INTERNATIONAL
FOOD POLICY
STUDY

UNITED STATES SURVEY

2025 SURVEY (WAVE 9)

DECEMBER 16, 2025

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SUGGESTED CITATION

HAMMOND D. INTERNATIONAL FOOD POLICY STUDY: UNITED STATES SURVEY – 2025 SURVEY (WAVE 9). UNIVERSITY OF WATERLOO. NOVEMBER 2025.

CONTACT

DAVID HAMMOND PhD
SCHOOL OF PUBLIC HEALTH SCIENCES
UNIVERSITY OF WATERLOO
WATERLOO, ON CANADA N2L 3G1
DHAMMOND@UWATERLOO.CA
WWW.DAVIDHAMMOND.CA

UNIVERSITY OF WATERLOO | FACULTY OF HEALTH School of Public Health Sciences

INTERNATIONAL FOOD POLICY STUDY

LIST OF MEASURES

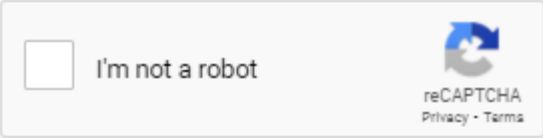
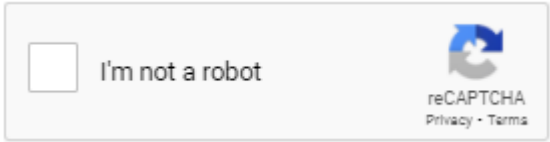
NIELSEN INVITATION & PRESCREENER

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
SAMPLE INVITATION NEW 2019 REVISED 2023	We've found a survey for you! Simply click "Continue" to begin the survey. NOTE TO ETHICS: This is an email/dashboard app invitation sent to panelists by Nielsen and their partner panels. If panelists select 'continue' they will be directed to a webpage showing the questions below. Partner panels will have slightly different text shown in their email/dashboard app invitations about panel incentives.	¡Hemos encontrado una encuesta para usted! Solo haga clic en "Continuar" para comenzar con la encuesta. NOTE TO ETHICS: This is an email/dashboard app invitation sent to panelists by Nielsen and their partner panels. If panelists select 'continue' they will be directed to a webpage showing the questions below. Partner panels will have slightly different text shown in their email/dashboard app invitations about panel incentives.
PANELIST LANGUAGE NEW 2023 *LANG_PREF_USA*		¿Preferiría continuar en español o inglés? Would you prefer to continue in Spanish or English? Español / Spanish Inglés / English *[TERMINATE]* NOTE TO ETHICS: This is used for routing by Nielsen.
PANELIST AGE NEW 2019	What is your age? *[numeric]* [*If <18 or >100:* TERMINATE] NOTE TO ETHICS: This is used as a quota screener by Nielsen; data not provided to researchers.	Por favor, indique su edad. *[numeric]* [*If <18 or >100:* TERMINATE] NOTE TO ETHICS: This is used as a quota screener by Nielsen; data not provided to researchers.
PANELIST SEX NEW 2019	What sex were you assigned at birth, meaning on your original birth certificate? Male Female NOTE TO ETHICS: This is used as a quota screener by Nielsen; data not provided to researchers.	¿Qué sexo se le asignó al nacer, es decir, en su acta de nacimiento original? Masculino Femenino NOTE TO ETHICS: This is used as a quota screener by Nielsen; data not provided to researchers.
PARENTAL STATUS NEW 2019	Please choose the options that best describe your household: [PROGRAMMER NOTE: Allow participants to select more than one of the first 3 options] I am pregnant/expecting a child within the next 9 months I am the parent/legal guardian for one or more children under the age of 18 living in my household I am the parent/legal guardian for one or more children aged 18 or older living in my household I have no children living in my household and I am not pregnant/expecting a child within the next 9 months NOTE TO ETHICS: This screen is shown by Nielsen and their partner panels to help identify panelists who should also be contacted for the related study 'International Food Policy Study – Youth'. This question is not used to determine eligibility for the present study. The data is not provided to researchers.	Por favor elija las opciones que mejor describan su situación en su hogar: [PROGRAMMER NOTE: Allow participants to select more than one of the first 3 options] Estoy embarazada/esperando un/a hijo/a dentro de 9 meses. Tengo uno/a o más hijos/as menores de 18 años viviendo en mi hogar. Tengo uno/a o más hijos/as de 18 años o mayores viviendo en mi hogar. No tengo hijos/as viviendo en mi hogar y no estoy embarazada/esperando un/a dentro de 9 meses. NOTE TO ETHICS: This screen is shown by Nielsen and their partner panels to help identify panelists who should also be contacted for the related study 'International Food Policy Study – Youth'. This question is not used to determine eligibility for the present study. The data is not provided to researchers.

CHILD AGE AND GENDER NEW 2019 REVISED 2020	*UNIVERSE: Respondents who indicated they had a child under the age of 18 living in the household.* Please indicate the age and gender of any children under the age of 18 living in your household: [PROGRAMMER NOTE: Allow participants to select more than one option] Boy under age 1 Girl under age 1 Boy age 1 Girl age 1 Boy age 2 Girl age 2 Boy age 3 Girl age 3 Boy age 4 Girl age 4 Boy age 5 Girl age 5 Boy age 6 Girl age 6 Boy age 7 Girl age 7 Boy age 8 Girl age 8 Boy age 9 Girl age 9 Boy age 10 Girl age 10 Boy age 11 Girl age 11 Boy age 12 Girl age 12 Boy age 13 Girl age 13 Boy age 14 Girl age 14 Boy age 15 Girl age 15 Boy age 16 Girl age 16	*UNIVERSE: Respondents who indicated they had a child under the age of 18 living in the household.* Por favor, indique la edad y el sexo de los niños menores de 18 años que viven en su casa: [PROGRAMMER NOTE: Allow participants to select more than one option] Niño menor de 1 año Niña menor de 1 año Niño de 1 año Niña de 1 año Niño de 2 años Niña de 2 años Niño de 3 años Niña de 3 años Niño de 4 años Niña de 4 años Niño de 5 años Niña de 5 años Niño de 6 años Niña de 6 años Niño de 7 años Niña de 7 años Niño de 8 años Niña de 8 años Niño de 9 años Niña de 9 años Niño de 10 años Niña de 10 años Niño de 11 años Niña de 11 años Niño de 12 años Niña de 12 años Niño de 13 años Niña de 13 años Niño de 14 años Niña de 14 años Niño de 15 años Niña de 15 años Niño de 16 años

	Boy age 17 Girl age 17 None of the above NOTE TO ETHICS: This screen is shown by Nielsen and their partner panels to help identify panelists who should also be contacted for the related study 'International Food Policy Study – Youth'. This question is not used to determine eligibility for the present study. The data is not provided to researchers.	Niña de 16 años Niño de 17 años Niña de 17 años Ninguno de los anteriores NOTE TO ETHICS: This screen is shown by Nielsen and their partner panels to help identify panelists who should also be contacted for the related study 'International Food Policy Study – Youth'. This question is not used to determine eligibility for the present study. The data is not provided to researchers.

ELIGIBILITY SCREENER & INFORMATION/CONSENT (IN ALCHEMER)

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
ELIGIBILITY INTRO REVISED 2024 *RECAPTCHA*	Before you continue to the study information, we need to confirm your eligibility with a few short questions. Please check the box below, and click 'Next' to proceed with the survey.  *[PROGRAMMER NOTE: Utilize ReCAPTCHA and Duplicate Protection function based on IP address in Alchemer]*	Antes de pasar a la información del estudio, necesitamos confirmar su elegibilidad con unas breves preguntas. Por favor marque la casilla que está a continuación, y haga clic en "Siguiente" para ir a la encuesta.  [No soy un robot] *[PROGRAMMER NOTE: Utilize ReCAPTCHA and Duplicate Protection function based on IP address in Alchemer]*
AGE REVISED 2019 *AGE*	How old are you? [*numeric*] [*Ineligible if <18 or >100:* "Unfortunately, you are not eligible for the study. Thank you for your time. You will now be redirected back to the survey company."]	¿Qué edad tiene? [*numeric*] [Ineligible *if <18 or >100:* "Desafortunadamente, no es elegible para el estudio. Muchas gracias por su tiempo. Ahora usted será redirigido a la empresa de encuestas."]
SEX AT BIRTH CIHR SUGGESTED METHOD (GRETA BAUER, WESTERN) REVISED 2024 *SEX*	What sex were you assigned at birth, meaning on your original birth certificate? Male Female Don't know Refuse to answer	¿Qué sexo se le asignó al nacer, es decir, en su acta de nacimiento original? Masculino Femenino No sabe Se negó a responder

SEX AT BIRTH FOLLOW-UP NEW 2024 *SEX2*	*UNIVERSE: Sex = 'Don't know' or 'Refuse to answer'* We know this can be a sensitive question for some people. We ask about sex-at-birth because it helps us to understand the profile of survey respondents. If you are not comfortable answering the question, you can choose 'Don't know' or 'Refuse to answer'. (We'll ask about your gender identity later in the survey). **What sex were you assigned at birth, meaning on your original birth certificate?** Male Female X (not specified on birth certificate) Don't know Refuse to answer	*UNIVERSE: Sex = 'Don't know' or 'Refuse to answer'* Sabemos que esta puede ser una pregunta delicada para algunas personas. Preguntamos sobre el sexo al nacer porque esta información nos ayuda a comprender el perfil de los encuestados. Si le incomoda responder a la pregunta, puede elegir "No sabe" o " Se negó a responder". (Le preguntaremos sobre su identidad de género más adelante en la encuesta). **¿Qué sexo se le asignó al nacer, es decir, en su acta de nacimiento original?** Masculino Femenino X (no especificado en el acta de nacimiento) No sabe Se negó a responder
INFO - NIELSEN REVISED 2021-2025	[PROGRAMMER NOTE: HIDE BACK BUTTON] **Before you start the survey, please read the following information and let us know if you agree to participate.** - The survey will examine eating patterns in different countries. The study is being conducted by Professor David Hammond at the University of Waterloo, Canada. - You must be 18 years of age or older to participate in the study. - The survey will ask you questions about your diet and nutrition, and other health-related behaviours such as smoking and alcohol use. The survey will take about 30 minutes. - Participation is voluntary. You can click 'refuse to answer' to any question you do not wish to answer. You can choose to stop the study at any time without penalty. If you choose to stop participating, you may receive your incentive by selecting 'refuse to answer' for all further questions until the end of the survey. Any data already collected may be used in the study, unless you contact the researcher to have it deleted. - We take your privacy very seriously and will make every effort to keep your information strictly confidential. We will never share your personal information with any company or marketing firm. The study data will be collected using Alchemer software. Internet protocol (IP) addresses may be recorded by the software program used for this study to avoid duplicate responses in the dataset, but this information will not be used by the researchers or the owners of the program to identify you personally. When information is transmitted over the internet, privacy cannot be guaranteed. There is always a	[PROGRAMMER NOTE: HIDE BACK BUTTON] **Antes de iniciar la encuesta, lea por favor la siguiente información e indíquenos si está de acuerdo en participar.** - La encuesta explorará patrones de alimentación en diferentes países. El estudio lo lleva a cabo el Profesor David Hammond de la Universidad de Waterloo en Canadá. - Debe tener 18 años de edad para participar en el estudio. - La encuesta le hará preguntas sobre su dieta y nutrición, y otros tipos de comportamientos relacionados con la salud, como los hábitos en cuanto a fumar o consumir alcohol. La encuesta tomará unos 30 minutos. - La participación es voluntaria. Puede hacer clic en 'se negó a responder' a cualquier pregunta que no desee responder. Puede optar por salir del estudio en cualquier momento sin incurrir en ninguna penalidad. Si decide dejar de participar, puede recibir su incentivo seleccionando 'se negó a responder' para todas las preguntas restantes hasta el final de la encuesta. Todos los datos recopilados hasta ese momento se podrían usar en el estudio a menos que usted se ponga en contacto con el investigador para que los elimine. - Su privacidad es un asunto de mucha seriedad para nosotros y haremos todo lo posible para mantener su información con la más estricta confidencialidad. Nunca compartiremos sus datos personales con ninguna compañía, ni con ninguna empresa de mercadotecnia. Los datos del estudio se recogerán con el software Alchemer. Las direcciones de protocolo de Internet (IP) podrían quedar registradas en el programa de software usados

	risk your responses may be intercepted by a third party (e.g., government agencies, hackers). - The data will be stored for a minimum of 7 years on a secure University of Waterloo server in Canada. Analyses may also be conducted by international research team members, but only using de-identified data stored on password-protected computers. - This project has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB #30829). However, the final decision about participation is yours. Participants who have concerns or questions about their involvement in the project may contact the Office of Research Ethics in Canada toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440 or reb@uwaterloo.ca. - If you have any questions about the study, please contact Professor David Hammond of the University of Waterloo in Canada, at 1-519-888-4567 ext. 46462 or dhammond@uwaterloo.ca, or Dr. James Thrasher, a local study researcher from the University of South Carolina in the United States at 1-803-777-4862 or thrasher@mailbox.sc.edu.	para este estudio para evitar respuestas duplicadas en la base de datos, pero esta información no será utilizada por los investigadores o los propietarios de los programas para identificarle a usted personalmente. Cuando se transmite información en Internet, no se puede garantizar la privacidad. Siempre existe el riesgo de que sus respuestas sean interceptadas por terceros (por ejemplo, agencias gubernamentales, piratas cibernéticos (hackers)). - Los datos se almacenarán 7 años como mínimo en un servidor seguro de la Universidad de Waterloo en Canadá. Los análisis también pueden ser realizados por los miembros de equipos de investigación internacionales, pero solo utilizando datos sin identificación almacenados en equipos de computación protegidos con contraseñas. - Los aspectos éticos del proyecto fueron revisados y aprobados por el Comité de Ética de la Investigación de la Universidad de Waterloo (REB #30829). Sin embargo, la decisión final para participar depende de usted. Las personas que entren al estudio y tengan inquietudes o preguntas sobre su participación en el proyecto pueden comunicarse con la Oficina de Ética en Investigación de Canadá, al número de teléfono gratuito 1-833-643-2379 (Canadá y USA), 1-519-888-4440, o al correo electrónico reb@uwaterloo.ca. - Si tiene preguntas sobre el estudio, favor de comunicarse con el Profesor David Hammond de la Universidad de Waterloo al teléfono en Canadá 1-519-888-4567 ext. 46462, o al correo electrónico dhammond@uwaterloo.ca, o bien con el Dr. James Thrasher, investigador local de la Universidad de Carolina del Sur en los Estados Unidos, al teléfono 1-803-777-4862 o por email a thrasher@mailbox.sc.edu.
CONSENT REVISED 2021 REVISED 2025 *CONSENT*	*By providing your consent, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.* Based on the information you received, do you agree to take part in this research study? Yes → [*continue to survey*] No → Thank you for your time. You will now be redirected back to the survey company. [*TERMINATE]*	*Al dar su consentimiento, usted no estará renunciando a sus derechos legales ni absuelve a los investigadores ni a las instituciones involucradas de sus responsabilidades legales y profesionales.* Con base en la información que recibió, ¿está de acuerdo en formar parte de este estudio de investigación? Sí → [*pase a la encuesta*] No → Gracias por su tiempo. Ahora usted se redirige a la empresa de encuestas. [*TERMINAR]*

DEMOGRAPHICS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
PREAMBLE REVISED 2020	**First, we'd like to ask a few questions about your background.**	**Primero, nos gustaría hacer algunas preguntas sobre sus antecedentes.**
GENDER CIHR SUGGESTED METHOD (GRETA BAUER, WESTERN) *GENDER* *GENDER_OTEXT*	**What is your current gender identity?** Man Woman Trans male/trans man Trans female/trans woman Gender queer/gender non-conforming Different identity → Please specify: [*open-ended*] Don't know Refuse to answer	**Actualmente, ¿cuál es su identidad de género?** Hombre Mujer Trans masculino/hombre trans Trans femenina/mujer trans Queer/persona que no se ajusta a las normas tradicionales del género Otra identidad → Favor de especificar: [*respuesta abierta*] No sabe Se negó a responder
STUDENT STATUS *STUDENT*	**Are you currently a student?** No Yes, full-time Yes, part-time Don't know Refuse to answer	**¿Estudia actualmente?** No Sí, tiempo completo Sí, medio tiempo No sabe Se negó a responder
CHILDREN – ANY REVISED 2024 *CHILD_ANY*	**Do you have any children (including step-children)?** Yes No Don't know Refuse to answer	**¿Tiene hijos (incluidos hijastros)?** Sí No No sabe Se negó a responder
CHILDREN IN HOME - NUMBER BRFSS ADAPTED REVISED 2024 *CHILD_HOME*	*UNIVERSE: Respondents with children (child_any=yes)* **How many of your children <u>under the age of 18 live in your household</u> (including step-children)?** *[dropdown with numbers from 0 to 10]* Don't know Refuse to answer	*UNIVERSE: Respondents with children (child_any=yes)* **¿Cuántos de sus hijos <u>menores de 18 años viven en su hogar</u> (incluyendo hijastros)?** *[dropdown with numbers from 0 to 10]* No sabe Se negó a responder
CHILDREN IN HOME – AGES REVISED 2019 REVISED 2023 (universe) *CHILD#_AGE* *CHILD#_DKR*	*UNIVERSE: Respondents with at least 1 child <18 in household (child_home>0)* **Please enter the age[s] of your child[ren] who [is/are] <u>under 18 that live[s] in your household</u>, in years, in the box(es) below.** Child #1 Age: [*numeric, decimal allowed*] Child #2 Age: [*numeric, decimal allowed*] Child #… [PROGRAMMER NOTE: add rows based on response to number of children living in household, up to 10 children] Don't know Refuse to answer	*UNIVERSE: Respondents with at least 1 child <18 in household (child_home>0)* **Introduzca [la edad/las edades] (en años) de [su hijo/sus hijos] que <u>[es menor/son menores] de 18 años y que [vive/viven] en su hogar</u>, en las casillas que están a continuación.** Hijo #1 Edad: [*numeric, decimal allowed*] Hijo #2 Edad: [*numeric, decimal allowed*] Hijo #: [*PROGRAMMER NOTE: add rows based on response to number of children living in household, up to 10 children*] No sabe Se negó a responder

FOOD SOURCES

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
FOOD SOURCE – EATING OUT FREQUENCY NHANES *EATOUT* *EATOUT_DKR*	Next, I'm going to ask you about meals. By meal, I mean BREAKFAST, LUNCH AND DINNER. During the PAST 7 DAYS, how many meals did you get that were PREPARED AWAY FROM HOME in places such as restaurants, fast food places, food stands, or from vending machines? Only include snacks if they counted as your meal. Do NOT include today. Enter number: _____ meals [numeric 0-21] Don't know Refuse to answer	A continuación, le voy a preguntar sobre las comidas. Por "comida", me refiero a DESAYUNO, ALMUERZO y CENA. Durante los ÚLTIMOS 7 DÍAS, ¿cuántas comidas consumió que fueron PREPARADAS FUERA DE LA CASA en lugares como restaurantes, restaurantes de comida rápida, puestos de comida, o máquinas dispensadoras? Solo incluya bocadillos si estos cuentan como su comida. NO incluir las comidas de hoy. Escriba el número: _____comidas [*numeric 0-21*] No sabe Se negó a responder
FOOD SOURCE – PURCHASE FORMAT FOR FOOD PREPARED OUTSIDE THE HOME REVISED 2019 REVISED 2025 *FROM_DELSERV* *FROM_DELDIRECT* *FROM_NEAR* *FROM_FAR* *FROM_INPERSON* *FROM_DKR*	*UNIVERSE: Respondents who had at least 1 meal prepared away from home (eatout>0)* You said you had [#] meal(s) prepared outside the home in the past 7 days. How many of those meals were… *[numeric]* Ordered using a food delivery service (e.g., UberEats, Grubhub) and delivered to you *[numeric]* Ordered directly from a restaurant and delivered to you [PROGRAMMER NOTE: Randomize 50% of respondents to complete both of the 'in-person' items with specifications on distance, and the other 50% to complete a general 'in-person' item (no distance specification).] *[numeric]* Purchased **in person at a restaurant / food outlet within 5 minutes of your home** (using your usual mode of transportation, e.g., walk, drive, or public transport), **excluding delivery** *[numeric]* Purchased **in person at a restaurant / food outlet more than 5 minutes away from your home** (using your usual mode of transportation, e.g., walk, drive, or public transport), **excluding delivery** *[numeric]* Purchased in person at a restaurant / food outlet, excluding delivery Don't know Refuse to answer	*UNIVERSE: Respondents who had at least 1 meal prepared away from home (eatout>0)* Usted mencionó que consumió [#] comida(s) preparada(s) fuera de la casa en los últimos 7 días. ¿Cuántas de esas comidas fueron… *[numeric]* Pedidas por medio de un servicio de entrega de alimentos (por ejemplo, UberEats, Grubhub) y entregadas a usted *[numeric]* Pedidas directamente a un restaurante y entregadas a usted [PROGRAMMER NOTE: Randomize 50% of respondents to complete both of the 'in-person' items with specifications on distance, and the other 50% to complete a general 'in-person' item (no distance specification).] *[numeric]* Compradas **en persona en un restaurante / establecimiento de alimentos que está a 5 minutos o menos de su casa** (en su medio de transporte habitual, como por ejemplo, caminando, conduciendo o en transporte público), **sin incluir la entrega** *[numeric]* Compradas **en persona en un restaurante / establecimiento de alimentos que está a más de 5 minutos de su casa** (en su medio de transporte habitual, como por ejemplo, caminando, conduciendo o en transporte público), **sin incluir la entrega** *[numeric]* Compradas en persona en un restaurante / establecimiento de alimentos, sin incluir la entrega No sabe Se negó a responder

