

4.



Do you drink regular soda?

- no
 yes, sometimes
 yes, often
 yes, everyday

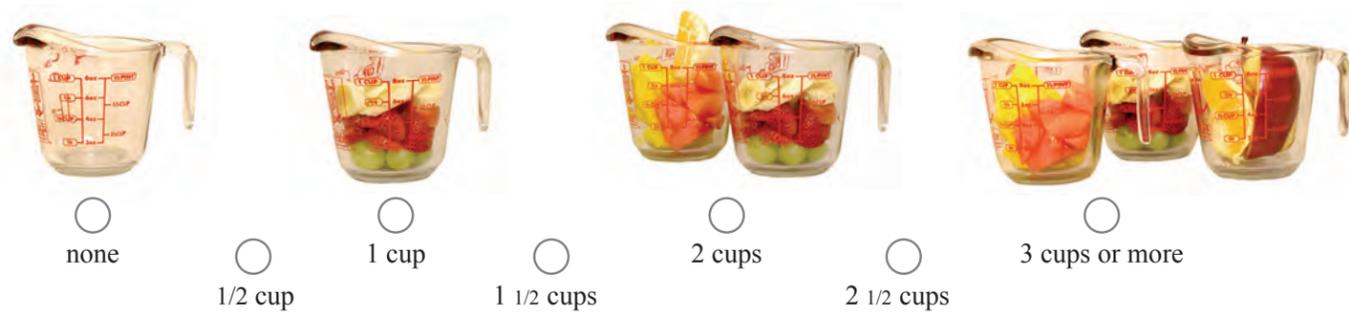
5.



Did you drink milk or use milk on cereal during the past week?

- yes
 no

6. Fruit: How much do you eat each day?



7. Vegetables: How much do you eat each day?



8.



Do you eat more than one kind of **fruit** each day?

- no
 yes, sometimes
 yes, often
 yes, always

9.



Do you eat more than one kind of **vegetable** each day?

- no
 yes, sometimes
 yes, often
 yes, always

10.



Do you drink milk?

- no
 yes, sometimes
 yes, often
 yes, everyday

11.



Do you take the skin off chicken?

- no
 yes, sometimes
 yes, often
 yes, always

12.



Did you have fish during the past week?

- yes
 no