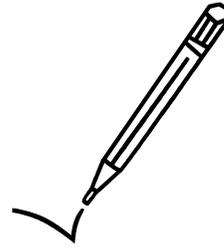




Quick Food Check



Please answer all questions !
This will take only 5 minutes to complete.



First tell us a little about yourself in the boxes below.

	SEX		BIRTHDAY			AGE
NAME or ID NUMBER	Boy	Girl	Month	Day	Year	Years
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OKAY - now let's get down to business.

We want to know what you ate **over the past month**. If you do not know what a food is, it's a safe guess that you do not eat it. See the example for if you drank one cup of hot cocoa every week this past month, then your answer would look like this:

HOW OFTEN DID YOU EAT OR DRINK THESE FOODS	NEVER OR LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-6 TIMES PER WEEK	ONCE PER DAY	2 OR MORE TIMES PER DAY
Cocoa (hot chocolate) made with milk (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Get started on the next page !

Fill in the bubble with the best response for each item. Please answer all of the items.

HOW OFTEN DID YOU EAT OR DRINK THESE FOODS	NEVER OR LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-6 TIMES PER WEEK	ONCE PER DAY	2-3 TIMES PER DAY	4 OR MORE TIMES PER DAY
Milk to drink, white or chocolate (1 cup or 1 carton)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instant breakfast drink such as Carnation Instant breakfast (1 packet or 1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW OFTEN DID YOU EAT OR DRINK THESE FOODS	NEVER OR LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-6 TIMES PER WEEK	ONCE PER DAY	2 OR MORE TIMES PER DAY
Café Latte, Café Mocha, Cappuccino, or Café Au Lait (1 tall or 1 large)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocoa (hot chocolate) made with milk (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt, not frozen (1 container)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt or ice cream (1/2 cup or 1 scoop or 1 bar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk shake, malt, or frappe (1 shake, 1 malt or 1 frappe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese (1 slice, 1 stick, or a 1-inch cube)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cereal (1 cup or 1 bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate candy bar (1 regular size bar, 1/2 king size bar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW OFTEN DID YOU EAT THESE FOODS	NEVER OR LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-4 TIMES PER WEEK	5 OR MORE TIMES PER WEEK
Macaroni and cheese (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger or hot dog with cheese on a bun (1 hamburger or 1 hot dog)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enchilada: cheese (1 enchilada)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chile relleno (1 chile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your calcium score can be estimated by adding the points assigned to your responses.
 Circle the score of your response and place that number under the "My Score" column.

HOW OFTEN DID YOU DRINK THESE FOODS	NEVER OR <1 PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-6 TIMES PER WEEK	ONCE PER DAY	2-3 TIMES PER DAY	4 OR MORE TIMES PER DAY	My Score
Milk to drink, white or chocolate (1 cup or 1 carton)	0	1	2	8	15	37	60	
Instant breakfast drink such as Carnation Instant breakfast (1 packet or 1 glass)	0	1	2	8	15	37	60	

HOW OFTEN DID YOU EAT OR DRINK THESE FOODS	NEVER OR <1 PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-6 TIMES PER WEEK	ONCE PER DAY	2 OR MORE TIMES PER DAY	My Score
Café Latte, Café Mocha, Cappuccino, or Café Au Lait (1 tall or 1 large)	0	1	2	8	15	30	
Cocoa (hot chocolate) made with milk (1 cup)	0	1	2	8	15	30	
Yogurt, not frozen (1 container)	0	1	2	8	15	30	
Frozen yogurt or ice cream (1/2 cup or 1 scoop or 1 bar)	0	1	2	8	15	30	
Milk shake, malt, or frappe (1 shake, 1 malt or 1 frappe)	0	1	2	8	15	30	
Cheese (1 slice, 1 stick, or a 1 inch cube)	0	1	2	8	15	30	
Cold cereal (1 cup or 1 bowl)	0	1	2	8	15	30	
Chocolate candy bar (1 regular size bar, 1/2 king size bar)	0	1	2	8	15	30	

HOW OFTEN DID YOU EAT THESE FOODS	NEVER OR <1 PER MONTH	1-3 TIMES PER MONTH	ONCE PER WEEK	2-4 TIMES PER WEEK	5 OR MORE TIMES PER WEEK	My Score
Macaroni and cheese (1 cup)	0	1	2	6	10	
Hamburger or hot dog with cheese on a bun (1 hamburger or 1 hot dog)	0	1	2	6	10	
Enchilada: cheese (1 enchilada)	0	1	2	6	10	
Chile relleno (1 chile)	0	1	2	6	10	
Tofu (1/2 cup)	0	1	2	6	10	
Add up the numbers in "My Score" column here Sum of my scores :						

Compare your score to the table on the next page.

What does your score mean?

Sum of Scores	Your Calcium Intake
58 or more	Excellent: You are doing a great job! Keep it up!
43 to 57	Good: You need to pay attention to your calcium intake. A little extra effort could help you reach the target.
27 to 42	Fair: You need to work on eating more calcium-rich foods.
26 or less	Poor: You could be at risk for weak bones in the future. You may want to consider supplements.