FOOD SOURCE – % PREPARED OUTSIDE HOME *EATOUT_PERC* *EATOUT_PERC_DKR*	Thinking about ALL THE FOOD YOU ATE during the past 7 days, INCLUDING SNACKS, what percentage was prepared outside the home? Enter percentage: _____ [*numeric percentage, 0 to 100%*] Don't know Refuse to answer	Pensando en TODOS LOS ALIMENTOS QUE COMIÓ en los últimos 7 días, INCLUYENDO BOCADILLOS, ¿qué porcentaje fueron preparados fuera de casa? Introduzca el porcentaje: [*porcentaje numérico de 0 a 100%*] No sabe Se negó a responder
FOOD SOURCE – AT HOME INTRO	We are now going to ask you about the food you ate during the past 7 days that was PREPARED AT HOME. For example: If you made lunch at home and brought it to work or school, this would be "prepared at home". If your food came from home - even if it needed little or no preparation (e.g., an apple or crackers) - that counts as "prepared at home". Include food prepared by you or someone else at home. DO NOT include drinks.	Ahora le vamos a preguntar sobre los alimentos que comió durante los últimos 7 días que FUERON PREPARADOS EN CASA. Por ejemplo: si preparó su almuerzo en casa y lo llevó al trabajo o a la escuela, la respuesta sería que fue "preparado en casa". Si sus alimentos vinieron de su casa, incluso si necesitaron poca o ninguna preparación (por. ejem., una manzana o galletas saladas), se considerarán "preparados en casa". Incluya los alimentos preparados en casa por usted o por alguien más. NO incluya bebidas.
FOOD SOURCE – PURCHASE LOCATIONS FOR FOOD PREPARED AT HOME REVISED 2019 COUNTRY SPECIFIC WORDING *HS_1…10, HS_14* *HS_DK* *HS_R* *HS_10_OTEXT* *HS_NONE*	Please think about the food you ate that was PREPARED AT HOME DURING THE PAST 7 DAYS. Where was it PURCHASED? Select all that apply. Grocery store or supercenter Warehouse club (e.g., Costco) Convenience / corner store Drugstore / pharmacy Farmer's market, produce stand, or CSA Ethnic or specialty food store / market Bulk food store Grocery delivery Food bank Grown by you or someone you know Some other place → Please specify: [*open-ended*] I have not prepared any food at home in the past 7 days Don't know Refuse to answer	Piense por favor en los alimentos que comió que fueron PREPARADOS EN CASA EN LOS ÚLTIMOS 7 DÍAS. ¿Dónde fueron COMPRADOS? Seleccione todas las opciones que apliquen. Supermercado o « supercenter » (por ejem., Walmart) Club o almacén (por ejem., Costco) Tienda de conveniencia / tienda de abarrotes o tiendita de la esquina Farmacia Mercado sobre ruedas o mercado de agricultores Tienda de especialidades o comida étnica Tienda de alimentos a granel Entrega a domicilio "Food bank" o un lugar donde se distribuyen alimentos gratuitos Cultivados / criados por usted o alguien que conoce Otro tipo de lugar → Favor de especificar: [respuesta abierta] No he preparado ningún alimento en casa en los últimos 7 días No sabe Se negó a responder

FOOD SOURCE – PURCHASE METHOD FOR FOOD PREPARED AT HOME NEW 2020 *PM_STORE* *PM_ONLINE* *PM_FRIEND* *PM_FBANK* *PM_GROW* *PM_OTHER* *PM_OTEXT* *PM_DK* *PM_R*	*UNIVERSE: Skip if previously selected "I have not prepared any food at home in the past 7 days" (HS14=Checked)* Still thinking about the food PREPARED AT HOME IN THE PAST 7 DAYS, how/where did you get the food? Select all that apply. In-store Ordered online (delivery or pick-up) Someone outside my household (e.g., friend, relative) purchased my groceries and delivered them Food bank Grown by you or someone you know Some other source→ Please specify: [*open-ended*] Don't know Refuse to answer	*UNIVERSE: Skip if previously selected "I have not prepared any food at home in the past 7 days" (HS14=Checked)* Pensando todavía en los alimentos PREPARADOS EN CASA EN LOS ÚLTIMOS 7 DÍAS, ¿cómo/dónde consiguió los alimentos? Seleccione todas las opciones que apliquen. En una tienda Pedido en línea (se entregó o fue recogida) Alguien fuera de mi casa (p. ej., amigo, pariente) compró mis comestibles y me los entregó Bodega de alimentos Cultivados / criados por usted o alguien que conoce Alguna otra fuente → Favor de especificar: [*open-ended*] No sabe Se negó a responder
READY-TO-EAT MEALS *READY* *READY_DKR*	*UNIVERSE: Respondents who did NOT indicate they "have not prepared any food at home in the past 7 days" (HS_none not selected)* Thinking about the MEALS PREPARED AT HOME in the past 7 days, what percentage was "ready-to-eat" or "box food" (e.g., microwave, frozen or packaged meals)? This includes foods like frozen pizza, chicken fingers, Kraft dinner, minute rice, canned soup, baking mixes, instant oatmeal, toaster waffles, etc. Enter percentage: _____ [*numeric percentage, 0 to 100%*] Don't know Refuse to answer	*UNIVERSE: Respondents who did NOT indicate they "have not prepared any food at home in the past 7 days" (HS_none not selected)* Pensando en las COMIDAS PREPARADAS EN CASA en los últimos 7 días, ¿qué porcentaje estaban "listas para comer" o eran "alimentos en caja" (por ejem., para microondas, congelados o comidas empacadas)? Esto incluye alimentos como pizza congelada, nuggets de pollo, arroz instantáneo, sopa enlatada, avena instantánea, etc. Introduzca el porcentaje: [*porcentaje numérico de 0 a 100%*] No sabe Se negó a responder

FOOD SOURCE – MEAL DELIVERY SERVICE USE FOR FOOD PREPARED AT HOME NEW 2022 COUNTRY SPECIFIC WORDING *MEALKIT* NEW 2025 *MEALKIT_FREQ*	One last question about the food prepared at home: Was any of the food purchased in the past 7 days from a meal kit delivery service (e.g., HelloFresh, Blue Apron)? Yes No Don't know Refuse to answer *UNIVERSE: Respondents who indicated they purchased food through a meal kit delivery service* In the past 7 days, how many days did you eat food from a meal kit delivery service (e.g., HelloFresh, Blue Apron)? 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days (every day) Don't know Refuse to answer	Una última pregunta sobre los alimentos preparados en casa: ¿Algunos de los alimentos comprados en los últimos 7 días era de un servicio de entrega de kits de comida (por ejemplo, HelloFresh, Blue Apron)? Sí No No sabe Se negó a responder *UNIVERSE: Respondents who indicated they purchased food through a meal kit delivery service* En los últimos 7 días, ¿cuántos días comiste comida de un servicio de entrega de kits de comida (por ejemplo, HelloFresh, Blue Apron)? 0 días 1 día 2 días 3 días 4 días 5 días 6 días 7 días (todos los días) No sabe Se negó a responder
ONLINE ORDERING NEW 2022 COUNTRY SPECIFIC WORDING *ONLN_REST* *ONLN_GSTORE* *ONLN_GONLN* *ONLN_CONV* *ONLN_ALC* *ONLN_NONE* *ONLN_DK* *ONLN_R*	Have you ordered any of the following <u>online or using an app,</u> for pick-up or delivery in the past 30 days? We want to know if YOU have done this (don't include if your family or others have ordered for you). (Select all that apply). Meals/food/drinks from a restaurant Groceries from a supermarket or supercenter (e.g., Walmart) Groceries from an online-only store (e.g., Amazon) Snacks/food/drinks from a convenience store Alcohol None of the above Don't know Refuse to answer	¿Ha pedido alguno de los siguientes productos <u>en línea o mediante una aplicación</u> para ir a recogerlos o a domicilio en los últimos 30 días? Queremos saber si USTED lo ha hecho (no incluya si su familia u otras personas la han pedido por usted). (Seleccione todas las opciones que apliquen). Comidas/alimentos/bebidas de un restaurante Alimentos/comestibles de un supermercado o « supercenter » (p. ej., Walmart) Alimentos/comestibles de una tienda en línea (p. ej., Amazon) Bocadillos/alimentos/bebidas de una tienda de conveniencia Alcohol Ninguna de las anteriores No sabe Se negó a responder

ONLINE ORDERING FREQUENCY NEW 2022 COUNTRY SPECIFIC WORDING *ONLN_REST_FREQ* *ONLN_GSTORE_FREQ* *ONLN_GONLN_FREQ* *ONLN_CONV_FREQ* *ONLN_ALC_FREQ*	*UNIVERSE: Respondents who ordered food online/using an app from a convenience store and/or a restaurant, and/or groceries from a supermarket and/or groceries from an online-only stores, and/or alcohol* [PROGRAMMER NOTE: Only show items selected in previous question.] How often have you ordered meals/food/drinks from a restaurant online or using an app in the past 30 days? Less than once a week Once a week A few times a week Every day Don't know Refuse to answer How often have you ordered groceries from a supermarket or supercenter (e.g., Walmart) online or using an app in the past 30 days? Less than once a week Once a week A few times a week Every day Don't know Refuse to answer How often have you ordered groceries from an online-only store (e.g., Amazon) online or using an app in the past 30 days? Less than once a week Once a week A few times a week Every day Don't know Refuse to answer How often have you ordered snacks/food/drinks from a convenience store online or using an app in the past 30 days? Less than once a week Once a week A few times a week Every day Don't know Refuse to answer	*UNIVERSE: Respondents who ordered food online/using an app from a convenience store and/or a restaurant, and/or groceries from a supermarket and/or groceries from an online-only stores, and/or alcohol* [PROGRAMMER NOTE: Only show items selected in previous question.] ¿Con qué frecuencia ha pedido comidas/alimentos/bebidas de un restaurante en línea o mediante una aplicación en los últimos 30 días? Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día No sabe Se negó a responder ¿Con qué frecuencia ha pedido alimentos/comestibles a un supermercado o « supercenter » (p. ej., Walmart) en línea o mediante una aplicación en los últimos 30 días? Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día No sabe Se negó a responder ¿Con qué frecuencia ha pedido alimentos/comestibles a una tienda en línea (p. ej., Amazon) en línea o mediante una aplicación en los últimos 30 días? Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día No sabe Se negó a responder ¿Con qué frecuencia ha pedido bocadillos/alimentos/bebidas a una tienda de conveniencia en línea o mediante una aplicación en los últimos 30 días? Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día No sabe Se negó a responder

	How often have you ordered alcohol online or using an app in the past 30 days? Less than once a week Once a week A few times a week Every day Don't know Refuse to answer	¿Con qué frecuencia ha pedido alcohol en línea o mediante una aplicación en los últimos 30 días? Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día No sabe Se negó a responder
FOOD BANK USE Adapted from Canadian Household Panel Survey – 2008 NEW 2022 REVISED 2023 (USA) REVISED 2024 (USA) REVISED 2025 (UK/USA) COUNTRY SPECIFIC WORDING *FDBANK_USE* *COMSERV_USE*	In the past 12 months, has anyone in your household used the following: Food bank or food pantry Yes No Don't know Refuse to answer Other community service that provides free food to people in need Yes No Don't know Refuse to answer	En los últimos 12 meses, ¿alguien de su hogar ha utilizado lo siguiente? Banco de alimentos o almacén de alimentos gratuitos Sí No No sabe Se negó a responder Otro servicio comunitario que proporcione alimentos gratuitos a personas necesitadas Sí No No sabe Se negó a responder

FOOD BANK USE FREQUENCY NEW 2022 REVISED 2023 (USA) REVISED 2024 (USA) REVISED 2025 (UK/USA) COUNTRY SPECIFIC WORDING *FDBANK_FREQ*	*UNIVERSE: Respondents who indicated they used a food bank* How many times did anyone in your household use a food bank or food pantry in the past 30 days? None Once Twice Three times Four or more times Don't know Refuse to answer	*UNIVERSE: Respondents who indicated they used a food bank* ¿Cuántas veces utilizó alguien de su hogar un banco de alimentos o almacén de alimentos gratuitos en los últimos 30 días? Ninguno Una vez Dos veces Tres veces Cuatro o más veces No sabe Se negó a responder
COMSERV_FREQ	*UNIVERSE: Respondents who indicated they used a community service to access free food* How many times did anyone in your household use another community service that provides free food to people in need in the past 30 days? None Once Twice Three times Four or more times Don't know Refuse to answer	*UNIVERSE: Respondents who indicated they used a community service to access free food* ¿Cuántas veces utilizó alguien de su hogar otro servicio comunitario que proporcione alimentos gratuitos a personas necesitadas en los últimos 30 días? Ninguno Una vez Dos veces Tres veces Cuatro o más veces No sabe Se negó a responder
FOOD AFFORDABILITY NEW 2022 *AFF*	Has food become more expensive for you in the last 12 months? Much less expensive A little less expensive No change A little more expensive Much more expensive Don't know Refuse to answer	¿Los alimentos le han parecido más caros en los últimos 12 meses? Mucho menos caros Un poco menos caros Sin cambio Un poco más caros Mucho más caros No sabe Se negó a responder

FOOD AFFORDABILITY ACTIONS NEW 2022 COUNTRY SPECIFIC WORDING *AFF_ACT_BRAND* *AFF_ACT_LESS* *AFF_ACT_TYPES* *AFF_ACT_CHAIN* *AFF_ACT_BULK* *AFF_ACT_DISC* *AFF_ACT_GREW* *AFF_ACT_SCRATCH* *AFF_ACT_FDBANK* *AFF_ACT_REST* *AFF_ACT_NONE* *AFF_ACT_DK* *AFF_ACT_R*	*UNIVERSE: Respondents who indicated that food is a little or much more expensive* **Have you done anything different in the last 12 months because food is more expensive?** (Select all that apply). [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION.] Switched to less expensive brands Bought less food Changed the types of foods I buy Shopped at lower-priced grocery stores or discount chains Bought in bulk or value sizes Used more discount coupons or sales Grew more of my own food Baked or cooked from scratch more Used a food bank or other food assistance Bought less restaurant food None of the above Don't know Refuse to answer	*UNIVERSE: Respondents who indicated that food is a little or much more expensive* **¿Ha hecho algo diferente en los últimos 12 meses porque los alimentos son más caros?** (Seleccione todas las opciones que apliquen). [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION.] He cambiado a marcas más baratas He comprado menos alimentos He cambiado los tipos de alimentos que compro He comprado en tiendas de comestibles o cadenas de descuento más baratas He comprado a granel o en tamaños que rindan más He usado más cupones de descuento, ofertas o rebajas He cultivado más alimentos para mí He horneado o cocinado más desde cero Ha recurrido a un banco de alimentos u otro programa de asistencia alimentaria Compré menos comida de restaurantes Ninguna de las anteriores No sabe Se negó a responder
FOOD AFFORDABILITY - FOOD PURCHASE IMPACT NEW 2022 REVISED 2024 (universe) COUNTRY SPECIFIC WORDING *AFF_BUY_FV* *AFF_BUY_MEAT* *AFF_BUY_MILK* *AFF_BUY_SNACK* *AFF_BUY_DESSERT* *AFF_BUY_BEV* *AFF_BUY_READY*	*UNIVERSE: Respondents who indicated that food is a little or much more expensive, or a little or much less expensive* **Has price affected how much you buy of these foods?** [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION.] **Fresh fruits and vegetables** **Meat** **Milk and cheese** **Snacks** like crackers, chips or granola bars **Desserts or treats** like cookies, ice cream or candy **Non-alcoholic beverages** like soda and juice **Microwave, frozen or pre-prepared meals** [PROGRAMMER NOTE: Use table format] Buy less Buy more No change Don't know Refuse to answer	*UNIVERSE: Respondents who indicated that food is a little or much more expensive, or a little or much less expensive* **¿El precio ha afectado la cantidad que compra de estos alimentos?** [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION.] **Frutas y verduras frescas** **Carne** **Leche y queso** **Botanas** como galletas saladas, papas fritas/chips o barras de granola **Postres o golosinas** como galletas, helados o dulces **Bebidas no alcohólicas** como jugos, refrescos o gaseosas **Comidas de microondas, congeladas o ya preparadas** [PROGRAMMER NOTE: Use table format] Compra menos Compra más No ha cambiado No sabe Se negó a responder

BEVERAGE INTAKE

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
BEVERAGE FREQUENCY CONDITION NEW 2025	[PROGRAMMER NOTE: Randomize 50% respondents per country to complete the original Beverage Frequency Questionnaire, and 50% respondents per country to complete the modified Beverage Frequency Questionnaire.]	[PROGRAMMER NOTE: Randomize 50% respondents per country to complete the original Beverage Frequency Questionnaire, and 50% respondents per country to complete the modified Beverage Frequency Questionnaire.]
BEVERAGE FREQUENCY INTRO	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* [PROGRAMMER NOTE: Hide back button] Next, we'd like to ask you about the drinks you've had over the PAST 7 DAYS. We'll be asking you about different categories of drinks. First, we'll ask you the TOTAL NUMBER OF DRINKS you've had in each category. Second, we'll ask you about your USUAL SIZE OF DRINK in each category.	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* [PROGRAMMER NOTE: Hide back button] A continuación, quisiéramos preguntarle sobre las bebidas que ha tomado durante los ÚLTIMOS 7 DÍAS. Le preguntaremos acerca de diferentes categorías de bebidas. Primero le pediremos el NÚMERO TOTAL DE BEBIDAS que ha consumido de cada categoría. En segundo lugar, le preguntaremos acerca del TAMAÑO USUAL DE SU BEBIDA de cada categoría.

BEVERAGE FREQUENCY QUESTIONNAIRE (BFQ) – NUMBER OF DRINKS BY TYPE ADAPTED FROM SEVERAL OTHER PAPER FFQS FOR BEVERAGES. REVISED 2019 *BFQ_#_N* *BFQ_NONE* *BFQ_DK_N* *BFQ_R_N*	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* During the PAST 7 DAYS, HOW MANY DRINKS did you have in each category below? For example, if you had 2 regular sodas or pops during the past 7 days, you would enter 2 in that box. If you had 1 regular soda or pop EACH day, you would enter 7 in that box. [PROGRAMMER NOTE: Responses must be numeric and between 0-100; only allow participant to select 1 of none of the above, DK or R] # OF DRINKS [*numeric*] **Regular soda or pop** (Coke, Pepsi, 7-up, Sprite, root beer, etc) ***Not including diet pop*** [*numeric*] **Diet soda or pop** (Diet Pepsi, Coke Zero, etc.) [*numeric*] **100% fruit or vegetable juice** (orange juice, apple juice, etc.) [*numeric*] **Sweetened fruit drinks** (lemonade, iced tea, SunnyD, fruit punch/cocktail, etc.) [*numeric*] **Low-/no-calorie fruit drinks** (diet lemonade, unsweetened iced tea, etc.) [*numeric*] **Tap water** [*numeric*] **Plain bottled water** [*numeric*] **Regular flavored waters or vitamin waters** <u>with</u> **calories** [*numeric*] **Low-/no-calorie flavored waters or vitamin waters** (Crystal Light, Mio, etc.) [*numeric*] **Regular sports drinks** (Gatorade, Powerade, etc.) [*numeric*] **Low-/no-calorie sports drinks** (G2, Powerade Zero, etc.) [*numeric*] **Regular energy drinks** (Red Bull, Rockstar, Monster, etc.) [*numeric*] **Low-/no-calorie energy drinks** (Red Bull Sugarfree, etc.) [*numeric*] **White milk** or unsweetened milk alternatives (unsweetened soy, almond, etc.) as a beverage ***NOT including milk consumed in cereal, etc.*** [*numeric*] **Chocolate or flavored milk** (incl. hot chocolate), or sweetened milk alternatives (sweetened soy, almond, etc.) [*numeric*] **Coffee or tea,** <u>**with**</u> **sugar** (with or without milk) [*numeric*] **Coffee or tea,** <u>**no sugar**</u> (with or without milk or artificial sweetener) [*numeric*] **Sweetened specialty coffees or teas** (mochas, frappuccinos, chai lattes, iced coffee, etc.) [*numeric*] **Sweetened smoothies, protein shakes, or drinkable yogurt** [*numeric*] **Unsweetened smoothies, protein shakes, or drinkable yogurt** [*numeric*] **Beer, cider, coolers** [*numeric*] **Wine** (red or white)	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* En los ÚLTIMOS 7 DÍAS, ¿CUÁNTAS BEBIDAS tomó de cada una de las siguientes categorías? Por ejemplo, si bebió 2 refrescos normales durante los últimos 7 días, escriba “2” en esa casilla. Si tomó 1 refresco normal CADA día, escriba “7” en esa casilla. [PROGRAMMER NOTE: Responses must be numeric and between 0-100; only allow participant to select 1 of none of the above, DK or R] # DE BEBIDAS [*numeric*] **Bebidas refrescos normal** (Coca-cola, Pepsi, 7-Up, Sprite, cerveza de raíz, etc.) ***No incluya bebidas refrescos de dieta*** [*numeric*] **Bebidas refrescos de dieta** (Pepsi de dieta, Coca-cola Zero, etc.) [*numeric*] **Jugo 100% de fruta o de verduras** (jugo de naranja, de manzana, etc.) [*numeric*] **Bebidas de fruta endulzadas** (limonada, té helado, SunnyD, ponche/coctel de frutas, etc.) [*numeric*] **Bebidas de fruta sin/bajas en calorías** (limonada de dieta, té helado sin azúcar, etc.) [*numeric*] **Agua de la llave** [*numeric*] **Agua simple/natural embotellada** [*numeric*] **Aguas de sabor o vitaminadas normales** <u>**con**</u> **calorías** [*numeric*] **Aguas de sabor o vitaminadas sin/bajas en calorías** (Crystal Light, Mio, etc.) [*numeric*] **Bebidas deportivas** (Gatorade, Powerade, etc.) [*numeric*] **Bebidas deportivas sin/bajas en calorías** (G2, Powerade Zero, etc.) [*numeric*] **Bebidas energéticas normales** (Red Bull, Rockstar, Monster, etc.) [*numeric*] **Bebidas energéticas sin/bajas en calorías** (Red Bull Sugarfree, etc.) [*numeric*] **Leche de vaca** o alternativas a la leche, como la leche de soya o de almendras sin endulzante, consumidas como bebida ***NO incluya leche consumida con cereal, etc.*** [*numeric*] **Leche con chocolate o algún otro sabor** (incluido chocolate caliente) y alternativas a la leche, como la leche de soya o de almendras con endulzante [*numeric*] **Café o té,** <u>**con**</u> **azúcar** (con o sin leche) [*numeric*] **Café o té,** <u>**sin azúcar**</u> (con o sin leche o endulzante artificial) [*numeric*] **Cafés o té de especialidad endulzante** (mochas, frappuccinos, chai lattes, café helado, etc.) [*numeric*] **Smoothies, licuados de proteína o yogurt para beber con azúcar añadida** [*numeric*] **Smoothies, licuados de proteína o yogurt para beber sin azúcar añadida**

	[*numeric*] **Hard alcohol <u>with mix</u>, cocktails that have calories** (rum & coke, gin & tonic, margarita, etc.) [*numeric*] **Hard alcohol <u>with no mix</u> or non-caloric mix** (shots, whiskey on the rocks, vodka & soda, rum & diet coke, etc.) None of the above Don't know Refuse to answer	[*numeric*] **Cerveza, sidra, bebidas a base de vino (coolers)** [*numeric*] **Vino** (tinto o blanco) [*numeric*] **Bebidas alcohólicas <u>mezcladas</u>, cocteles con calorías** (ron con Coca-cola, gin & tonic, coctel Margarita, etc.) [*numeric*] **Bebidas alcohólicas <u>no mezcladas</u> o con mezclas no calóricas** (shots, whiskey en las rocas, vodka con soda, ron con Coca-cola dietetica, etc.) Ninguna de las anteriores No sabe Se negó a responder
BFQ SIZE INTRO NEW 2019	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* **Now we'll ask you about your USUAL SIZE OF DRINK in each category.** [PROGRAMMER NOTE: Hidden custom script identifies which drink categories were consumed and should be shown in the following usual size section]	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* **Ahora le preguntaremos acerca del TAMAÑO USUAL DE SU BEBIDA de cada categoría.** [PROGRAMMER NOTE: Hidden custom script identifies which drink categories were consumed and should be shown in the following usual size section]

BFQ – USUAL SIZE
ADAPTED FROM SEVERAL OTHER PAPER FFQS FOR BEVERAGES.

