section, please think about beverages YOU have consumed within the last month. Abou... Other (please specify): Is Not Empty  Other (please specify):${par\_bev/ChoiceTextEntryValue/19} (19) |  |  |  |  |  |

End of Block: Beverage: Parent Amount

Start of Block: Block 5

Q7 Are you a parent, guardian, or caretaker of a child age 2 to 18 years old?

* Yes (1)
* No (2)

End of Block: Block 5

Start of Block: Thank you!

Q290 Thank You! Please click submit to finish the sample survey.  
  
  
We really appreciate the help!

End of Block: Thank you!

Start of Block: Beverage: Child Frequency

child\_bev For the next questions, we'll be asking about your child's beverages. Since this is just a sample, please select your oldest child when completing these questions. If you do not have a child  
  
Now, please think about beverages YOUR CHILD has consumed within the last month.  
  
About how often would you say they drank each of the following beverages in the past month?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never or less than 1 time per week (1) | 1 time per week (2) | 2-3 times per week (3) | 4-6 times per week (4) | 1 time per day (5) | 2 times per day (6) | 3+ times per day (7) |
| Water (1) |  |  |  |  |  |  |  |
| 100% fruit juice (2) |  |  |  |  |  |  |  |
| Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) (3) |  |  |  |  |  |  |  |
| Whole milk (5) |  |  |  |  |  |  |  |
| Reduced fat milk (2%) (6) |  |  |  |  |  |  |  |
| Low fat/fat free milk (skim, 1% buttermilk, soy milk) (7) |  |  |  |  |  |  |  |
| Soft drinks, regular (8) |  |  |  |  |  |  |  |
| Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) (9) |  |  |  |  |  |  |  |
| Sweetened tea (10) |  |  |  |  |  |  |  |
| Tea or coffee, with cream and/or sugar (includes non-dairy creamer) (11) |  |  |  |  |  |  |  |
| Tea or coffee, black, with/without artificial sweetener (no cream or sugar) (12) |  |  |  |  |  |  |  |
| Beer, ales, wine coolers, non-alcoholic or light beer (13) |  |  |  |  |  |  |  |
| Hard liquor (shots, rum, tequila, etc.) (14) |  |  |  |  |  |  |  |
| Wine (red or white) (15) |  |  |  |  |  |  |  |
| Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) (16) |  |  |  |  |  |  |  |
| Other (please specify): (17) |  |  |  |  |  |  |  |
| Other (please specify): (18) |  |  |  |  |  |  |  |
| Other (please specify): (19) |  |  |  |  |  |  |  |

End of Block: Beverage: Child Frequency

Start of Block: Beverage: Child Amount

child\_bevamt Please indicate the approximate amount of beverage YOUR CHILD drank each time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less than 6 fl oz (3/4 cup) (1) | 8 fl oz (1 cup) (2) | 12 fl oz (1 1/2 cups) (3) | 16 fl oz (2 cups) (4) | More than 20 flo oz (2 1/2 cups) (5) |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Water [ Never or less than 1 time per week ]  Water (1) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != 100% fruit juice [ Never or less than 1 time per week ]  100% fruit juice (2) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) [ Never or less than 1 time per week ]  Sweetened juice beverage/drink (fruitades, lemondae, Kool aid, punch, Sunny Delight) (3) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Whole milk [ Never or less than 1 time per week ]  Whole milk (5) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Reduced fat milk (2%) [ Never or less than 1 time per week ]  Reduced fat milk (2%) (6) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Low fat/fat free milk (skim, 1% buttermilk, soy milk) [ Never or less than 1 time per week ]  Low fat/fat free milk (skim, 1% buttermilk, soy milk) (7) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Soft drinks, regular [ Never or less than 1 time per week ]  Soft drinks, regular (8) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) [ Never or less than 1 time per week ]  Diet soft drinks/artificially sweetened drinks (i.e. Crystal Light) (9) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Sweetened tea [ Never or less than 1 time per week ]  Sweetened tea (10) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Tea or coffee, with cream and/or sugar (includes non-dairy creamer) [ Never or less than 1 time per week ]  Tea or coffee, with cream and/or sugar (includes non-dairy creamer) (11) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Tea or coffee, black, with/without artificial sweetener (no cream or sugar) [ Never or less than 1 time per week ]  Tea or coffee, black, with/without artificial sweetener (no cream or sugar) (12) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Beer, ales, wine coolers, non-alcoholic or light beer [ Never or less than 1 time per week ]  Beer, ales, wine coolers, non-alcoholic or light beer (13) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Hard liquor (shots, rum, tequila, etc.) [ Never or less than 1 time per week ]  Hard liquor (shots, rum, tequila, etc.) (14) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Wine (red or white) [ Never or less than 1 time per week ]  Wine (red or white) (15) |  |  |  |  |  |
| For the next questions, we'll be asking about your child's beverages. Since this is just a sample... != Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) [ Never or less than 1 time per week ]  Energy & sports drinks (Red Bull, Rockstar, Gatorade, Powerade, etc.) (16) |  |  |  |  |  |
| If Now, please think about beverages YOUR CHILD has consumed within the last month. About how often... Other (please specify): Is Not Empty  Other (please specify):${child\_bev/ChoiceTextEntryValue/17} (17) |  |  |  |  |  |
| If Now, please think about beverages YOUR CHILD has consumed within the last month. About how often... Other (please specify): Is Not Empty  Other (please specify):${child\_bev/ChoiceTextEntryValue/18} (18) |  |  |  |  |  |
| If Now, please think about beverages YOUR CHILD has consumed within the last month. About how often... Other (please specify): Is Not Empty  Other (please specify):${child\_bev/ChoiceTextEntryValue/19} (19) |  |  |  |  |  |

End of Block: Beverage: Child Amount