

What Foods Do You Have at Home?

Did you have each of the following foods in your home in the last week? Please check the "YES" or "NO" box for each food.

100% Fruit Juices and Fruit					
1. 100% Orange juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Kiwi	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. 100% Apple juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Strawberries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. 100% Grape juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Pineapple	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Other 100% juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Grapefruit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Bananas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	16. Fruit salad or Fruit cocktail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Apples	Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Applesauce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Cantaloupe or Mush melon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	18. Watermelon	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Grapes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	19. Raisins	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Oranges	Yes <input type="checkbox"/>	No <input type="checkbox"/>	20. Dried fruit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Pears	Yes <input type="checkbox"/>	No <input type="checkbox"/>	21. Peaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Plums	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Continue on next page.

Did you have each of the following foods in your home in the last week? Please check the "YES" or "NO" box for each food.

Vegetables					
1. Carrots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Broccoli	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Celery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Lettuce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Greens (Spinach, Collard, Turnip, Kale)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Green beans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. French fried potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Cole slaw	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Potato salad	Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Cooked beans (pinto, black-eyed peas, pork 'n beans)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Other white potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Sweet potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Corn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	16. Cabbage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Green peas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Okra	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Tomatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Drinks					
1. Soft drinks, regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Snapple, regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Soft drinks, diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Snapple, diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Koolaid, regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Ice tea, unsweetened	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Koolaid, diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Ice tea, sweetened	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Fruit drinks, regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Fruitopia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Fruit drinks, diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Sunny Delight	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Punches, regular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	16. Capri Sun	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Punches, diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Bottle Water	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Powerade/Gatorade	Yes <input type="checkbox"/>	No <input type="checkbox"/>	18. Water from the faucet	Yes <input type="checkbox"/>	No <input type="checkbox"/>