REVISED 2019

BFQ_#_SIZE_USA
BFQ_#_SIZE_DK_USA
BFQ_#_SIZE_R_USA

UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire
[PROGRAMMER NOTE: For each category that there was at least one drink consumed, ask size question - images should only be shown for beverage categories selected above. Show each category on a separate page with the question header.]

For each type of drink, what size did you USUALLY have?
If you had different sizes, select the picture that is closest to the average size.

Regular soda or pop (Coke, Pepsi, 7-Up, Sprite, root beer, etc.) ***NOT including diet pop***

Diet soda or pop (Diet Pepsi, Coke Zero, etc.)

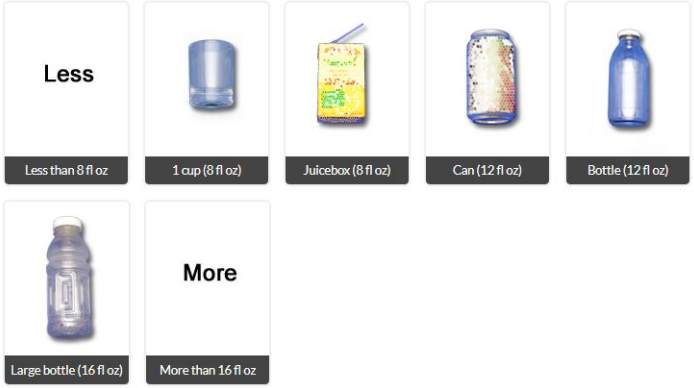
UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire
[PROGRAMMER NOTE: For each category that there was at least one drink consumed, ask size question - images should only be shown for beverage categories selected above. Show each category on a separate page with the question header.]

Para cada tipo de bebida, especifique qué tamaño toma USUALMENTE.
Si consumió distintos tamaños, seleccione la imagen más cercana al tamaño promedio de sus bebidas.

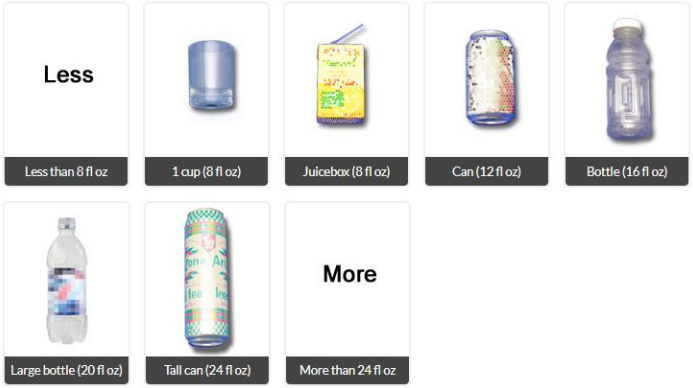
Bebidas refrescos normal (Coca-cola, Pepsi, 7-Up, Sprite, cerveza de raíz, etc.) ***No incluya bebidas refrescos de dieta***

Bebidas refrescos de dieta (Pepsi de dieta, Coca-cola Zero, etc.)

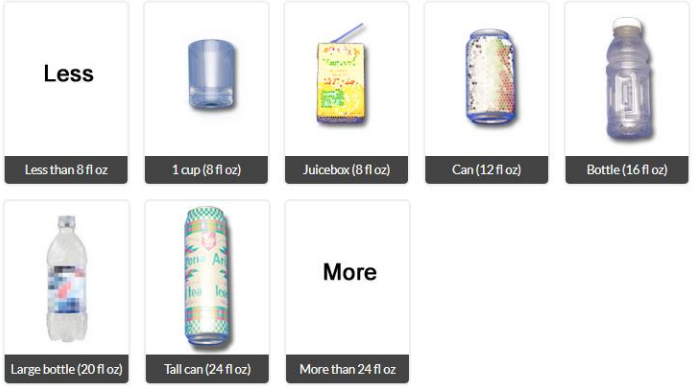
100% fruit or vegetable juices (orange juice, apple juice, etc.)



Sweetened fruit drinks (lemonade, iced tea, SunnyD, fruit punch/cocktail, etc.)



Low-/no-calorie fruit drinks (diet lemonade, unsweetened iced tea, etc.)

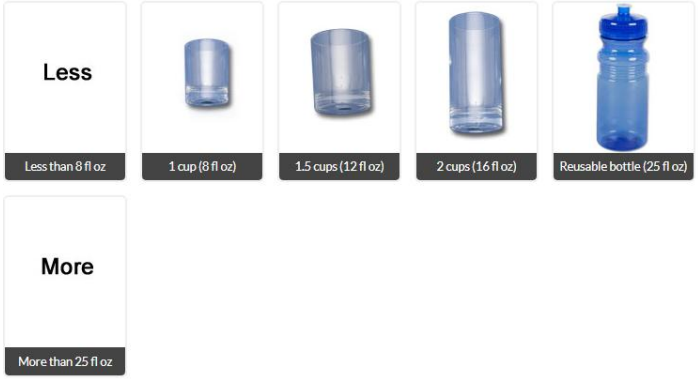


Jugo 100% de fruta o de verduras (jugo de naranja, de manzana, etc.)

Bebidas de fruta endulzadas (limonada, té helado, SunnyD, ponche/coctel de frutas, etc.)

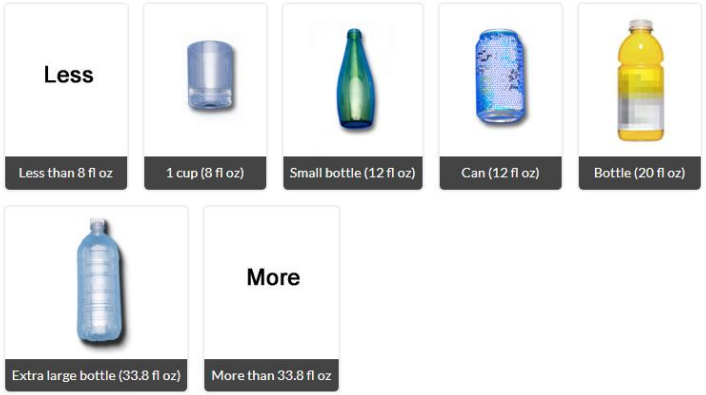
Bebidas de fruta sin/bajas en calorías (limonada de dieta, té helado sin azúcar, etc.)

Tap water



Plain bottled water

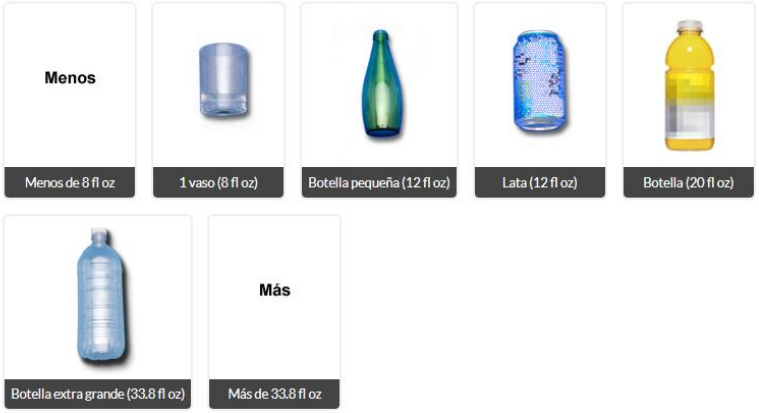
Regular flavored waters or vitamin waters with calories



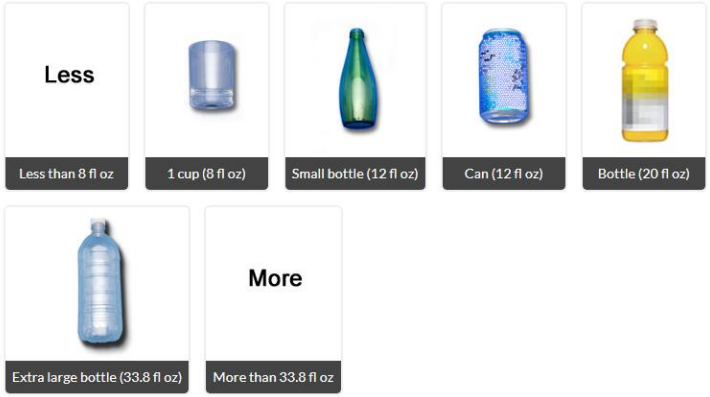
Agua de la llave

Agua simple/natural embotellada

Aguas de sabor o vitaminadas normales con calorías



Low-/no-calorie flavored waters or vitamin waters (Crystal Light, Mio, etc.)



Regular sports drinks (Gatorade, Powerade, etc.)

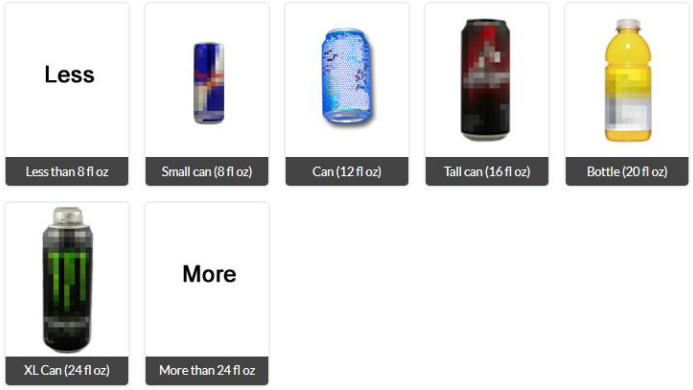
Low-/no-calorie sports drinks (G2, Powerade Zero, etc.)

Aguas de sabor o vitaminadas sin/bajas en calorías (Crystal Light, Mio, etc.)

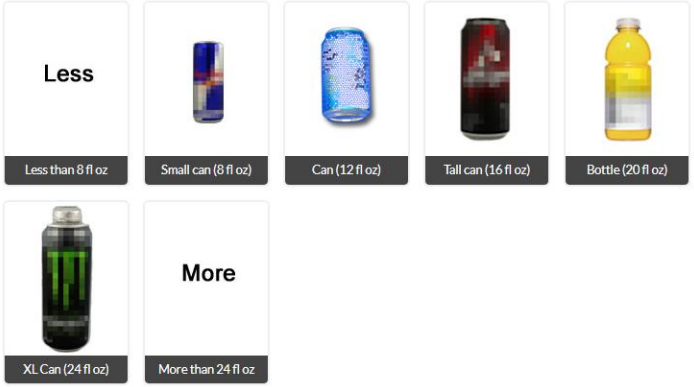
Bebidas deportivas (Gatorade, Powerade, etc.)

Bebidas deportivas sin/bajas en calorías (G2, Powerade Zero, etc.)

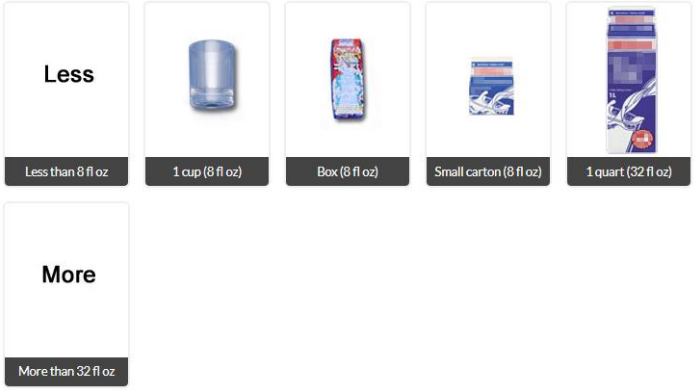
Regular energy drinks (Rockstar, Red Bull, Monster, etc.)



Low-/no-calorie energy drinks (Red Bull Sugarfree, etc.)



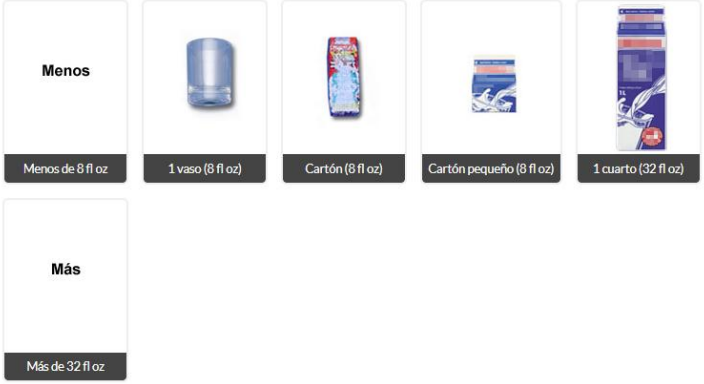
White milk or unsweetened milk alternative (unsweetened soy, almond, etc.), as a beverage ***NOT including milk consumed in cereal, etc.***



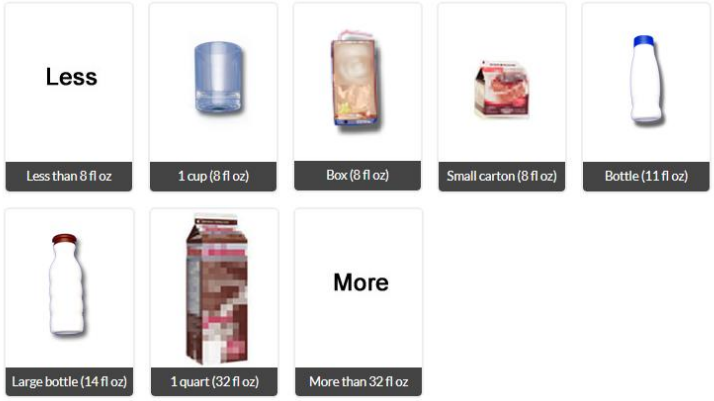
Bebidas energéticas normales (Rockstar, Red Bull, Monster, etc.)

Bebidas energéticas sin/bajas en calorías (Red Bull Sugarfree, etc.)

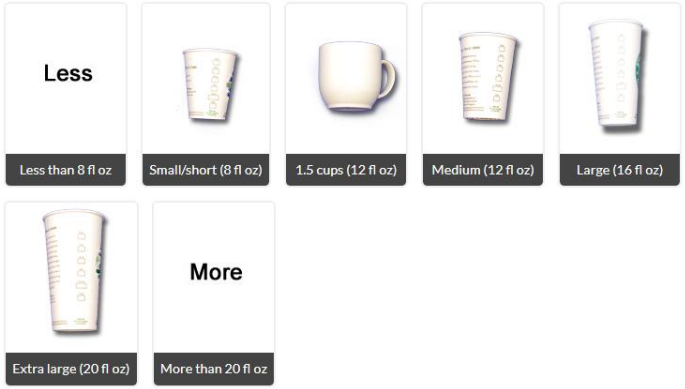
Leche de vaca o alternativas a la leche, como la leche de soya o de almendras sin endulzante, consumida como bebida ***NO incluya leche consumida con cereal, etc.***



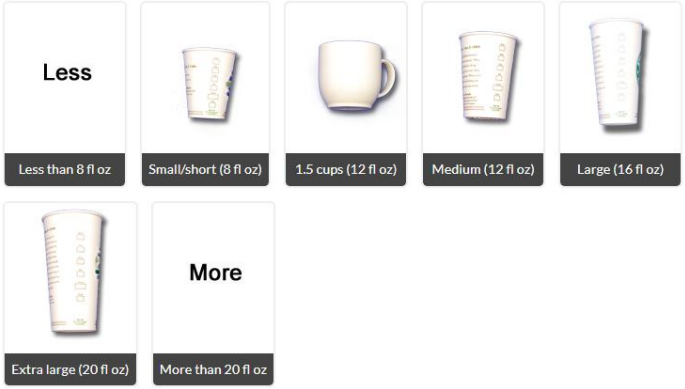
Chocolate or flavored milk (incl. hot chocolate), or sweetened milk alternative (sweetened soy, almond, etc.)



Coffee or tea, with sugar (with or without milk)

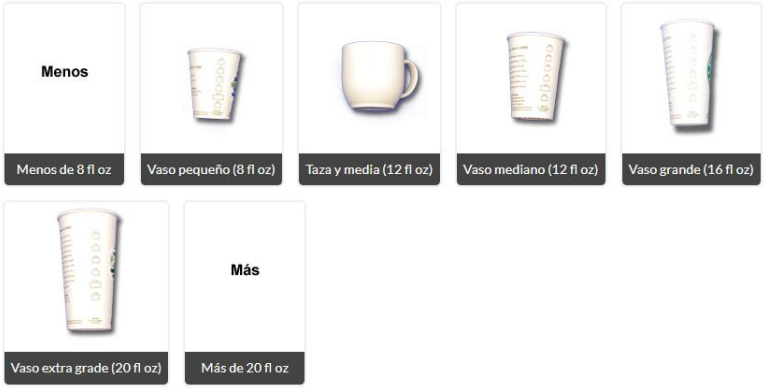


Coffee or tea, no sugar (with or without milk or artificial sweetener)



Leche con chocolate o algún otro sabor (incluido chocolate caliente) y alternativas a la leche, como la leche de soya o de almendras con endulzante

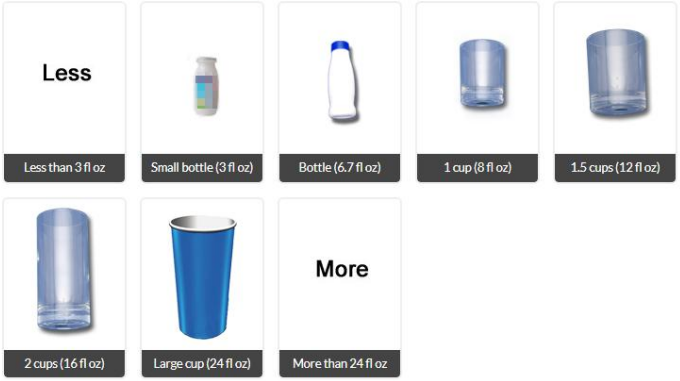
Café o té, con azúcar (con o sin leche)



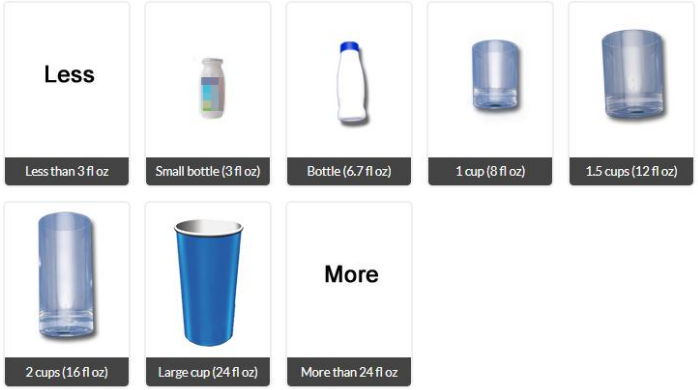
Café o té, sin azúcar (con o sin leche o endulzante artificial)

Sweetened specialty coffees or teas (mochas, frappuccinos, chai lattes, iced coffees, etc.)

Sweetened smoothies, protein shakes, or drinkable yogurt



Unsweetened smoothies, protein shakes, or drinkable yogurt

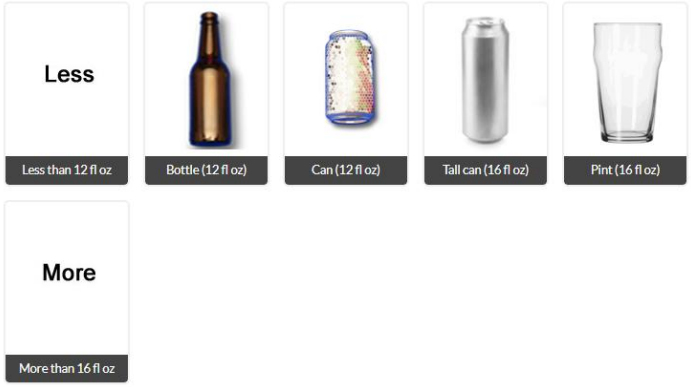


Cafés o té de especialidad endulzante (mochas, frappuccinos, chai lattes, café helado, etc.)

