

**California Health Interview Survey 2005: Diet Section of Adult Questionnaire**

Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**QA05\_C14** During the past month, how many times per day, week or month did you eat fruit? Do not count juices.

**[IF NEEDED, SAY: "Your best guess is fine." "Include fruit mixed with other food, such as cereal or yogurt"**

**If R gives a number without a time frame, ASK: "Was that per day, week or month?"]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C15** During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?

**[IF NEEDED, SAY: "Include spinach salads." "Your best guess is fine." If R gives a number without a time frame, ASK: "Was that per day, week or month?"]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C16** During the past month, how many times did you eat French fries, home fries or hash browns?

**[IF NEEDED, SAY: "Exclude potato chips." If R gives a number without a time frame, ASK: "Was that per day, week or month?"]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

QA05\_C17

During the past month, how many times did you eat *other* white potatoes?

[IF NEEDED, SAY: “Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

QA05\_C18

During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

[IF NEEDED, SAY: “Include red, black, white, pinto, or soy beans or lentils cooked in the same way.”]

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

QA05\_C19

During the past month, how many times did you eat any vegetables other than the foods you already told me about?

[IF NEEDED, SAY: “Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli.” IF STRONGLY NEEDED, SAY: “Rice is not a vegetable.”]

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C20**

During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.

**[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C21**

During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?

**[IF NEEDED, SAY: "Only include 100% fruit juices. Your best guess is fine."]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C22**

During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks.

**[IF NEEDED, SAY: "Do not include yogurt drinks or mineral water."]**

**[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CAN JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C23**

During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.

**[IF NEEDED, SAY: "Include ANY sweet pastries." "Do not include sugar-free kinds."]**

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

**QA05\_C24**

During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.

[IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."]

[IF STRONGLY NEEDED, SAY: "Other examples are frozen yogurt and popsicles."]

\_\_\_\_\_ PER DAY  
\_\_\_\_\_ PER WEEK  
\_\_\_\_\_ PER MONTH  
REFUSED .....-7  
DON'T KNOW .....-8

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