Smoothies, licuados de proteína o yogurt para beber con azúcar añadida

Smoothies, licuados de proteína o yogurt para beber sin azúcar añadida

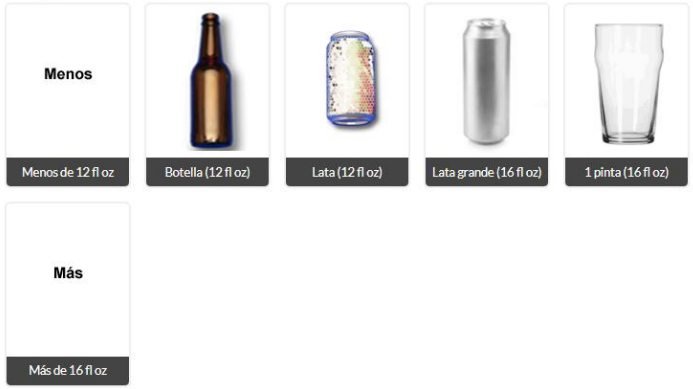
Beer, cider, coolers



Wine (red or white)

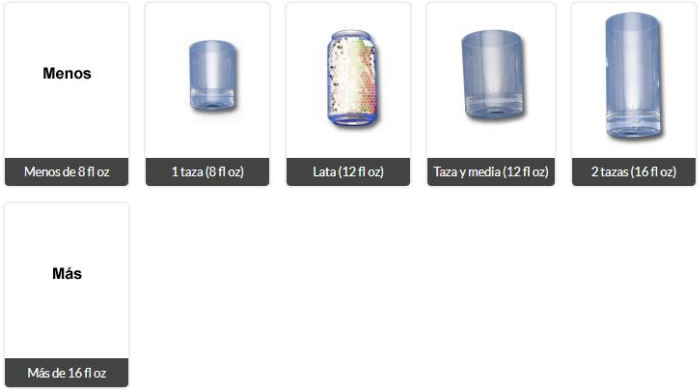
Hard alcohol with mix, cocktails that have calories
(rum & coke, gin & tonic, margarita, etc.)

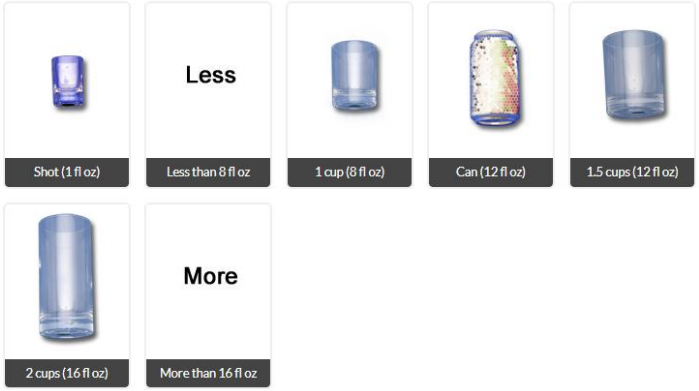
Cerveza, sidra, bebidas a base de vino (coolers)



Vino (tinto o blanco)

Bebidas alcohólicas mezcladas, cocteles con calorías
(ron con Coca-cola, gin & tonic, coctel Margarita, etc.)



	Hard alcohol <u>with no mix</u> or non-caloric mix (shots, whiskey on the rocks, vodka & soda, rum & diet coke, etc.)  Don't know [*for each type*] Refuse to answer [*for each type*]	**Bebidas alcohólicas <u>no mezcladas</u>, o con mezclas no calóricas** (shots, whiskey en las rocas, vodka y soda, ron con Coca-cola dietetica, etc.)  No sabe [*para cada tipo de bebidas*] Se negó a responder [*para cada tipo de bebidas*]

BFQ – BULK SIZE CONFIRMATION NEW 2023 *BFQ_1_BULK* *BFQ_2_BULK* *BFQ_7_BULK* *BFQ_8_BULK* *BFQ_9_BULK* *BFQ_10_BULK* *BFQ_11_BULK* *BFQ_14_BULK* *BFQ_15_BULK*	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* [PROGRAMMER NOTE: For each selection of a large bulk bottle size (2L soda, 2L diet soda, 33.8 fl oz bottled water OR >33.8 fl oz bottled water, 33.8 fl oz regular flavored water, 33.8 fl oz low-no calorie flavored water, 32 fl oz regular sports drink, 32 fl oz low/no calorie sport drinks, 32 fl oz milk OR >32 fl oz milk, 32 fl oz chocolate milk OR >32 fl oz chocolate milk), ask a follow-up question about number of bottles consumed.] Just to check… About how many of these [bottles/quarts] did you drink in the past 7 days, in total? Don't include sharing with others. Only include the amount that you drank. [show image of bottle selected] [PROGRAMMER NOTE: refer to quart for milk and chocolate milk; elsewhere refer to bottle] Less than half a [bottle/quart] About half a [bottle/quart] 1 [bottle/quart] 2 [bottles/quarts] 3 [bottles/quarts] 4 [bottles/quarts] 5 [bottles/quarts] 6 [bottles/quarts] 7 [bottles/quarts] 8 [bottles/quarts] 9 [bottles/quarts] 10 [bottles/quarts] More than [10 bottles/quarts] Don't know Refuse to answer	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* [PROGRAMMER NOTE: For each selection of a large bulk bottle size (2L soda, 2L diet soda, 33.8 fl oz bottled water OR >33.8 fl oz bottled water, 33.8 fl oz regular flavored water, 33.8 fl oz low-no calorie flavored water, 32 fl oz regular sports drink, 32 fl oz low/no calorie sport drinks, 32 fl oz milk OR >32 fl oz milk, 32 fl oz chocolate milk OR >32 fl oz chocolate milk), ask a follow-up question about number of bottles consumed.] Solo para verificar... ¿Aproximadamente [cuántas de estas botellas/ cuántos de estos cuartos] bebió en total durante los últimos 7 días? No incluya las que haya compartido con otros. Incluya solo la cantidad que usted bebió. [show image of bottle selected] [PROGRAMMER NOTE: refer to quart for milk and chocolate milk; elsewhere refer to bottle] Menos de [media botella/medio cuarto] Aproximadamente [media botella/medio cuarto] 1 [botella/cuarto] 2 [botellas/cuartos] 3 [botellas/cuartos] 4 [botellas/cuartos] 5 [botellas/cuartos] 6 [botellas/cuartos] 7 [botellas/cuartos] 8 [botellas/cuartos] 9 [botellas/cuartos] 10 [botellas/cuartos] Más de 10 [botellas/cuartos] No sabe Se negó a responder
BFQ - CONSUME DEALCOHOLIZED DRINKS NEW 2023 *NONALC_CONS*	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* During the PAST 7 DAYS, did you have any non-alcoholic beer, wine or spirits? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents randomized to the original Beverage Frequency Questionnaire* Durante los ÚLTIMOS 7 DÍAS, ¿ha tomado bebidas SIN alcohol, incluyendo cerveza, vino o licores? Sí No No sabe Se negó a responder
BFQ V2 – INTRO NEW 2025	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* [PROGRAMMER NOTE: Hide back button] Next, we're going to ask you about the drinks you had in the last 7 days.	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* [PROGRAMMER NOTE: Hide back button] A continuación, vamos a preguntarle por las bebidas que ha tomado en los últimos 7 días.

BFQ V2 – NON-ALCOHOLIC BEVERAGE CONSUMPTION NEW 2025 *BFQ2_[1-14]*	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* Did you have any of these drinks in the last 7 days? **Regular soda or pop** like Coke, Pepsi, 7-up, Sprite, root beer **Diet soda or pop** like Diet Pepsi, Coke Zero **100% fruit or vegetable juice** like orange juice, apple juice **Fruit drinks** like lemonade, fruit punch/cocktail, SunnyD, iced tea, aguas frescas, flavored/vitamin waters **Tap water** including from a filter or water cooler **Plain bottled water** **Carbonated or sparkling water (low or no-calorie)** like Perrier, LaCroix, Bubly **Sports drinks** like Gatorade, Powerade **Energy drinks** like Red Bull, Rockstar, Monster **White milk or alternatives** like unsweetened soy or almond milk **Don't include milk in cereal, coffee or tea.* **Chocolate or flavored milk or alternatives** like sweetened soy or almond milk **Coffee or tea** **Sweetened specialty coffees or teas** like mochas, frappuccinos, chai lattes, iced coffees, boba/bubble tea **Smoothies, protein shakes, or drinkable yogurt** [PROGRAMMER NOTE: Use table with 'Yes'/'No'/'Don't know'/'Refuse to answer' for each drink type] Yes No Don't know Refuse to answer	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* ¿Ha tomado alguna de estas bebidas en los últimos 7 días? **Refresco normal** como Coca-cola, Pepsi, 7-Up, Sprite, cerveza de raíz **Refresco de dieta** como Pepsi de dieta, Coca-cola Zero **Jugo 100% de fruta o de verduras** como jugo de naranja, de manzana **Bebidas de fruta** como limonada, ponche/coctel de frutas, SunnyD, té helado, aguas frescas, aguas de sabor o vitaminadas **Agua de la llave** incluida la procedente de un filtro o un enfriador de agua **Agua simple/natural embotellada** **Agua mineral/carbonatada o con gas (bajas o sin calorías)** como Perrier, LaCroix, Bubly **Bebidas deportivas** como Gatorade, Powerade **Bebidas energéticas** como Red Bull, Rockstar, Monster **Leche de vaca o alternativas** como la leche de soya o de almendras sin endulzar **NO incluya leche consumida con cereal, café o té* **Leche con chocolate o algún otro sabor, o alternativas** como la leche de soya o de almendras, endulzadas **Café o té** **Café o té de especialidad endulzado** como mochas, frappuccinos, chai lattes, café helado, té de burbujas **Smoothies, licuados de proteína o yogur para beber** [PROGRAMMER NOTE: Use table with 'Yes'/'No'/'Don't know'/'Refuse to answer' for each drink type] Sí No No sabe Se negó a responder

BFQ V2 - ALCOHOLIC BEVERAGE CONSUMPTION NEW 2025 *BFQ2_[15-20]*	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* Did you have any of these drinks in the last 7 days? Beer Wine Cider (alcoholic) Mixed drinks, coolers, hard seltzers, or cocktails Hard alcohol with no mix Non-alcoholic beer, wine or spirits or mocktails [PROGRAMMER NOTE: Use table with 'Yes'/'No'/'Don't know'/'Refuse to answer' for each drink type] Yes No Don't know Refuse to answer	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* ¿Ha tomado alguna de estas bebidas en los últimos 7 días? Cerveza Vino Sidra (alcohólica) Bebidas alcohólicas mezcladas, 'coolers', 'hard seltzers', o cócteles Alcohol fuerte sin mezclar Bebidas sin alcohol como cerveza, vino, licores o cócteles [PROGRAMMER NOTE: Use table with 'Yes'/'No'/'Don't know'/'Refuse to answer' for each drink type] Sí No No sabe Se negó a responder
BFQ V2 - AMOUNT PREAMBLE NEW 2025	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* Next, we're going to ask about how much you drank in the last 7 days for each category.	*UNIVERSE: Respondents randomized to the modified Beverage Frequency Questionnaire* A continuación, vamos a preguntarle cuánto tomó de cada categoría en los últimos 7 días.
BFQ V2 – ANY DIET FRUIT DRINKS NEW 2025 *BFQ2_4_ANYDIET*	[PROGRAMMER NOTE: Ask the following 'ANY DIET…' questions immediately before the corresponding 'BFQ – CONTAINER SIZE' and 'BFQ – NUMBER OF DRINKS' questions for Fruit drinks, Sports drinks, Energy drinks, Smoothies/protein shakes/drinkable yogurt, and Mixed drinks/coolers/seltzers/cocktails.] *UNIVERSE: Selected "Yes" for 'Fruit drinks' in last 7 days.* You told us you had FRUIT DRINKS in the last 7 days. Were any of the fruit drinks diet, low-calorie or no-calorie? (like diet lemonade, diet cranberry juice, unsweetened iced tea) No Some fruit drinks were diet, low-calorie or no-calorie All fruit drinks were diet, low-calorie or no calorie Don't know Refuse to answer	[PROGRAMMER NOTE: Ask the following 'ANY DIET…' questions immediately before the corresponding 'BFQ – CONTAINER SIZE' and 'BFQ – NUMBER OF DRINKS' questions for Fruit drinks, Sports drinks, Energy drinks, Smoothies/protein shakes/drinkable yogurt, and Mixed drinks/coolers/seltzers/cocktails.] *UNIVERSE: Selected "Yes" for 'Fruit drinks' in last 7 days.* Nos ha dicho que ha tomado BEBIDAS DE FRUTA en los últimos 7 días. ¿Alguna de las bebidas de fruta era de dieta, baja en calorías o sin calorías? (como limonada de dieta, jugo de arándanos de dieta, té helado sin endulzar) No Algunas bebidas de fruta eran de dieta, bajas en calorías o sin calorías Todas las bebidas de fruta eran de dieta, bajas en calorías o sin calorías No sabe Se negó a responder

BFQ V2 – ANY DIET SPORTS DRINKS NEW 2025 *BFQ2_8_ANYDIET*	*UNIVERSE: Selected "Yes" for 'Sports drinks' in last 7 days.* You told us you had SPORTS DRINKS in the last 7 days. Were any of the sports drinks diet, low-calorie or no-calorie? (like G2, Powerade Zero) No Some sports drinks were diet, low-calorie or no-calorie All sports drinks were diet, low-calorie or no calorie Don't know Refuse to answer	*UNIVERSE: Selected "Yes" for 'Sports drinks' in last 7 days.* Nos ha dicho que ha tomado BEBIDAS DEPORTIVAS en los últimos 7 días. ¿Alguna de las bebidas deportivas era de dieta, baja en calorías o sin calorías? (como G2, Powerade Zero) No Algunas bebidas deportivas eran de dieta, bajas en calorías o sin calorías Todas las bebidas deportivas eran de dieta, bajas en calorías o sin calorías No sabe Se negó a responder
BFQ V2 – ANY DIET ENERGY DRINKS NEW 2025 *BFQ2_9_ANYDIET*	*UNIVERSE: Selected "Yes" for 'Energy drinks' in last 7 days.* You told us you had ENERGY DRINKS in the last 7 days. Were any of the energy drinks diet, low-calorie or no-calorie? (like Red Bull Sugarfree, Celsius) No Some energy drinks were diet, low-calorie or no-calorie All energy drinks were diet, low-calorie or no calorie Don't know Refuse to answer	*UNIVERSE: Selected "Yes" for 'Energy drinks' in last 7 days.* Nos ha dicho que ha tomado BEBIDAS ENERGÉTICAS en los últimos 7 días. ¿Alguna de las bebidas energéticas era de dieta, baja en calorías o sin calorías? (como Red Bull Sugarfree, Celsius) No Algunas bebidas energéticas eran de dieta, bajas en calorías o sin calorías Todas las bebidas energéticas eran de dieta, bajas en calorías o sin calorías No sabe Se negó a responder
BFQ V2 – ANY DIET SMOOTHIES NEW 2025 *BFQ2_14_ANYDIET*	*UNIVERSE: Selected "Yes" for 'Smoothies, protein shakes or drinkable yogurt' in last 7 days.* You told us you had SMOOTHIES, PROTEIN SHAKES, OR DRINKABLE YOGURT in the last 7 days. Were any of the smoothies, protein shakes, or drinkable yogurt unsweetened, diet or low-calorie? (like low-sugar protein shakes, low-sugar drinkable yogurt) No Some were unsweetened, diet or low-calorie All were unsweetened, diet or low-calorie Don't know Refuse to answer	*UNIVERSE: Selected "Yes" for 'Smoothies, protein shakes or drinkable yogurt' in last 7 days.* Nos ha dicho que ha tomado SMOOTHIES, LICUADOS DE PROTEÍNAS O YOGUR PARA BEBER en los últimos 7 días. ¿Alguno de los smoothies, licuados de proteínas o yogures para beber era sin endulzar, de dieta o bajo en calorías? (como los batidos de proteínas bajos en azúcar o el yogur para beber bajo en azúcar) No Algunos eran sin endulzar, de dieta o bajos en calorías Todos eran sin endulzar, de dieta o bajos en calorías No sabe Se negó a responder

BFQ V2 – ANY DIET MIXED DRINKS NEW 2025 *BFQ2_18_ANYDIET*	*UNIVERSE: Selected "Yes" for 'Mixed drinks/coolers/seltzers/cocktails' in last 7 days.* You told us you had MIXED DRINKS, COOLERS, HARD SELTZERS, OR COCKTAILS in the last 7 days. Were any of the mixed drinks, coolers, hard seltzers or cocktails diet or low-calorie? (like vodka & soda, rum & diet coke, White Claw, or sugar-free cocktails or seltzers) No Some were diet or low-calorie All were diet or low-calorie Don't know Refuse to answer	*UNIVERSE: Selected "Yes" for 'Mixed drinks/coolers/seltzers/cocktails' in last 7 days.* Nos ha dicho que ha tomado BEBIDAS ALCOHÓLICAS MEZCLADAS, COOLERS, HARD SELTZERS O CÓCTELES en los últimos 7 días. ¿Algunas de las bebidas mezcladas, coolers, hard seltzers o cócteles era de dieta o baja en calorías? (como vodka con refresco light, ron con Coca-Cola light, White Claw, otros cócteles o hard seltzers sin azúcar) No Algunas eran de dieta o bajas en calorías Todos eran de dieta o bajas en calorías No sabe Se negó a responder

BFQ V2 – CONTAINER SIZE

NEW 2025

BFQ2_[1-20]_SIZE_US
BFQ2_#_SIZE_US _DKR

BFQ2_4DIET_SIZE_US
BFQ2_4REG_SIZE_US

BFQ2_8DIET_SIZE_US
BFQ2_8REG_SIZE_US

BFQ2_9DIET_SIZE_US
BFQ2_9REG_SIZE_US

BFQ2_14DIET_SIZE_US
BFQ2_14REG_SIZE_US

BFQ2_18DIET_SIZE_US
BFQ2_18REG_SIZE_US

UNIVERSE: Selected "Yes" for the corresponding beverage categories, as indicated below.

[PROGRAMMER NOTE: Ask this container size question for each beverage category previously selected, using category specific text/images shown below. Ask about each relevant category on a separate screen. Images will be clickable. Respondents may select one container image, or DK/R.]

We want to know how much [BEVERAGE CATEGORY] you had in the last 7 days.
(like [examples of beverage category, where relevant])

What size container would you like to use to report this?
[Display array of container images corresponding to the beverage category, as illustrated below.]
Don't know
Refuse to answer

[PROGRAMMER NOTE: Ask above question for relevant categories using the below text/image]

UNIVERSE: Selected "Yes" for 'Regular soda' in last 7 days.
REGULAR SODA OR POP
(like Coke, Pepsi, 7-Up, Sprite, root beer)

UNIVERSE: Selected "Yes" for 'Diet soda' in last 7 days.
DIET SODA OR POP
(like Diet Pepsi, Coke Zero)

UNIVERSE: Selected "Yes" for '100% fruit or vegetable juice' in last 7 days.
100% FRUIT OR VEGETABLE JUICE
(like orange juice, apple juice)

UNIVERSE: Selected "Yes" for the corresponding beverage categories, as indicated below.

[PROGRAMMER NOTE: Ask this container size question for each beverage category previously selected, using category specific text/images shown below. Ask about each relevant category on a separate screen. Images will be clickable. Respondents may select one container image, or DK/R.]

Queremos saber cuánto [CATEGORÍA DE BEBIDAS] ha tomado en los últimos 7 días.
(como [examples of beverage category, where relevant])

¿Qué tamaño de envase desea utilizar para informar de ello?
[Display array of container images corresponding to the beverage category, as illustrated below.]
No sabe
Se negó a responder

[PROGRAMMER NOTE: Ask above question for relevant categories using the below text/image]

UNIVERSE: Selected "Yes" for 'Regular soda' in last 7 days.
REFRESCO NORMAL
(como Coca-cola, Pepsi, 7-Up, Sprite, cerveza de raíz)

UNIVERSE: Selected "Yes" for 'Diet soda' in last 7 days.
REFRESCO DE DIETA
(como Pepsi de dieta, Coca-cola Zero)

UNIVERSE: Selected "Yes" for '100% fruit or vegetable juice' in last 7 days.
JUGO 100% DE FRUTA O DE VERDURAS
(como jugo de naranja, de manzana)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal fruit drinks' in last 7 days.

DIET, LOW-CALORIE OR NO-CALORIE FRUIT DRINK

(like diet lemonade, diet cranberry juice, unsweetened iced tea)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal fruit drinks' in last 7 days.

SWEETENED FRUIT DRINK

(like lemonade, fruit punch/cocktail, SunnyD, iced tea, aguas frescas, flavored/vitamin waters)

UNIVERSE: Selected "Yes" for 'Tap water' in last 7 days.

TAP WATER

(including from a filter or water cooler)

UNIVERSE: Selected "Yes" for 'Plain bottled water' in last 7 days.

PLAIN BOTTLED WATER

UNIVERSE: Selected "Yes" for 'Carbonated or sparkling water' in last 7 days.

CARBONATED OR SPARKLING WATER (LOW OR NO-CALORIE)

(like Perrier, LaCroix, Bubly)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal fruit drinks' in last 7 days.

BEBIDAS DE FRUTA DE DIETA, BAJA O SIN CALORÍAS

(como limonada de dieta, jugo de arándanos de dieta, té helado sin endulzar)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal fruit drinks' in last 7 days.

BEBIDAS DE FRUTA ENDULZADA

(como limonada, ponche/coctel de frutas, SunnyD, té helado, aguas frescas, aguas de sabor o vitaminadas)

UNIVERSE: Selected "Yes" for 'Tap water' in last 7 days.

AGUA DE LA LLAVE

(incluida la procedente de un filtro o un enfriador de agua)

UNIVERSE: Selected "Yes" for 'Plain bottled water' in last 7 days.

AGUA SIMPLE/NATURAL EMBOTELLADA

UNIVERSE: Selected "Yes" for 'Carbonated or sparkling water' in last 7 days.

AGUA MINERAL/CARBONATADA O CON GAS (BAJAS O SIN CALORÍAS)

(como Perrier, LaCroix, Bubly)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal sports drinks' in last 7 days.

DIET, LOW-CALORIE OR NO-CALORIE SPORTS DRINK

(like G2, Powerade Zero)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal sports drinks' in last 7 days.

REGULAR SPORTS DRINK

(like Gatorade, Powerade)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal energy drinks' in last 7 days.

DIET, LOW-CALORIE OR NO-CALORIE ENERGY DRINK

(like Red Bull Sugarfree, Celsius)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal energy drinks' in last 7 days.

REGULAR ENERGY DRINK

(like Red Bull, Rockstar, Monster)

UNIVERSE: Selected "Yes" for 'White milk or alternatives' in last 7 days.

WHITE MILK OR ALTERNATIVES

(like unsweetened soy or almond milk)

**Don't include milk in cereal, coffee or tea.*

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal sports drinks' in last 7 days.

BEBIDA DEPORTIVA DE DIETA, BAJA O SIN CALORÍAS

(como G2, Powerade Zero)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal sports drinks' in last 7 days.

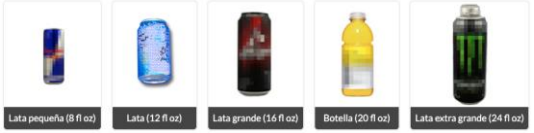
BEBIDA DEPORTIVA REGULAR

(como Gatorade, Powerade)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal energy drinks' in last 7 days.

BEBIDA ENERGÉTICA DE DIETA, BAJA O SIN CALORÍAS

(como Red Bull Sugarfree, Celsius)



UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal energy drinks' in last 7 days.

BEBIDA ENERGÉTICA REGULAR

(como Red Bull, Rockstar, Monster)

UNIVERSE: Selected "Yes" for 'White milk or alternatives' in last 7 days.

LECHE DE VACA O ALTERNATIVAS

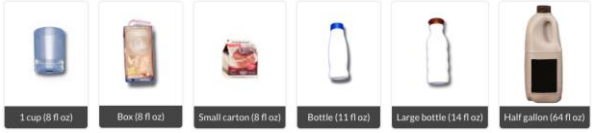
(como la leche de soya o de almendras sin endulzar)

**No incluya leche consumida con cereal, café o té.*

UNIVERSE: Selected "Yes" for 'Chocolate or flavored milk' in last 7 days.

CHOCOLATE OR FLAVORED MILK OR ALTERNATIVES

(like sweetened soy or almond milk)



UNIVERSE: Selected "Yes" for 'Coffee or tea' in last 7 days.

COFFEE OR TEA

UNIVERSE: Selected "Yes" for 'Sweetened specialty coffee or tea' in last 7 days.

SWEETENED SPECIALTY COFFEE OR TEA

(like mochas, frappuccinos, chai lattes, iced coffees, boba/bubble tea)

UNIVERSE: Selected "Some…" or "All…" for 'Unsweetened/diet smoothies/protein shakes/yogurt' in last 7 days.

UNSWEETENED, DIET OR LOW-CALORIE SMOOTHIES, PROTEIN SHAKES, OR DRINKABLE YOGURT

(like low-sugar protein shakes or low-sugar drinkable yogurt)

UNIVERSE: Selected "None" or "Some…" for 'Unsweetened/diet smoothies/protein shakes/yogurt' in last 7 days.

SWEETENED SMOOTHIES, PROTEIN SHAKES, OR DRINKABLE YOGURT

UNIVERSE: Selected "Yes" for 'Chocolate or flavoured milk' in last 7 days.

LECHE CON CHOCOLATE O ALGÚN OTRO SABOR O ALTERNATIVAS

(como la leche de soya o de almendras, endulzadas)

UNIVERSE: Selected "Yes" for 'Coffee or tea' in last 7 days.

CAFÉ O TÉ

UNIVERSE: Selected "Yes" for 'Sweetened specialty coffee or tea' in last 7 days.

CAFÉ O TÉ DE ESPECIALIDAD ENDULZADO

(como mochas, frappuccinos, chai lattes, café helado, té de burbujas)

UNIVERSE: Selected "Some…" or "All…" for 'Unsweetened/diet smoothies/protein shakes/yogurt' in last 7 days.

SMOOTHIES, LICUADOS DE PROTEÍNA O YOGUR PARA BEBER SIN ENDULZAR, DE DIETA O BAJOS EN CALORÍAS

(como los batidos de proteínas bajos en azúcar o el yogur para beber bajo en azúcar)

UNIVERSE: Selected "None" or "Some…" for 'Unsweetened/diet smoothies/protein shakes/yogurt' in last 7 days.

SMOOTHIES, LICUADOS DE PROTEÍNAS O YOGUR PARA BEBER ENDULZADOS

UNIVERSE: Selected "Yes" for 'Beer' in last 7 days.

BEER

UNIVERSE: Selected "Yes" for 'Wine' in last 7 days.

WINE

UNIVERSE: Selected "Yes" for 'Cider' in last 7 days.

CIDER (ALCOHOLIC)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal mixed drinks' in last 7 days.

DIET OR LOW-CALORIE MIXED DRINKS, COOLERS, HARD SELTZERS, OR COCKTAILS

(like vodka & soda, rum & diet coke, White Claw, other sugar-free cocktails or seltzers)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal mixed drinks' in last 7 days.

SUGARY MIXED DRINKS, COOLERS, HARD SELTZERS, OR COCKTAILS

(like rum & coke, Smirnoff Ice, Twisted Tea, gin & tonic, margaritas)

UNIVERSE: Selected "Yes" for 'Beer' in last 7 days.

CERVEZA

UNIVERSE: Selected "Yes" for 'Wine' in last 7 days.

VINO

UNIVERSE: Selected "Yes" for 'Cider' in last 7 days.

SIDRA (ALCOHÓLICA)

UNIVERSE: Selected "Some…" or "All…" for 'Diet/low cal mixed drinks' in last 7 days.

BEBIDAS ALCOHOLICAS MEZCLADAS, COOLERS, HARD SELTZERS O CÓCTELES DE DIETA O BAJOS EN CALORÍAS

(como vodka con refresco light, ron con Coca-Cola Light, White Claw, otros cócteles o hard seltzers sin azúcar)

UNIVERSE: Selected "None" or "Some…" for 'Diet/low cal mixed drinks' in last 7 days.

BEBIDAS ALCOHOLICAS MEZCLADAS, COOLERS, HARD SELTZERS O CÓCTELES ENDULZADOS

(como ron con Coca-Cola, Smirnoff Ice, Twisted Tea, gin tonic, margaritas)

	UNIVERSE: Selected "Yes" for 'Hard alcohol with no mix' in last 7 days. HARD ALCOHOL WITH NO MIX  *UNIVERSE: Selected "Yes" for 'Non-alcoholic beer/wine/spirits/mocktails' in last 7 days.* NON-ALCOHOLIC BEER, WINE, SPIRITS OR MOCKTAILS  	*UNIVERSE: Selected "Yes" for 'Hard alcohol with no mix' in last 7 days.* ALCOHOL FUERTE SIN MEZCLAR  *UNIVERSE: Selected "Yes" for 'Non-alcoholic beer/wine/spirits/mocktails' in last 7 days.* BEBIDAS SIN ALCOHOL COMO CERVEZA, VINO, LICORES O CÓCTELES 

BFQ V2 – NUMBER OF DRINKS NEW 2025 *BFQ2_[1-20]_N_US#* *BFQ2_[1-20]_N_US#_N*	*UNIVERSE: Respondents who selected a container size in the corresponding 'BFQ – CONTAINER SIZE' question). Skip for categories where the respondent selected DK/R for the size.* [PROGRAMMER NOTE: Ask respondents to specify the number of drinks for each relevant beverage category (if a container size was selected) using the following question.] In total, about HOW MANY of these did you drink in the last 7 days? [Name and examples of beverage category] *If you also had [beverage category] from other container sizes, please estimate how many of this container size that would equal.* [Display the container image selected in corresponding 'BFQ V2 – CONTAINER SIZE' question] Number of [glasses/cans/cups/bottles]: _____ [numeric; allow decimals] Don't know Refuse to answer [PROGRAMMER NOTE: Ask above question for each relevant category, using below descriptor] **Regular soda or pop** like Coke, Pepsi, 7-Up, Sprite or root beer **Diet soda or pop** like Diet Pepsi or Coke Zero **100% fruit or vegetable juice** like orange juice or apple juice **Diet, low-calorie or no-calorie fruit drinks** like diet lemonade, diet cranberry juice or unsweetened iced tea **Sweetened fruit drinks** like lemonade, fruit punch/cocktail, SunnyD, iced tea, aguas frescas or flavored/vitamin waters **Tap water** including from a filter or water cooler **Plain bottled water** **Carbonated or sparkling water (low or no-calorie)** like Perrier, LaCroix or Bubly **Diet, low-calorie or no-calorie sports drinks** like G2 or Powerade Zero **Regular sports drinks** like Gatorade or Powerade **Diet, low-calorie or no-calorie energy drinks** like Red Bull Sugarfree or Celsius **Regular energy drinks** like Red Bull, Rockstar or Monster **White milk or alternatives** like unsweetened soy or almond milk **Don't include milk in cereal, coffee or tea.* **Chocolate or flavored milk or alternatives** like sweetened soy or almond milk **Coffee or tea** **Sweetened specialty coffees or teas** like mochas, frappuccinos, chai lattes, iced coffees or boba/bubble tea	*UNIVERSE: Respondents who selected a container size in the corresponding 'BFQ – CONTAINER SIZE' question). Skip for categories where the respondent selected DK/R for the size.* [PROGRAMMER NOTE: Ask respondents to specify the number of drinks for each relevant beverage category (if a container size was selected) using the following question.] En total, ¿cuántos de estos productos ha tomado en los últimos 7 días? [Name and examples of beverage category] *Si también consumiera [beverage category] de otros tamaños de envase, calcule a cuántos de este tamaño de envase equivaldría.* [Display the container image selected in corresponding 'BFQ V2 – CONTAINER SIZE' question] Número de [vasos/latas/tazas/botellas]: _____ [numeric; allow decimals] Don't know Refuse to answer [PROGRAMMER NOTE: Ask above question for each relevant category, using below descriptor] **Refresco normal** como Coca-cola, Pepsi, 7-Up, Sprite o cerveza de raíz **Refresco de dieta** como Pepsi de dieta o Coca-cola Zero **Jugo 100% de fruta o de verduras** como jugo de Naranja o de manzana **Bebidas de fruta de dieta, baja o sin calorías** como limonada de dieta, jugo de arándanos de dieta o té helado sin azúcar **Bebidas de fruta endulzadas** como limonada, ponche/coctel de frutas, té helado, aguas frescas o aguas de sabor o vitaminadas **Agua de la llave** incluida la procedente de un filtro o un enfriador de agua **Agua simple/natural embotellada** **Agua mineral/carbonatada o con gas (bajas o sin calorías)** como Perrier, LaCroix o Bubly **Bebidas deportivas de dieta, bajas o sin calorías** como G2 o Powerade Zero **Bebidas deportivas regulares** como Gatorade o Powerade **Bebidas energéticas de dieta, bajas o sin calorías** como Red Bull Sugarfree o Celsius **Bebidas energéticas regulares** como Red Bull, Rockstar o Monster **Leche de vaca o alternativas** como la leche de soya o de almendras sin endulzar **NO incluya leche consumida con cereal*, café o té **Leche con chocolate o algún otro sabor o alternativas** como la leche de soya o de almendras, endulzadas **Café o té**

	Unsweetened, diet or low-calorie smoothies, protein shakes, or drinkable yogurt like low-sugar protein shakes or low-sugar drinkable yogurt Sweetened smoothies, protein shakes, or drinkable yogurt Beer Wine Cider (alcoholic) Diet or low-calorie mixed drinks, coolers, hard seltzers, or cocktails like vodka & soda, rum & diet coke, White Claw, or other sugar-free cocktails or seltzers Sugary mixed drinks, coolers, hard seltzers, or cocktails like rum & coke, Smirnoff Ice, Twisted Tea, gin & tonic or margaritas Hard alcohol with no mix Non-alcoholic beer, wine or spirits or mocktails	Café o té de especialidad endulzado como mochas, frappuccinos, chai lattes, café helado o té de burbujas Smoothies, licuados de proteína o yogur para beber sin endulzar, de dieta o bajos en calorías como los batidos de proteínas bajos en azúcar o el yogur para beber bajo en azúcar Smoothies, licuados de proteína o yogurt para beber endulzado Cerveza Vino Sidra (alcohólicas) Bebidas alcohólicas mezcladas, coolers, hard seltzers o cócteles light o bajas en calorías como vodka con refresco sin azúcar, ron con Coca-Cola Light, White Claw, u otros cócteles o hard seltzers sin azúcar Bebidas alcohólicas mezcladas, coolers, hard seltzers o cócteles endulzados como ron con Coca-Cola, Smirnoff Ice, Twisted Tea, gin tonic o margaritas Alcohol fuerte sin mezclar Bebidas sin alcohol como cerveza, vino, licores o cócteles

FOOD PREPARATION AND FOOD SKILLS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
FOOD SHOPPING ROLE ADAPTED FROM USDA: AMERICAN TIME USE SURVEY - EATING & HEALTH MODULE 2014-2016 REVISED 2019 *SHOP*	How much of the food shopping do you do in your household? Most Share equally with other(s) Some, but less than other(s) None Don't know Refuse to answer	¿Qué parte de las compras de alimentos de su hogar hace usted? La mayor parte Una parte equitativa con los demás Algo, pero menos que otros Ninguna No sabe Se negó a responder
FREQUENCY OF PREPARING MAIN MEALS UK NATIONAL DIET AND NUTRITION SURVEY (NDNS) *PREP_FREQ*	How often do you prepare a main meal for yourself or others? Never Only for special occasions Less than once a week One or two days a week Some days (3–4 a week) Most days (5–6 a week) Every day Don't know Refuse to answer	¿Con qué frecuencia prepara la comida principal para usted o para otros? Nunca Solo en ocasiones especiales Menos de una vez a la semana Uno o dos días a la semana Algunos días (3-4 a la semana) La mayoría de los días (5-6 a la semana) Cada día No sabe Se negó a responder
COOKING SKILLS – GENERAL *SKILL_OVERALL*	Overall, how would you rate your cooking skills? Poor Fair Good Very good Excellent Don't know Refuse to answer	En general, ¿cómo calificaría su habilidad para cocinar? Deficiente Aceptable Buena Muy buena Excelente No sabe Se negó a responder

FOOD SECURITY

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
FOOD SECURITY – INTRO USDA HFSM	These next questions are about the food eaten in your household in the last 12 months, since [current month] of last year, and whether you were able to afford the food you need.	Las siguientes preguntas se refieren a los alimentos consumidos en su hogar en los últimos 12 meses, desde [mes actual] del año pasado, y si pudo costear los alimentos necesarios.
FOOD SECURITY – HH1 USDA HFSM *HH1*	Which of these statements best describes the food eaten in your household in the last 12 months: You and other household members always had enough of the kinds of foods you wanted to eat. You and other household members had enough to eat, but not always the kinds of food you wanted. Sometimes you and other household members did not have enough to eat. Often you and other household members didn't have enough to eat. Don't know Refuse to answer	¿Cuál de los siguientes enunciados describe mejor los alimentos que se han consumido en su hogar en los últimos 12 meses? Usted y otros miembros del hogar siempre han tenido una cantidad suficiente del tipo de alimentos que querían Usted y otros miembros del hogar siempre han tenido una cantidad suficiente, aunque no siempre del tipo de alimentos que querían Algunas veces usted y otros miembros del hogar no tuvieron suficientes alimentos para comer Frecuentemente usted y otros miembros del hogar no tuvieron suficientes alimentos para comer No sabe Se negó a responder
FOOD SECURITY – HH INTRO	Now you will see several statements that may be used to describe the food situation for a household. Please indicate if the statement was often true, sometimes true, or never true for you and other household members IN THE LAST 12 MONTHS – that is since last [name of current month].	Ahora leerá varios enunciados que se podrían usar para describir la situación alimentaria en un hogar. Favor de indicar si el enunciado frecuentemente fue verdad, algunas veces fue verdad o nunca fue verdad para usted u otros miembros de su hogar EN LOS ÚLTIMOS 12 MESES, es decir, desde [name of current month] del año pasado.
FOOD SECURITY – HH2 USDA HFSM *HH2*	You and other household members worried that food would run out before you got money to buy more. Often true Sometimes true Never true Don't know Refuse to answer	Usted y otros miembros de su hogar se preocuparon de que la comida se terminara antes de tener dinero para comprar más. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder
FOOD SECURITY – HH3 USDA HFSM REVISED 2024 (Spanish) *HH3*	The food that you and other household members bought just didn't last, and there wasn't any money to get more. Often true Sometimes true Never true Don't know Refuse to answer	Los alimentos que usted y otros miembros de su hogar compraron simplemente no alcanzaron y no hubo dinero para comprar más. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder

FOOD SECURITY – HH4 USDA HFSM *HH4*	You and other household members couldn't afford to eat balanced meals. Often true Sometimes true Never true Don't know Refuse to answer	Usted y otros miembros de su hogar no tuvieron dinero para comidas balanceadas. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder
FIRST LEVEL SCREENING	If affirmative response to one or more of HH1-HH4 (i.e., HH1=3 or 4, or HH2-HH4=1 ("often true") or 2 ("sometimes true"), then continue to AD1; otherwise, if children under age 18 are present in the household (child_home>0), skip to CH1; otherwise skip to End of Food Security Module.	If affirmative response to one or more of HH1-HH4 (i.e., HH1=3 or 4, or HH2-HH4=1 ("often true") or 2 ("sometimes true"), then continue to AD1; otherwise, if children under age 18 are present in the household (child_home>0), skip to CH1; otherwise skip to End of Food Security Module.
FOOD SECURITY – AD1 USDA HFSM *AD1*	*UNIVERSE: Respondents who passed first level screening* In the last 12 months, since last [name of current month], did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed first level screening* En los últimos 12 meses, desde el pasado mes de [nombre del mes actual], ¿usted u otros adultos de su hogar disminuyeron alguna vez el tamaño de sus comidas o dejaron de comer alguna porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
FOOD SECURITY – AD1a USDA HFSM *AD1A*	*UNIVERSE: AD1=1 (yes)* How often did this happen? Almost every month Some months but not every month Only 1 or 2 months Don't know Refuse to answer	*UNIVERSE: AD1=1 (yes)* ¿Cuántas veces le sucedió? Casi todos los meses Algunos meses pero no todos Sólo un mes o dos No sabe Se negó a responder
FOOD SECURITY – AD2 USDA HFSM *AD2*	*UNIVERSE: Respondents who passed first level screening* In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed first level screening* En los últimos 12 meses, ¿comió usted menos de lo que creyó que debía comer porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
FOOD SECURITY – AD3 USDA HFSM *AD3*	*UNIVERSE: Respondents who passed first level screening* In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed first level screening* En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder

FOOD SECURITY – AD4 USDA HFSM *AD4*	*UNIVERSE: Respondents who passed first level screening* In the last 12 months, did you lose weight because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed first level screening* En los últimos 12 meses, ¿bajó de peso porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
SECOND LEVEL SCREENING	If affirmative response to one or more of AD1-AD4, then continue to AD5; otherwise, if children under age 18 are present in the household (child_home >0), skip to CH1, otherwise skip to End of Food Security Module.	If affirmative response to one or more of AD1-AD4, then continue to AD5; otherwise, if children under age 18 are present in the household (child_home >0), skip to CH1, otherwise skip to End of Food Security Module.
FOOD SECURITY – AD5 USDA HFSM *AD5*	*UNIVERSE: Respondents who passed second level screening* In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed second level screening* En los últimos 12 meses, ¿usted u otros adultos de su hogar dejaron de comer alguna vez todo un día porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
FOOD SECURITY – AD5a USDA HFSM *AD5A*	*UNIVERSE: AD5=1 (yes)* How often did this happen? Almost every month Some months but not every month Only 1 or 2 months Don't know Refuse to answer	*UNIVERSE: AD5=1 (yes)* ¿Cuántas veces le sucedió? Casi todos los meses Algunos meses pero no todos Sólo un mes o dos No sabe Se negó a responder
CHILD LEVEL 1 SCREENING	Households with no child under age 18 (child_home=0, DK/R), skip to End of Food Security Module.	Hogares sin menores de 18 años (child_home=0, DK/R), pasar al Final del Módulo de Seguridad Alimentaria.
FOOD SECURITY CHILD INTRO	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Now you will see several statements that people have made about the food situation of their children.	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Ahora verá varios enunciados reportados por algunas personas acerca de la situación alimentaria de sus hijos.
FOOD SECURITY – CH1 USDA HFSM *CH1*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* You or other adults in your household relied on only a few kinds of low-cost food to feed the children because you were running out of money to buy food. Often true Sometimes true Never true Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Usted u otros adultos de su hogar utilizaron unos cuantos tipos de alimentos de bajo costo para alimentar a los niños porque se estaban quedando sin dinero para comprar comida. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder

FOOD SECURITY – CH2 USDA HFSM *CH2*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* You or other adults in your household couldn't feed the children a balanced meal, because you couldn't afford that. Often true Sometimes true Never true Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Usted u otros adultos de su hogar no pudieron alimentar a los niños con una comida balanceada porque no la pudieron pagar. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder
FOOD SECURITY – CH3 USDA HFSM *CH3*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* The children were not eating enough because you or other adults in your household just couldn't afford enough food. Often true Sometimes true Never true Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Los niños no comieron lo suficiente porque usted u otros integrantes adultos de su hogar simplemente no tuvieron dinero para comprar suficientes alimentos. Frecuentemente fue verdad Algunas veces fue verdad Nunca fue verdad No sabe Se negó a responder
CHILD LEVEL 2 SCREENING	If affirmative response to one or more of CH1-CH3 (i.e., CH1-CH3= 1 ("often true") or 2 ("sometimes true")), then continue to CH4; otherwise skip to End of Food Security Module.	If affirmative response to one or more of CH1-CH3 (i.e., CH1-CH3= 1 ("often true") or 2 ("sometimes true")), then continue to CH4; otherwise skip to End of Food Security Module.
FOOD SECURITY – CH4 USDA HFSM *CH4*	*UNIVERSE: Respondents who passed child level 2 screening* In the last 12 months, since last [current month] did you ever cut the size of any of the children's meals because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed child level 2 screening* En los últimos 12 meses, desde el pasado mes de [nombre del mes actual], ¿usted alguna redujo el tamaño de alguna de las comidas de los niños porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
FOOD SECURITY – CH5 USDA HFSM *CH5*	*UNIVERSE: Respondents who passed child level 2 screening* In the last 12 months, did any of the children ever skip meals because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed child level 2 screening* En los últimos 12 meses, ¿alguno de los niños dejó de comer alguno de sus alimentos porque no había suficiente dinero para comprarlos? Sí No No sabe Se negó a responder
FOOD SECURITY – CH5a USDA HFSM *CH5A*	*UNIVERSE: CH5=1 (yes)* How often did this happen? Almost every month Some months but not every month Only 1 or 2 months Don't know Refuse to answer	*UNIVERSE: CH5=1 (yes)* ¿Cuántas veces le sucedió? Casi todos los meses Algunos meses pero no todos Sólo un mes o dos No sabe Se negó a responder

FOOD SECURITY – CH6 USDA HFSM *CH6*	*UNIVERSE: Respondents who passed child level 2 screening* In the last 12 months, were the children ever hungry but you just couldn't afford more food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed child level 2 screening* En los últimos 12 meses, ¿los niños se quedaron con hambre alguna vez pero usted simplemente no pudo comprar más alimentos? Sí No No sabe Se negó a responder
FOOD SECURITY – CH7 USDA HFSM *CH7*	*UNIVERSE: Respondents who passed child level 2 screening* In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food? Yes No Don't know Refuse to answer	*UNIVERSE: Respondents who passed child level 2 screening* En los últimos 12 meses, ¿alguno de los niños dejó de comer todo un día porque no había suficiente dinero para comprar alimentos? Sí No No sabe Se negó a responder
DRINKING WATER SOURCE NEW 2021 REVISED 2022 COUNTRY SPECIFIC WORDING *WAT_SOURCE* *WAT_SOURCE_OTEXT*	The next questions are about drinking water. What is the MAIN type of water you drink in your home? Tap water (filtered or unfiltered) Boiled tap water (filtered or unfiltered) Bottled water (any size [MEX:, including garrafones]) Other (specify): _____ Don't know Refuse to answer	Las siguientes preguntas son sobre agua para tomar. ¿Cuál es el PRINCIPAL tipo de agua que bebe en su hogar? Agua de la llave/del grifo (filtrada o sin filtrar) Agua hervida de la llave/del grifo (filtrada o sin filtrar) Agua embotellada (cualquier tamaño [MEX:, incluyendo garrafones]) Otro (especifique): _____ No sabe Se negó a responder
WATER SAFETY – DRINK NEW 2022 *WAT_SAFETY*	How safe is it to drink the tap water from your home? (Do not include filtered, boiled, or bottled water.) Not at all safe A little safe Somewhat safe Very safe Don't know Refuse to answer	¿Hasta qué punto es seguro beber el agua de la llave/del grifo de su hogar? (No incluya el agua filtrada, hervida o embotellada). Nada seguro Un poco seguro Algo seguro Muy seguro No sabe Se negó a responder

DIETARY PATTERNS AND EFFORTS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
EATING RESTRICTIONS ADAPTED (HEAVILY) FROM TNT 2015 REVISED 2022 REVISED 2023 (universe) *RESTRICT2_[TYPE]* *RESTRICT2_NONE* *RESTRICT2_DK* *RESTRICT2_R* *RESTRICT2_RELTEXT*	Would you describe yourself as: (Select all that apply) Vegetarian (don't eat meat or fish) Vegan (don't eat animal products: no meat/fish, no dairy, no eggs) Pescatarian (eat fish, but no other meat) Following a religious practice for eating → Please specify: [*open-ended*] None of the above Don't know	Se describiría como: (Seleccione todas las opciones que apliquen) Vegetariano (no como carne o pescado) Vegano (no como productos animales: ni carne/pescado, ni lácteos, ni huevos) Pescetariano (como pescado, pero ningún otro tipo de carne) Se apega a una práctica religiosa relacionada con los alimentos → Favor de especificar: [respuesta abierta] Ninguna de las anteriores No sabe Se negó a responder

DIET MODIFICATION EFFORTS – V3

NEW 2024

COUNTRY SPECIFIC WORDING

EFFORT3_[TYPE]

Do you make an effort to consume more or less of the following?

If you don't have any, select 'Consume LESS / NONE'.

	Consume LESS / NONE	Consume MORE	No effort made	Don't Know	Refuse to answer
Calories					
Fat					
Saturated fat					
Protein					
Fiber					
Sugar / added sugar					
Salt / sodium					
Fruit and vegetables					
Whole grains					
Dairy products					
All meats					
Red or processed meat (e.g., beef, pork, deli meat) only					
Sugary drinks					
100% fruit juice					
'Artificial' low-calorie sweeteners like aspartame					
'Natural' low-calorie sweeteners like stevia					
Ultra-processed foods					

[PROGRAMMER: Split on two screens, with first 9 items on screen 1, next 8 items on screen 2]

¿Se esfuerza por consumir más o menos de lo siguiente?

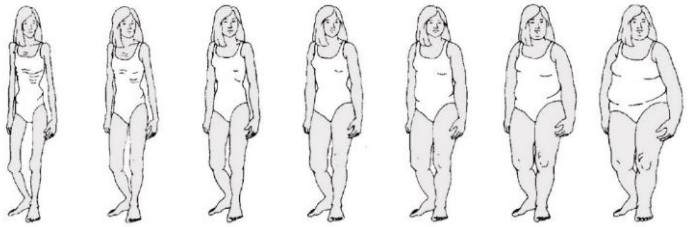
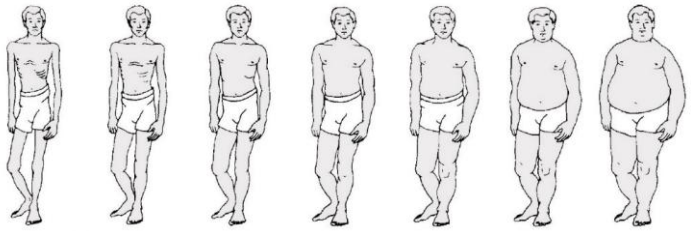
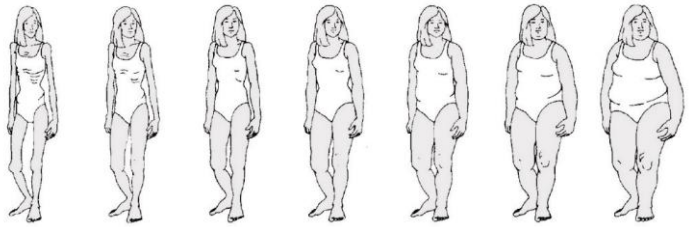
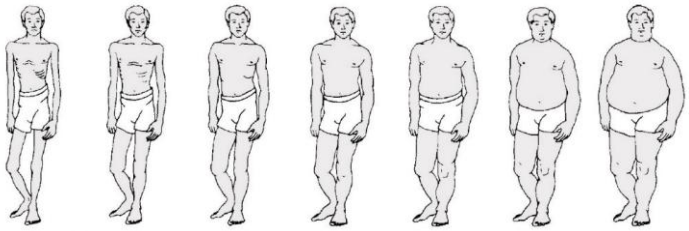
Si no consume nada de algo, seleccione "Consume MENOS / NADA".

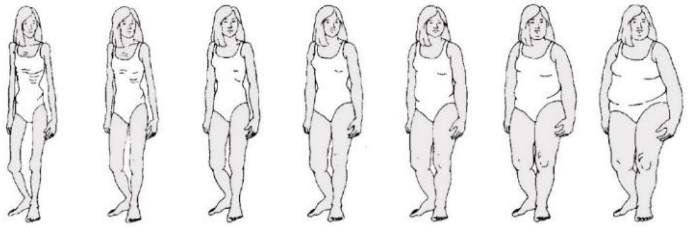
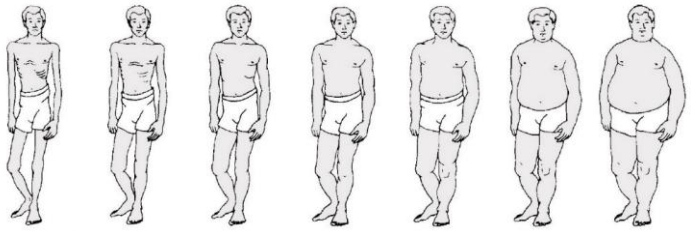
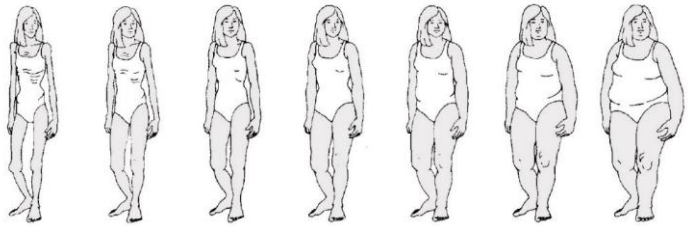
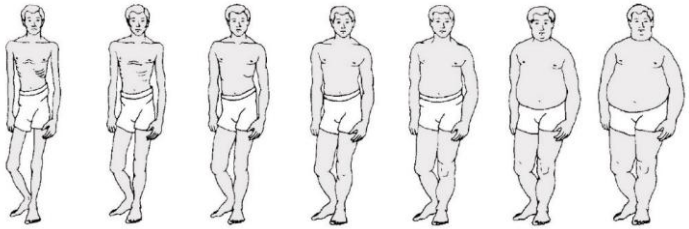
	Consume MENOS / NADA	Consume MÁS	No hizo ningún esfuerzo	No sabe	Se negó a responder
Calorías					
Grasa					
Grasas saturadas					
Proteína					
Fibra					
Azúcar / azúcar añadida					
Sal / sodio					
Frutas y verduras					
Granos integrales					
Lácteos					
Todo tipo de carne					
Carne roja o procesada (p. ej., res, puerco, carnes frías) solamente					
Bebidas azucaradas					
Jugo 100% de fruta					
Endulzantes 'artificiales' bajos en calorías como el aspartame					
Endulzantes 'naturales' bajos en calorías como stevia					
Alimentos ultraprocesados					

[PROGRAMMER: Split on two screens, with first 9 items on screen 1, next 8 items on screen 2]

PLANT BASED PROTEIN – SPECIAL EFFORT NEW 2022 REVISED 2023 (universe) *PLANT2* NEW 2025 *PLANT3_MEAT* *PLANT3_NUT* *PLANT3_NONE* *PLANT3_DK* *PLANT3_R*	[PROGRAMMER NOTE: Randomize 50% of respondents to complete existing 'plant2' measure and the other 50% to complete the revised 'plant3' measure] Do you make a special effort to eat plant-based protein foods, like beans, lentils, nuts, seeds, or soy products like tofu? Yes No I'm not sure what plant-based protein foods are [valid option] Don't know Refuse to answer Do you make an effort to eat the following plant-based protein foods? *Select all that apply.* Packaged plant-based meats or veggie burgers. Nuts, seeds, beans and lentils, soy products like tofu, or peanut butter and other nut-butters. Do not include green beans. None of the above Don't know Refuse to answer	[PROGRAMMER NOTE: Randomize 50% of respondents to complete existing 'plant2' measure and the other 50% to complete the revised 'plant3' measure] ¿Haces un esfuerzo especial para comer alimentos proteicos de origen vegetal, como frijoles, lentejas, nueces, semillas, o productos de soya como tofu? Sí No No estoy seguro de qué son los alimentos proteicos de origen vegetal [valid option] No sabe Se negó a responder ¿Se esfuerza por consumir los siguientes alimentos proteicos de origen vegetal? *Seleccione todas las opciones que apliquen.* Carnes vegetales envasadas o hamburguesas vegetales. Frutos secos, semillas, frijoles y lentejas, productos de soya como el tofu, o mantequilla de cacahuete u otras mantequillas de frutos secos. No incluya ejotes. Ninguna de las anteriores No sabe Se negó a responder

WEIGHT LOSS EFFORTS, BODY PERCEPTIONS, AND WEIGHT STIGMA

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
PERCEIVED BODY SIZE K. MAXIMOVA ET AL. THE ROLE OF UNDERESTIMATING BODY SIZE FOR SELF-ESTEEM AND SELF-EFFICACY AMONG GRADE FIVE CHILDREN IN CANADA. ANNALS OF EPIDEMIOLOGY 2015; 25:753-759. IMAGES FROM (COLLINS, 1991) REVISED 2020 REVISED 2023 (universe) *WT_BODY_F* *WT_BODY_F_DK* *WT_BODY_F_R* *WT_BODY_M* *WT_BODY_M_DK* *WT_BODY_M_R*	Which body is most like your own body? *UNIVERSE: gender= 2 (woman) or 4 (trans female/trans woman)*  *UNIVERSE: gender= 1 (man) or 3 (trans male/trans man)*  Don't know Refuse to answer	¿Qué cuerpo se parece más al de usted? *UNIVERSE: gender= 2 (woman) or 4 (trans female/trans woman)*  *UNIVERSE: gender= 1 (man) or 3 (trans male/trans man)*  No sabe Se negó a responder

BODY SIZE IDEAL ADAPTED FROM GUTS NEW 2022 REVISED 2023 (universe) *WT_IDEAL_F* *WT_IDEAL_F_DK* *WT_IDEAL_F_R* *WT_IDEAL_M* *WT_IDEAL_M_DK* *WT_IDEAL_M_R*	Which picture looks most like how you <u>WANT</u> YOUR BODY TO LOOK? *UNIVERSE: gender= 2 (woman) or 4 (trans female/trans woman)*  *UNIVERSE: gender= 1 (man) or 3 (trans male/trans man)*  Don't know Refuse to answer	¿Cuál es la imagen que más se parece a cómo <u>QUIERE</u> QUE LUZCA SU CUERPO? *UNIVERSE: gender= 2 (woman) or 4 (trans female/trans woman)*  *UNIVERSE: gender= 1 (man) or 3 (trans male/trans man)*  No sabe Se negó a responder
PERCEIVED WEIGHT CCHS *WT_PERCEIVE*	Do you consider yourself to be… Obese Overweight Underweight Just about right Don't know Refuse to answer	¿Usted se considera…? Obeso De peso mayor al normal De peso menor al normal De peso adecuado No sabe Se negó a responder
WEIGHT BEHAVIOUR Adapted from: NHANES, 2009-2010 *WT_TRY_LOSS* *WT_TRY_GAIN* *WT_TRY_SAME* *WT_TRY_NOT* *WT_TRY_DK* *WT_TRY*	During the <u>past 12 months</u> have you tried to…. (Select all that apply) Lose weight Gain weight Stay the same weight I have not tried to do anything about my weight Don't know Refuse to answer	En los <u>últimos 12 meses</u> ha intentado…. (Seleccione todas las opciones que apliquen) Bajar de peso Subir de peso Mantener el mismo peso No ha intentado hacer nada respecto a su peso No sabe Se negó a responder

DOCTOR ADVICE NEW 2024 *DOC_ADV*	**In the past 12 months, has a doctor or nurse advised you to do any of the following?** [PROGRAMMER NOTE: Show table with yes/no/DK/R for each item] Lose weight Exercise more Reduce sodium or salt intake Reduce cholesterol in your diet Eat a healthy, balanced diet Take weight loss medication	**En los últimos 12 meses, algún doctor o enfermera le ha recomendado alguno de los siguientes:** [PROGRAMMER NOTE: Show table with yes/no/DK/R for each item] Perder peso Ejercitarte más Reducir tu ingesta de sodio o sal Reducir el colesterol de tu dieta Llevar una dieta saludable y balanceada Tomar medicamentos para perder peso
WEIGHT LOSS OR DIABETES MEDICATIONS – EVER USE NEW 2024 *RX_WTDB*	**Have you EVER taken any prescription medications for weight loss and/or diabetes?** Yes No Don't know Refuse to answer	**¿Alguna vez ha tomado algún medicamento recetado para perder peso y/o para la diabetes?** Sí No No sabe Se negó a responder
WEIGHT LOSS MEDICATIONS – EVER USE NEW 2024 REVISED 2025 *RX_EVER_SMINJ* *RX_EVER_SMTAB* *RX_EVER_TIRZ* *RX_EVER_LIRA* *RX_EVER_NALT* *RX_EVER_DULA* *RX_EVER_PHEN* *RX_EVER_ORL* *RX_EVER_EXEN* *RX_EVER_SET* *RX_EVER_OTH* *RX_EVER_OTEXT* *RX_EVER_NONE* *RX_EVER_DK* *RX_EVER_R*	*UNIVERSE: rx_wtdb=yes (ever taken a medication for weight loss or diabetes)* **Have you EVER taken any of the following prescription medications?** (Select all that apply) Semaglutide injections (e.g., Ozempic, Wegovy) Semaglutide tablets (e.g., Rybelsus) Tirzepatide (e.g., Mounjaro, Zepbound) Liraglutide (e.g., Saxenda, Victoza) Naltrexone-bupropion (e.g., Contrave, Mysimba) Dulaglutide (e.g., Trulicity) Phentermine and/or topiramate (e.g., Qsymia, Duromine) Orlistat (e.g., Xenical, Alli, Orlos) Exenatide (e.g., BYDUREON BCise) Setmelanotide (e.g., Imcivree) Other prescription weight loss medication (please specify): _____ None of the above Don't know Refuse to answer	*UNIVERSE: rx_wtdb=yes (ever taken a medication for weight loss or diabetes)* **¿ALGUNA VEZ ha tomado alguno de los siguientes medicamentos recetados?** (Seleccione todas las opciones que apliquen) Inyecciones de Semaglutida (p.ej., Ozempic, Wegovy) Tabletas de Semaglutida (p. ej., Rybelsus) Tirzepatida (p.ej., Mounjaro, Zepbound) Liraglutida (p.ej., Saxenda, Victoza) Naltrexona-bupropión (p.ej., Contrave, Mysimba) Dulaglutida (p.ej., Trulicity) Fentermina y/o topiramato (p.ej., Qsymia, Duromine) Orlistat (p.ej., Xenical, Alli, Orlos) Exenatida (p.ej., BYDUREON BCise) Setmelanotida (p.ej., Imcivree) Otro medicamento recetado para la pérdida de peso (favor de especificar):__ Ninguno de los anteriores No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – CURRENT NEW 2024 REVISED 2025 *RX_CURR_SMINJ* *RX_CURR_SMTAB* *RX_CURR_TIRZ* *RX_CURR_LIRA* *RX_CURR_NALT* *RX_CURR_DULA* *RX_CURR_PHEN* *RX_CURR_ORL* *RX_CURR_EXEN* *RX_CURR_SET* *RX_CURR_OTH* *RX_CURR_OTEXT* *RX_CURR_NONE* *RX_CURR_DK* *RX_CURR_R*	*UNIVERSE: rx_ever=ever taken any of 10 pre-specified medications or 'other'* Are you CURRENTLY taking any of the following prescription medications? (Select all that apply) [PROGRAMMER NOTE: only list medications previously selected in 'rx_ever'; as well as 'other prescription weight loss medication', none of the above, don't know and refused]. Semaglutide injections (e.g., Ozempic, Wegovy) Semaglutide tablets (e.g., Rybelsus) Tirzepatide (e.g., Mounjaro, Zepbound) Liraglutide (e.g., Saxenda, Victoza) Naltrexone-bupropion (e.g., Contrave, Mysimba) Dulaglutide (e.g., Trulicity) Phentermine and/or topiramate (e.g., Qsymia, Duromine) Orlistat (e.g., Xenical, Alli, Orlos) Exenatide (e.g., BYDUREON BCise) Setmelanotide (e.g., Imcivree) Other prescription weight loss medication (please specify): _____ None of the above Don't know Refuse to answer	*UNIVERSE: rx_ever=ever taken any of 10 pre-specified medications or 'other'* ¿ACTUALMENTE está tomando alguno de los siguientes medicamentos recetados? (Seleccione todas las opciones que apliquen) [PROGRAMMER NOTE: only list medications previously selected in 'rx_ever'; as well as 'other prescription weight loss medication', none of the above, don't know and refused]. Inyecciones de Semaglutida (p.ej., Ozempic, Wegovy) Tabletas de Semaglutida (p.ej., Rybelsus) Tirzepatida (p.ej., Mounjaro, Zepbound) Liraglutida (p.ej., Saxenda, Victoza) Naltrexona-bupropión (p.ej., Contrave, Mysimba) Dulaglutida (p.ej., Trulicity) Fentermina y/o topiramato (p.ej., Qsymia, Duromine) Orlistat (p.ej., Xenical, Alli, Orlos) Exenatida (p.ej., BYDUREON BCise) Setmelanotida (p.ej., Imcivree) Otro medicamento recetado para la pérdida de peso (favor de especificar):__ Ninguno de los anteriores No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – LAST 12 MONTHS NEW 2024 REVISED 2025 *RX_12M_SMINJ* *RX_12M_SMTAB* *RX_12M_TIRZ* *RX_12M_LIRA* *RX_12M_NALT* *RX_12M_DULA* *RX_12M_PHEN* *RX_12M_ORL* *RX_12M_EXEN* *RX_12M_SET* *RX_12M_OTH* *RX_12M_OTEXT* *RX_12M_NONE* *RX_12M_DK* *RX_12M_R*	*UNIVERSE: rx_curr=none (ever took any of the 10 pre-specified medications or 'other', but not currently)* [PROGRAMMER NOTE: Hide back button] **In the PAST 12 MONTHS, did you take any of the following prescription medications?** (Select all that apply) [PROGRAMMER NOTE: only list medications previously selected in 'rx_ever'; as well as 'other prescription weight loss medication', none of the above, don't know and refused]. Semaglutide injections (e.g., Ozempic, Wegovy) Semaglutide tablets (e.g., Rybelsus) Tirzepatide (e.g., Mounjaro, Zepbound) Liraglutide (e.g., Saxenda, Victoza) Naltrexone-bupropion (e.g., Contrave, Mysimba) Dulaglutide (e.g., Trulicity) Phentermine and/or topiramate (e.g., Qsymia, Duromine) Orlistat (e.g., Xenical, Alli, Orlos) Exenatide (e.g., BYDUREON BCise) Setmelanotide (e.g., Imcivree) Other prescription weight loss medication (please specify): _____ None of the above Don't know Refuse to answer	*UNIVERSE: rx_curr=none (ever took any of the 10 pre-specified medications or 'other', but not currently)* [PROGRAMMER NOTE: Hide back button] **En los ÚLTIMOS 12 MESES, ¿tomó alguno de los siguientes medicamentos recetados?** (Seleccione todas las opciones que apliquen) [PROGRAMMER NOTE: only list medications previously selected in 'rx_ever'; as well as 'other prescription weight loss medication', none of the above, don't know and refused]. Inyecciones de Semaglutida (p.ej., Ozempic, Wegovy) Tabletas de Semaglutida (p.ej., Rybelsus) Tirzepatida (p.ej., Mounjaro, Zepbound) Liraglutida (p.ej., Saxenda, Victoza) Naltrexona-bupropión (p.ej., Contrave, Mysimba) Dulaglutida (p.ej., Trulicity) Fentermina y/o topiramato (p.ej., Qsymia, Duromine) Orlistat (p.ej., Xenical, Alli, Orlos) Exenatida (p.ej., BYDUREON BCise) Setmelanotida (p.ej., Imcivree) Otro medicamento recetado para la pérdida de peso (favor de especificar):__ Ninguno de los anteriores No sabe Se negó a responder
WEIGHT LOSS MEDICATIONS – SEMAGLUTIDE BRAND NEW 2024 *RX_SM_BRD_OZ* *RX_SM_BRD_WE* *RX_SM_BRD_OTH* *RX_SM_BRD_OTEXT* *RX_SM_BRD_DK* *RX_SM_BRD_R*	*UNIVERSE: rx_curr=semaglutide injection* **What is the name of the Semaglutide injection you are taking?** *UNIVERSE: rx_12m=semaglutide injection* **What was the name of the Semaglutide injection you took?** (Select all that apply) [PROGRAMMER NOTE: Allow respondents to select all including "I don't know the name" in combination with other brands (but refused=exclusive)] Ozempic Wegovy Other name(s) (please specify): _____ I don't know the name [valid answer] Refuse to answer	*UNIVERSE: rx_curr=semaglutide injection* **¿Cuál es el nombre de la inyección de Semaglutida que está utilizando?** *UNIVERSE: rx_12m=semaglutide injection* **¿Cuál era el nombre de la inyección de Semaglutida que utilizó?** (Seleccione todas las opciones que apliquen) [PROGRAMMER NOTE: Allow respondents to select all including "I don't know the name" in combination with other brands (but refused=exclusive)] Ozempic Wegovy Otro nombre (favor de especificar): _____ No sé el nombre [valid answer] Se negó a responder

WEIGHT LOSS MEDICATIONS – TIRZEPATIDE BRAND NEW 2024 *RX_TR_BRD_MON* *RX_TR_BRD_ZEP* *RX_TR_BRD_OTH* *RX_TR_BRD_OTEXT* *RX_TR_BRD_DK* *RX_TR_BRD_R*	*UNIVERSE: rx_curr=tirzepatide injection* What is the name of the Tirzepatide injection you are taking? *UNIVERSE: rx_12m= tirzepatide injection* What was the name of the Tirzepatide injection you took? (Select all that apply) [PROGRAMMER NOTE: Allow respondents to select all including "I don't know the name" in combination with other brands (but refused=exclusive)] Mounjaro Zepbound Other name(s) (please specify): _____ I don't know the name [valid answer] Refuse to answer	*UNIVERSE: rx_curr=tirzepatide injection* ¿Cuál es el nombre de la inyección de Tirzepatida que está utilizando? *UNIVERSE: rx_12m= tirzepatide injection* ¿Cuál era el nombre de la inyección de Tirzepatida que utilizó? (Seleccione todas las opciones que apliquen) [PROGRAMMER NOTE: Allow respondents to select all including "I don't know the name" in combination with other brands (but refused=exclusive)] Mounjaro Zepbound Otro nombre (favor de especificar): _____ No sé el nombre [valid answer] Se negó a responder
WEIGHT LOSS MEDICATION OF INTEREST – NEW 2024 *RX_INT*	*UNIVERSE: rx_curr= currently taking two or more of the 10 pre-specified medications* Randomly select the name of 1 medication type from the types selected by the respondent as being 'currently' taken (to insert name in subsequent questions). Exclude any open-text 'other' response options from the randomization choices (i.e., if the respondent selected 1 (or more) of the 10 pre-specified medication types, AND entered an 'other' type, only include the types of medications that were pre-specified in the list in the randomization choices). *UNIVERSE: rx_12m=took two or more of the 10 pre-specified medications in past 12 months but not currently* Randomly select the name of 1 medication type from the types selected by the respondent as taken in the past 12 months (to insert name in subsequent questions). Exclude any open-text 'other' response options from the randomization choices (i.e., if the respondent selected 1 (or more) of the 10 pre-specified medication types, AND entered an 'other' type, only include the types of medications that were pre-specified in the list in the randomization choices).	*UNIVERSE: rx_curr= currently taking two or more of the 10 pre-specified medications* Randomly select the name of 1 medication type from the types selected by the respondent as being 'currently' taken (to insert name in subsequent questions). Exclude any open-text 'other' response options from the randomization choices (i.e., if the respondent selected 1 (or more) of the 10 pre-specified medication types, AND entered an 'other' type, only include the types of medications that were pre-specified in the list in the randomization choices). *UNIVERSE: rx_12m=took two or more of the 10 pre-specified medications in past 12 months but not currently* Randomly select the name of 1 medication type from the types selected by the respondent as taken in the past 12 months (to insert name in subsequent questions). Exclude any open-text 'other' response options from the randomization choices (i.e., if the respondent selected 1 (or more) of the 10 pre-specified medication types, AND entered an 'other' type, only include the types of medications that were pre-specified in the list in the randomization choices).
WEIGHT LOSS MEDICATIONS – REASON NEW 2024 *RX_RSN* *RX_RSN_OTEXT*	*UNIVERSE: Using any of 10 pre-specified medications currently or in past 12 months (skip if only selected 'other')* [PROGRAMMER NOTE: Hide back button. Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. We are going to ask you a few more questions about your use of [name of medication]. Was the medication prescribed for diabetes, weight loss, or both? Diabetes only Weight loss only Diabetes and weight loss Other (please specify): _____ Don't know Refuse to answer	*UNIVERSE: Using any of 10 pre-specified medications currently or in past 12 months (skip if only selected 'other')* [PROGRAMMER NOTE: Hide back button. Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. Vamos a hacerle algunas preguntas más sobre el uso de [name of medication]. ¿El medicamento fue recetado para diabetes, pérdida de peso o ambas? Solo diabetes Solo pérdida de peso Diabetes y pérdida de peso Otra (favor de especificar): _____ No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – EXPERIENCE 1 NEW 2024 *RX_EXPC_HLTH* *RX_EXPC_UHLTH* *RX_EXPC_ENJ* *RX_EXPC_PA* *RX_EXPC_THNK*	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* [PROGRAMMER NOTE: Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. We'd like to ask you about your experience taking [name of medication]. Since I've taken the medication… I eat healthy foods less often I eat healthy foods more often No change Don't know Refuse to answer Since I've taken the medication… I eat unhealthy foods less often I eat unhealthy foods more often No change Don't know Refuse to answer Since I've taken the medication… I get more enjoyment from food I get less enjoyment from food No change Don't know Refuse to answer Since I've taken the medication… I get more physical activity I get less physical activity No change Don't know Refuse to answer Since I've taken the medication… I spend more time thinking about food I spend less time thinking about food No change Don't know Refuse to answer	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* [PROGRAMMER NOTE: Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. Nos gustaría conocer su experiencia usando [name of medication]. Desde que tomo el medicamento… Como alimentos saludables menos seguido Como alimentos saludables más seguido Sin cambio No sabe Se negó a responder Desde que tomo el medicamento… Como alimentos no saludables menos seguido Como alimentos no saludables más seguido Sin cambio No sabe Se negó a responder Desde que tomo el medicamento… Disfruto más la comida Disfruto menos la comida Sin cambio No sabe Se negó a responder Desde que tomo el medicamento… Hago más actividad física Hago menos actividad física Sin cambio No sabe Se negó a responder Desde que tomo el medicamento… Paso más tiempo pensando en comida Paso menos tiempo pensando en comida Sin cambio No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – EXPERIENCE 2 NEW 2024 *RX_EXPC_EMB* *RX_EXPC_JUD* *RX_EXPC_EFF* *RX_EXPC_COST* *RX_EXPC_QUAL*	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* Since I've taken the medication… I feel embarrassed to tell people I am taking the medication I feel proud to tell people I am taking the medication Both Neither Don't know Refuse to answer Since I've taken the medication… I feel like people judge me negatively for taking the medication I feel like people judge me positively for taking the medication Both Neither Don't know Refuse to answer Since I've taken the medication… I worry about the long-term side effects of the medication I do not worry about the long-term side effects of the medication Don't know Refuse to answer Since I've taken the medication… I worry about the costs / paying for the medication I do not worry about the costs / paying for the medication Don't know Refuse to answer Since I've taken the medication… My overall quality of life is better My overall quality of life is worse No change Don't know Refuse to answer	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* Desde que tomo el medicamento… Me siento avergonzado(a) de contarle a otras personas que estoy tomando el medicamento Me siento orgulloso(a) de contarle a otras personas que estoy tomando el medicamento Ambas Ninguna No sabe Se negó a responder Desde que tomo el medicamento… Siento que las personas me juzgan negativamente por tomar el medicamento Siento que las personas me juzgan positivamente por tomar el medicamento Ambas Ninguna No sabe Se negó a responder Desde que tomo el medicamento… Me preocupan los efectos a largo plazo del medicamento No me preocupan los efectos a largo plazo del medicamento No sabe Se negó a responder Desde que tomo el medicamento… Me preocupan los costos / pagar por el medicamento No me preocupan los costos / pagar por el medicamento No sabe Se negó a responder Desde que tomo el medicamento… Mi calidad de vida es mejor Mi calidad de vida es peor Sin cambio No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – PAST EXPERIENCE 1 NEW 2024 *RX_EXP12_HLTH* *RX_EXP12_UN* *RX_EXP12_ENJ* *RX_EXP12_PA* *RX_EXP12_THNK*	*UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently* [PROGRAMMER NOTE: Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. We'd like to ask you about your experience taking [name of medication]. When I took the medication… I ate healthy foods less often I ate healthy foods more often No change Don't know Refuse to answer When I took the medication… I ate unhealthy foods less often I ate unhealthy foods more often No change Don't know Refuse to answer When I took the medication… I got more enjoyment from food I got less enjoyment from food No change Don't know Refuse to answer When I took the medication… I got more physical activity I got less physical activity No change Don't know Refuse to answer When I took the medication… I spent more time thinking about food I spent less time thinking about food No change Don't know Refuse to answer	*UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently* [PROGRAMMER NOTE: Insert name of randomly selected 'medication of interest' into sentence below. If the respondent only selected 1 medication (among the 10 pre-specified types), then insert that medication name]. Nos gustaría conocer su experiencia usando [name of medication]. Cuando tomé el medicamento… Comí alimentos saludables menos seguido Comí alimentos saludables más seguido Sin cambio No sabe Se negó a responder Cuando tomé el medicamento… Comí alimentos no saludables menos seguido Comí alimentos no saludables más seguido Sin cambio No sabe Se negó a responder Cuando tomé el medicamento… Disfruté más la comida Disfruté menos la comida Sin cambio No sabe Se negó a responder Cuando tomé el medicamento… Hice más actividad física Hice menos actividad física Sin cambio No sabe Se negó a responder Cuando tomé el medicamento… Pasé más tiempo pensando en comida Pasé menos tiempo pensando en comida Sin cambio No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – PAST EXPERIENCE 2 NEW 2024 *RX_EXP12_EMB* *RX_EXP12_JUD* *RX_EXP12_EFF* *RX_EXP12_COST* *RX_EXP12_QUAL*	*UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently* When I took the medication… I felt embarrassed to tell people I was taking the medication I felt proud to tell people I was taking the medication Both Neither Don't know Refuse to answer When I took the medication… I felt like people judged me negatively for taking the medication I felt like people judged me positively for taking the medication Both Neither Don't know Refuse to answer When I took the medication… I worried about the long-term side effects of the medication I did not worry about the long-term side effects of the medication Don't know Refuse to answer When I took the medication… I worried about the costs / paying for the medication I did not worry about the costs / paying for the medication Don't know Refuse to answer When I took the medication… My overall quality of life was better My overall quality of life was worse No change Don't know Refuse to answer	*UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently* Cuando tomé el medicamento… Me sentí avergonzado(a) de contarle a otras personas que estaba tomando el medicamento Me sentí orgulloso(a) de contarle a otras personas que estaba tomando el medicamento Ambas Ninguna No sabe Se negó a responder Cuando tomé el medicamento… Sentí que las personas me juzgaban negativamente por tomar el medicamento Sentí que las personas me juzgaban positivamente por tomar el medicamento Ambas Ninguna No sabe Se negó a responder Cuando tomé el medicamento… Me preocupaban los efectos a largo plazo del medicamento No me preocupaban los efectos a largo plazo del medicamento No sabe Se negó a responder Cuando tomé el medicamento… Me preocupaban los costos / pagar por el medicamento No me preocupaban los costos / pagar por el medicamento No sabe Se negó a responder Cuando tomé el medicamento… Mi calidad de vida fue mejor Mi calidad de vida fue peor Sin cambio No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – INSURANCE COVERAGE NEW 2025 *RX_INSC* *RX_INS12* *RX_INSC_LIM* *RX_INS12_LIM*	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* **Does insurance cover the cost of the medication?** None of the cost is covered by insurance Some of the cost is covered by insurance All of the cost is covered by insurance Don't know [valid answer] Refuse to answer *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other')* **Did insurance cover the cost of the medication?** None of the cost was covered by insurance Some of the cost was covered by insurance All of the cost was covered by insurance Don't know [valid answer] Refuse to answer *UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other') and some or all of the cost of the medication is covered by insurance* **Is there a limit to how long the insurance will cover the medication?** *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other') and some or all of the cost of the medication was covered by insurance* **Was there a limit to how long the insurance covered the medication?** Yes No Don't know [valid answer] Refuse to answer	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* **¿El seguro cubre el costo de los medicamentos?** El seguro no cubre nada El seguro cubre parte del costo El seguro cubre todo el costo No sabe [valid answer] Se negó a responder *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other')* **¿El seguro cubrió el costo de los medicamentos?** El seguro no cubrió nada El seguro cubrió parte del costo El seguro cubrió todo el costo No sabe [valid answer] Se negó a responder *UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other') and some or all of the cost of the medication is covered by insurance* **¿Existe un límite de tiempo durante el cual el seguro cubre el medicamento?** *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other') and some or all of the cost of the medication was covered by insurance* **¿Existió un límite de tiempo durante el cual el seguro cubrió el medicamento?** Sí No No sabe [valid answer] Se negó a responder
WEIGHT LOSS MEDICATIONS – COST NEW 2024 COUNTRY SPECIFIC WORDING *RX_COST*	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* **How much do you pay out of pocket for the medication per month?** *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other')* **How much did you pay out of pocket for the medication per month?** Dollars:_____ [currency] Don't know [valid answer] Refuse to answer	*UNIVERSE: rx_curr=currently taking a pre-specified medication (skip if only selected 'other')* **¿Cuánto paga de su bolsillo por el medicamento al mes?** *UNIVERSE: rx_12m= took a pre-specified medication in past 12 months, but not currently (skip if only selected 'other')* **¿Cuánto pagó de su bolsillo por el medicamento al mes?** Dolares:_____ [currency] No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – DURATION NEW 2024 *RX_DUR*	*UNIVERSE: rx_curr= currently taking a pre-specified medication* How long have you been taking the medication? *UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently* How long did you take the medication? Less than a month 1-3 months 4-6 months 7-12 months 1-2 years More than two years Don't know Refuse to answer	*UNIVERSE: rx_curr= currently taking a pre-specified medication* ¿Cuánto tiempo lleva tomando el medicamento? *UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently* ¿Cuánto tiempo tomó el medicamento? Menos de un mes 1-3 meses 4-6 meses 7-12 meses 1-2 años Mas de 2 años No sabe Se negó a responder
WEIGHT LOSS MEDICATIONS – WEIGHT CHANGE NEW 2024 *RX_WTCNG_CURR* *RX_WTCNG_12M*	*UNIVERSE: rx_curr= currently taking a pre-specified medication* Since starting the medication, have you… Lost weight Gained weight No change Don't know Refuse to answer *UNIVERSE: wt_rx_12m= took pre-specified medication in past 12 months, but not currently* When you took the medication, did you… Lose weight Gain weight No change Don't know Refuse to answer	*UNIVERSE: rx_curr= currently taking a pre-specified medication* Desde que comenzó a tomar el medicamento, ¿usted ha… Perdido peso Aumentado de peso Ningún cambio No sabe Se negó a responder *UNIVERSE: wt_rx_12m= took pre-specified medication in past 12 months, but not currently* Cuando tomó el medicamento, ¿usted… Perdió peso Ganó peso No hubo cambio No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – AMOUNT LOST NEW 2024 *RX_AMT_UNIT* *RX_AMT_LB* *RX_AMT_KG*	*UNIVERSE: rx_curr= currently taking a pre-specified medication AND rx_wtcng_curr=lost weight* Since starting the medication, how much weight have you lost? *UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently AND rx_wtcng_12m=lose weight* When you took the medication, how much weight did you lose? Would you rather answer in: Pounds (lb) Kilograms (kg) Don't know Refuse to answer [PROGRAMMER NOTE: show based on response to above] *UNIVERSE: rx_amt_unit= pounds* *Enter the number of pounds lost*: _____ lb [numeric] *UNIVERSE: rx_amt_unit=kilograms* *Enter the number of kilograms lost*: _____ kg [numeric]	*UNIVERSE: rx_curr= currently taking a pre-specified medication AND rx_wtcng_curr=lost weight* Desde que comenzó a tomar el medicamento, ¿cuánto peso ha perdido? *UNIVERSE: rx_12m= took pre-specified medication in past 12 months, but not currently AND rx_wtcng_12m=lose weight* Cuando tomó el medicamento, ¿cuánto peso perdió? ¿Prefiere responder usando…? Libras (lb) Kilogramos (kg) No sabe Se negó a responder [PROGRAMMER: show based on response to above] *UNIVERSE: rx_amt_unit= pounds* *Escriba el número de libras perdidas*: _____ lb [numeric] *UNIVERSE: rx_amt_unit=kilograms* *Escriba el número de kilogramos perdidos*: _____ kg [numeric]
WEIGHT LOSS MEDICATIONS – WEIGHT REGAIN NEW 2024 *RX_REGAIN*	*UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently AND rx_wtcng_12m=lose weight* Since you stopped the medication, did you regain any of the weight you lost? I didn't regain any of the weight I regained some of the weight I regained most of the weight I regained all of the weight I didn't lose weight while taking the medication Don't know Refuse to answer	*UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently AND rx_wtcng_12m=lose weight* Desde que dejó de tomar el medicamento, ¿volvió a ganar peso? No volví a ganar peso Recuperé algo de peso Recuperé casi todo el peso perdido Recuperé todo el peso perdido No perdí peso mientras tomaba el medicamento No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – SIDE EFFECTS https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9486455/ NEW 2024 *RX_EFF* *RX_EFF_[type]*	*UNIVERSE: rx_curr= currently taking a pre-specified medication* **Have you experienced any side effect(s) from taking the medication?** No Yes – mild side effect(s) Yes – moderate effect(s) Yes - severe side effect(s) Don't know Refuse to answer *UNIVERSE: rx_eff= yes mild/moderate/severe* **What side effect(s) have you experienced?** (Select all that apply) Nausea and/or vomiting Diarrhea Fatigue Constipation Abdominal pain Other side effect(s) (please specify): _____ Don't know Refuse to answer	*UNIVERSE: rx_curr= currently taking a pre-specified medication* **¿Ha experimentado efecto(s) secundario(s) por tomar el medicamento?** No Si - efectos secundarios leves Si - efectos secundarios moderados Si - efectos secundarios severos No sabe Se negó a responder *UNIVERSE: rx_eff= yes mild/moderate/severe* **¿Qué efecto(s) secundarios ha experimentado?** (Seleccione todas las opciones que apliquen) Nausea y/o vómito Diarrea Fatiga Estreñimiento Dolor abdominal Otro(s) efecto(s) secundarios (favor de especificar):_____ No sabe Se negó a responder
WEIGHT LOSS MEDICATIONS – STOPPING REASON NEW 2024 REVISED 2025 *RX_STOP*	*UNIVERSE: rx_curr=none (took pre-specified medication previously, but not currently)* **What was the main reason you stopped taking the medication?** (Select all that apply) I didn't lose weight / it didn't work I lost enough weight / it worked Side effects Cost / too expensive / not covered by insurance I didn't bother to renew my prescription Not in stock / supply issues Other (please specify): _____ Don't know Refuse to answer	*UNIVERSE: rx_curr=none (took pre-specified medication previously, but not currently)* **¿Cuál fue la razón principal para dejar de tomar el medicamento?** (Seleccione todas las opciones que apliquen) No perdí peso / no funcionó Perdí suficiente peso / funcionó Efectos secundarios Costo / muy caro / no fue cubierto por el seguro No me he molestado en renovar mi receta Agotado / problemas de suministro Otra (especifique): _____ No sabe Se negó a responder

WEIGHT LOSS MEDICATIONS – ALCOHOL IMPACT NEW 2024 *RX_ALC_CURR* *RX_ALC_12M*	*UNIVERSE: rx_curr= currently taking a pre-specified medication* Has the medication affected how much alcohol you drink? I don't drink alcohol – not applicable I drink less I drink more No effect Don't know Refuse to answer *UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently* Did the medication affect how much alcohol you drank? I don't drink alcohol – not applicable I drank less I drank more No effect Don't know Refuse to answer	*UNIVERSE: rx_curr= currently taking a pre-specified medication* ¿El medicamento ha modificado la cantidad de alcohol que consume? No tomo alcohol - no aplica Tomo menos Tomo más Sin efecto No sabe Se negó a responder *UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently* ¿El medicamento modificó la cantidad de alcohol que consumía? No tomo alcohol - no aplica Tomé menos Tomé más Sin efecto No sabe Se negó a responder
WEIGHT LOSS MEDICATIONS – SMOKING IMPACT NEW 2024 *RX_SMK_CURR* *RX_SMK_12M*	*UNIVERSE: rx_curr= currently taking a pre-specified medication* Has the medication affected how much you smoke? I don't smoke– not applicable I smoke less I quit smoking I smoke more No effect Don't know Refuse to answer *UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently* Did the medication affect how much you smoked? I don't smoke– not applicable I smoked less I quit smoking I smoked more No effect Don't know Refuse to answer	*UNIVERSE: rx_curr= currently taking a pre-specified medication* ¿El medicamento ha modificado cuánto fuma? No fumo - no aplica Fumo menos Dejé de fumar Fumo más Sin efecto No sabe Se negó a responder *UNIVERSE: rx_12m=took pre-specified medication in past 12 months, but not currently* ¿El medicamento modificó cuánto fumó? No fumo - no aplica Fumé menos Dejé de fumar Fumé más Sin efecto No sabe Se negó a responder

EAT-3 BEHAVIOURAL ITEMS HAINES J, ZIYADEH NJ, FRANKO DL, MCDONALND J, MOND JM, AUSTIN SB. SCREENING HIGH SCHOOL STUDENTS FOR EATING DISORDERS: VALIDITY OF BRIEF BEHAVIORAL AND ATTITUDINAL MEASURES. JOURNAL OF SCHOOL HEALTH, 2011; 81(9):530-535. REVISED 2023 (universe) REVISED 2025 (SP) *EAT3_BINGE* *EAT3_VOMIT*	In the past 3 months, how often have you: … gone on eating binges? *(Eating a large amount of food while feeling out of control).* … made yourself sick (vomited) to control your weight? Never Less than 1 time a month 1 to 3 times a month Once a week 2 to 6 times a week Once a day More than once a day Don't know Refuse to answer	En los últimos 3 meses, ¿cuántas veces: [PROGRAMMER NOTE: Randomize 50% of respondents in Mexico and US Spanish to complete original eat3_binge measure and the other 50% to measure with revised translation] … comió en exceso? *(Comió una gran cantidad de alimentos y se sintió fuera de control).* …se ha dado atracones de comida? *(Comió una gran cantidad de alimentos y se sintió fuera de control).* … se provocó el vómito para controlar su peso? Nunca Menos de 1 vez al mes 1 a 3 veces al mes 1 vez a la semana 2 a 6 veces a la semana 1 vez al día Más de 1 vez al día No sabe Se negó a responder
EAT-3 ATTITUDINAL ITEM HAINES J, ZIYADEH NJ, FRANKO DL, MCDONALND J, MOND JM, AUSTIN SB. SCREENING HIGH SCHOOL STUDENTS FOR EATING DISORDERS: VALIDITY OF BRIEF BEHAVIORAL AND ATTITUDINAL MEASURES. JOURNAL OF SCHOOL HEALTH, 2011; 81(9):530-535. REVISED 2023 (universe) *EAT3_THIN*	I am preoccupied with a desire to be thinner. Always Usually Often Sometimes Rarely Never Don't know Refuse to answer	Me absorbe el deseo de estar más delgado. Siempre Usualmente Frecuentemente Algunas veces Rara vez Nunca No sabe Se negó a responder

EATING DISORDER CCHS 2024 NEW 2024 *WT_ED* *WT_ED_DX*	Do you have an eating disorder such as anorexia or bulimia? Yes No Don't know Refuse to answer *UNIVERSE: WT_ED=yes* Was the eating disorder ever diagnosed by a doctor, nurse, or other health professional? Yes No Don't know Refuse to answer	¿Padece algún trastorno alimentario, como anorexia o bulimia? Sí No No sabe Se negó a responder *UNIVERSE: WT_ED=yes* ¿El trastorno alimentario fue diagnosticado alguna vez por un médico, personal de enfermería u otro profesional sanitario? Sí No No sabe Se negó a responder
WEIGHT TEASE Adapted from Project EAT 2003-2004 (B&W) NEW 2022 *WT_TEASE*	Do you get teased or made fun of because of your weight? All the time A lot Sometimes Rarely Never Don't know Refuse to answer	¿Hacen comentarios o se burlan de usted debido a su peso? Todo el tiempo Mucho Algunas veces Rara vez Nunca No sabe Se negó a responder
WEIGHT STIGMA Adapted from Nutter et al., 2018 Framing obesity a disease: Indirect effects of affect and controllability beliefs on weight bias. Weiner B. Judgments of responsibility: a foundation for a theory of social conduct. 1995. NEW 2023 *WT_BLAME*	Please tell us whether you agree or disagree with the following: People are to blame for their body weight. Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know Refuse to answer	Favor de indicarnos si está de acuerdo o en desacuerdo con lo siguiente: Las personas son culpables por su peso corporal. Completamente de acuerdo De acuerdo Ni de acuerdo ni en desacuerdo En desacuerdo Completamente en desacuerdo No sabe Se negó a responder

SUGARY DRINKS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
POP PERCEIVED HEALTHINESS *SSB_HLTH_POP*	In your opinion, how unhealthy or healthy is this type of drink?  **20 fl oz** Very unhealthy Unhealthy A little unhealthy Neither unhealthy nor healthy A little healthy Healthy Very healthy Don't know Refuse to answer	En su opinión, ¿qué tan saludable o poco saludable es este tipo de bebida?  **20 fl oz** Muy mala para la salud Mala para la salud Un poco mala para la salud Ni mala ni buena para la salud Poco saludable Saludable Muy saludable No sabe Se negó a responder
POP ACCEPTABLE FREQUENCY FOR CHILDREN *SSB_CHILD_POP*	Imagine that you have a 10-year old child. Is it okay for them to have this type of drink…  **20 fl oz** Never Once per month A few times per month Once per week A few times per week Once per day As often as they would like Don't know Refuse to answer	Imagine que tiene un hijo de 10 años de edad. ¿Le parece bien que tome este tipo de bebida?  **20 fl oz** Nunca Una vez al mes Unas cuantas veces al mes Una vez a la semana Unas cuantas veces a la semana Una vez al día Tantas veces como quiera No sabe Se negó a responder

SSB PERCEPTIONS - CONDITION REVISED 2019 *SSB_CONDITION*	*[PROGRAMMER NOTE: Randomize each respondent to view one beverage and answer the following set of 2 questions with the same beverage image on screen for each question.]* Diet soda 100% juice Energy drink Water Specialty coffee Sports drink Chocolate milk Iced tea Milk  	*[PROGRAMMER NOTE: Randomize each respondent to view one beverage and answer the following set of 2 questions with the same beverage image on screen for each question.]* Bebida refrescos/gaseosas de dieta 100% jugo Bebida energética Agua Café de especialidad Bebida deportivas Leche con chocolate Té helado Leche 

SSB PERCEIVED HEALTHINESS *SSB_HLTH_[TYPE]*	In your opinion, how unhealthy or healthy is this type of drink? *[show image with fl oz label]* Very unhealthy Unhealthy A little unhealthy Neither unhealthy nor healthy A little healthy Healthy Very healthy Don't know Refuse to answer	En su opinión, ¿qué tan saludable o poco saludable es este tipo de bebida? *[show image with fl oz label]* Muy mala para la salud Mala para la salud Un poco mala para la salud Ni mala ni buena para la salud Poco saludable Saludable Muy saludable No sabe Se negó a responder
SSB ACCEPTABLE FREQUENCY FOR CHILDREN *SSB_CHILD_[TYPE]*	Imagine that you have a 10-year old child. Is it okay for them to have this type of drink… *[show image with fl oz label]* Never Once per month A few times per month Once per week A few times per week Once per day As often as they would like Don't know Refuse to answer	Imagine que tiene un hijo de 10 años de edad. ¿Le parece bien que tome este tipo de bebida? *[show image with fl oz label]* Nunca Una vez al mes Unas cuantas veces al mes Una vez a la semana Unas cuantas veces a la semana Una vez al día Tantas veces como quiera No sabe Se negó a responder
SSB DEFINITION REVISED 2022 REVISED 2024 (Spanish)	The next few questions ask about SUGAR AND SUGARY DRINKS. Sugary drinks are drinks that contain added sugar, like soda, fruit drinks, sports drinks, energy drinks, chocolate milk, and specialty coffees that have added sugar.	Las siguientes preguntas se refieren al AZÚCAR Y A LAS BEBIDAS AZUCARADAS. Las bebidas azucaradas son bebidas que contienen azúcar añadida, como los refrescos/gaseosas, bebidas de fruta, deportivas, energéticas, leche con chocolate y cafés de especialidad a los cuales se les añade azúcar.

SSB SOCIAL NORMS – Q3 REVISED 2021 REVISED 2023 REVISED 2024 *SSB_NORMS3_V1*	People important to me TRY NOT to drink SUGARY DRINKS. Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know Refuse to answer	Las personas que me importan TRATAN DE NO tomar BEBIDAS AZUCARADAS. Completamente de acuerdo De acuerdo Ni de acuerdo ni en desacuerdo En desacuerdo Completamente en desacuerdo No sabe Se negó a responder
SWEETENER ACCEPTABILITY FOR CHILDREN NEW 2020 CYCLED OUT 2023 COUNTRY SPECIFIC WORDING *SWT_CHILD*	Please tell us whether you agree or disagree with the following: Children should not consume foods or drinks with artificial or low-calorie sweeteners. Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know Refuse to answer	Favor de indicarnos si está de acuerdo o en desacuerdo con lo siguiente: Los niños no deberían consumir alimentos o bebidas con edulcorantes (sustitutos del azúcar). Completamente de acuerdo De acuerdo Ni de acuerdo ni en desacuerdo En desacuerdo Completamente en desacuerdo No sabe Se negó a responder

NUTRITION KNOWLEDGE

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
SELF-REPORTED NUTRITION KNOWLEDGE ADAPTED FROM TNT 2015, HOBIN CFDR *NUT_KNOW*	How would you rate your nutrition knowledge? Not at all knowledgeable A little knowledgeable Somewhat knowledgeable Very knowledgeable Extremely knowledgeable Don't know Refuse to answer	¿Cómo calificaría sus conocimientos sobre nutrición? No sé nada del tema Sé muy poco del tema Tengo algunos conocimientos sobre el tema Conozco muy bien el tema Conozco extremadamente bien el tema No sabe Se negó a responder

SOURCES OF NUTRITION INFORMATION

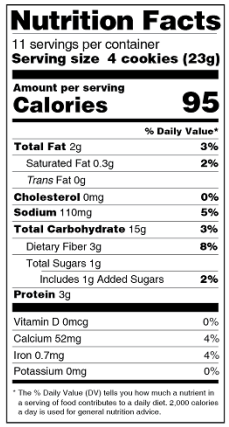
DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
PUBLIC EDUCATON REVISED 2020 (underline) *PUBLIC_ED1*	Do you remember seeing any educational messages or campaigns on healthy eating from the government or health authorities in the past 12 months? Yes No Don't know Refuse to answer	¿Recuerda haber visto mensajes educativos o campañas del gobierno o de organismos de salud sobre alimentación saludable en los últimos 12 meses? Sí No No sabe Se negó a responder

FOOD PACKAGING & LABELLING

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
NUTRITION INFO IN GROCERY STORES *INFO_GROCERY*	In your opinion, is nutrition information easy or hard to find in grocery stores? Very hard to find Hard to find Neither hard nor easy Easy to find Very easy to find Don't know Refuse to answer	En su opinión, ¿la información nutricional es fácil o difícil de encontrar en las tiendas de alimentos (por ejem., supermercados, abarrotes)? Muy difícil de encontrar Difícil de encontrar Ni fácil ni difícil Fácil de encontrar Muy fácil de encontrar No sabe Se negó a responder

LABEL UNDERSTANDING (OBJECTIVE) NEW 2022 REVISED 2024 (CA) REVISED 2025 (CA/US) *FOPL_OBJ_NO*	In your opinion, is this product… [PROGRAMMER NOTE: Show juicebox image with country-specific FOPL (Health Star Rating in Australia, Warning label in Chile/MEX, Traffic Light in UK; 'High In' label in Canada; randomize half the respondents to no FOPL and half to proposed FDA label in USA); no NFT to be shown in any country]  Very unhealthy Unhealthy In the middle Healthy Very healthy Don't know Refuse to answer	En su opinión, este producto es… [PROGRAMMER NOTE: Show juicebox image with country-specific FOPL (Health Star Rating in Australia, Warning label in Chile/MEX, Traffic Light in UK; 'High In' label in Canada; randomize half the respondents to no FOPL and half to proposed FDA label in USA); no NFT to be shown in any country]  Muy mala para la salud Mala para la salud Medianamente saludable Saludable Muy saludable No sabe Se negó a responder

NFT AWARENESS REVISED 2020 *NFT_AWARE_USA*	We would now like to ask you some questions about food labels on products. How often have you <u>seen</u> this type of food label on packages or in stores?  Never Rarely Sometimes Often All the time Don't know Refuse to answer	Ahora nos gustaría hacerle algunas preguntas sobre las etiquetas de los productos alimenticios. ¿Con qué frecuencia ha <u>visto</u> este tipo de etiquetado en empaques de alimentos o en tiendas?  Nunca Rara vez Algunas veces Frecuentemente Todo el tiempo No sabe Se negó a responder

NFT USE ADAPTED FROM 2014 FDA HEALTH AND DIET SURVEY REVISED 2020 *NFT_USE_USA*	*UNIVERSE: nft_aware_USA= 'rarely', 'sometimes','often', or 'all the time'* How often do you <u>use</u> this type of food label <u>when deciding to buy a food product</u>?  Never Rarely Sometimes Often All the time Don't know Refuse to answer	*UNIVERSE: nft_aware_USA= 'rarely', 'sometimes','often', or 'all the time'* ¿Con qué frecuencia <u>usa</u> este tipo de etiquetado de productos alimenticios <u>para decidir si compra algún producto alimenticio</u>?  Nunca Rara vez Algunas veces Frecuentemente Todo el tiempo No sabe Se negó a responder

Nutrition Facts
11 servings per container
Serving size 4 cookies (23g)

Amount per serving
Calories 95

	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 0.3g	**2%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 110mg	**5%**
Total Carbohydrate 15g	**3%**
Dietary Fiber 3g	**8%**
Total Sugars 1g	
Includes 1g Added Sugars	**2%**
Protein 3g	
Vitamin D 0mcg	0%
Calcium 52mg	4%
Iron 0.7mg	4%
Potassium 0mg	0%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Nutrition Facts
11 servings per container
Serving size 4 cookies (23g)

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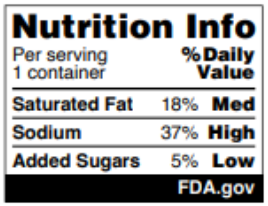
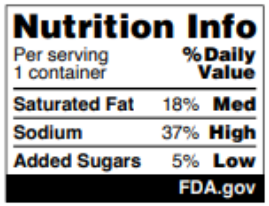
Calcium 52mg	4%
Iron 0.7mg	4%
Potassium 0mg	0%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

NFT UNDERSTANDING REVISED 2020 *NFT_UNDERSTAND_USA*	Do you find this information…  Very hard to understand Hard to understand Neither hard nor easy Easy to understand Very easy to understand Don't know Refuse to answer	La información la considera…  Muy difícil de entender Difícil de entender Ni fácil ni difícil Fácil de entender Muy fácil de entender No sabe Se negó a responder
NFT INFLUENCE *LABEL_OVERALL*	Overall, how much do food labels influence what you eat? No influence at all A little influence Some influence A lot of influence Very strong influence Don't know Refuse to answer	En general, ¿qué tanta influencia tiene el etiquetado en los alimentos que consume? Ningún tipo de influencia Poca influencia Algo de influencia Mucha influencia Una fuerte influencia No sabe Se negó a responder

WL SUPPORT NEW 2020 (MX) NEW 2025 (USA/CAN) COUNTRY SPECIFIC WORDING *WL_SUPPORT*	*UNIVERSE: Mexico, USA, Canada (earlier in survey)* Would you support or oppose a government policy requiring this type of label on food products?  Support Neutral Oppose Don't know Refuse to answer	*UNIVERSE: Mexico, USA, Canada (earlier in survey)* ¿Apoyaría o se opondría a una política gubernamental que exigiera este tipo de etiqueta en productos alimenticios?  La apoyaría No la apoyaría ni me opondría Me opondría No sabe Se negó a responder
WL AWARENESS ON MEXICAN FOOD OR DRINK PRODUCTS NEW 2021 REVISED 2024 *MX_WL_AWARE*	*UNIVERSE: US* In the last month, how often have you seen this type of food label on food or drink products from Mexico? Include food labels you have seen at stores, at home or any other places.  Never Rarely Sometimes Often All the time Don't know Refuse to answer	*UNIVERSE: US* En el último mes, ¿con qué frecuencia ha visto este tipo de etiquetado en alimentario en los productos de alimentos o bebidas procedentes de México? Incluya etiquetas de alimentos que haya visto en tiendas, en casa o en cualquier otro lugar.  Nunca Rara vez Algunas veces Frecuentemente Todo el tiempo No sabe Se negó a responder

WL IMPACT NEW 2020 REVISED 2021 (universe) REVISED 2023 REVISED 2025 COUNTRY SPECIFIC WORDING *WL_IMP_[TYPE]*	*UNIVERSE: US and Mexico and Canada (earlier in survey)* *UNIVERSE: MX_WL_AWARE = 'rarely', 'sometimes', 'often', or 'all the time'* Have the warning labels (black octagons) changed whether you buy the following packaged products for you or your family? Cola (Coca-Cola, Pepsi, etc.) Soda (Sprite, Orange Crush, etc.) Diet soda or pop (Coca-Cola Zero, Diet Pepsi, etc.) 100% fruit or vegetable juice Sweetened fruit drinks (lemonade, iced tea, SunnyD, fruit punch/cocktail, etc.) Candy or chocolate bars Snacks such as chips Desserts such as cakes, cookies, and ice cream Sugary cereals Buy less Buy more No change Don't know Refuse to answer	*UNIVERSE: US and Mexico and Canada (earlier in survey)* *UNIVERSE: MX_WL_AWARE= 'rarely', 'sometimes', 'often', or 'all the time'* ¿Las etiquetas de advertencia (los octágonos negros) han cambiado su decisión de comprar los siguientes productos empaquetados para usted o su familia? Bebida refrescos de cola (Coca-Cola, Pepsi, etc.) Bebida refrescos de sabor (Sprite, Orange Crush, etc.) Bebida refrescos de dieta (Coca-Cola Zero, Pepsi de Dieta, etc.) Jugo 100% de fruta o de verduras Bebidas de fruta endulzadas (limonada, té helado, SunnyD, ponche/coctel de frutas, etc.) Barras de chocolate o caramelos Botanas como papas fritas/chips (Sabritas, etc.) Postres como pasteles, galletas y helados Cereales azucarados Compra menos Compra más No ha cambiado No sabe Se negó a responder
DISCUSS LABELS NEW 2020 *LABEL_DISCUSS*	In the last month, how often have you talked to others about nutrition labels on foods or beverages? Not at all Once A few times Often Very often Don't know Refuse to answer	En el último mes, ¿con qué frecuencia ha hablado con otras personas sobre las etiquetas nutrimentales de los alimentos o bebidas? Nunca Una vez Unas cuantas veces Frecuentemente Muy a menudo No sabe Se negó a responder

FOOD PROCESSING KNOWLEDGE

REVISED 2019
REVISED 2020
REVISED 2022
REVISED 2023
REVISED 2025 (CAN)

HLTH1… HLTH11
HLTH1_DKR…HLTH11_DKR
HLTH1V…HLTH11V
HLTH_ORDER
HLTH_ORDER_V

Summary of revisions: 2019 corrected error in apple drink from 2018 (converted serving size to fl oz, and 0g total fat); and replaced deli ham with deli chicken. 2020 updated NFT images; deleted "Quaker" from oats ingredient list; corrected flipped scale for cheese slice (mobile version); added fish items. 2022 added sugar to applesauce ingredients; increased added sugar amount in apple drink; increased sodium in tuna. 2023 deleted 7 products (applesauce, cereal, cheese, deli meat, all 3 fish products). 2025 added High In warnings in Canada. Refer to the User Guide for further information.

[PROGRAMMER NOTE: show country specific food categories. Randomize order of 8 food products, and record order of randomization. Prevent respondents from using back button to return to previous questions in set. Show scale horizontally on computer browsers, and vertically on smartphone and tablet browsers.]

Overall, how healthy is this food product?

Please answer on a scale from 0 to 10, where 0 = Not at all healthy, and 10 = Extremely healthy.

0 1 2 3 4 5 6 7 8 9 10

Not at all healthy Extremely healthy

Don't know
Refuse to answer

[PROGRAMMER NOTE: show country specific food categories. Randomize order of 8 food products, and record order of randomization. Prevent respondents from using back button to return to previous questions in set. Show scale horizontally on computer browsers, and vertically on smartphone and tablet browsers.]

En general, ¿qué tan saludable es este producto alimenticio?

Por favor responda usando la escala del 0 al 10, donde 0 = Nada saludable y 10 = Extremadamente saludable.

0 1 2 3 4 5 6 7 8 9 10

Nada saludable Extremadamente saludable

No sabe
Se negó a responder

		
ULTRA-PROCESSED FOOD TERM AWARENESS NEW 2023 *UPF_AWARE*	[PROGRAMMER NOTE: HIDE BACK BUTTON] Have you heard of the term 'ultra-processed food'? Yes No Don't know Refuse to answer	[PROGRAMMER NOTE: HIDE BACK BUTTON] ¿Ha oído hablar del término "alimentos ultraprocesados"? Sí No No sabe Se negó a responder

ULTRA PROCESSED FOOD IDENTIFICATION NEW 2024 REVISED 2025 (CAN) *UPF_ID_APPLE* *UPF_ID_JUICE* *UPF_ID_OATS* *UPF_ID_BAR* *UPF_ID_MILK* *UPF_ID_CHEESE* *UPF_ID_CHICK* *UPF_ID_NUGG* *UPF_ID_NDK*	[PROGRAMMER NOTE: HIDE BACK BUTTON] **Which, if any, of the following products are ultra-processed?** *Select all that apply.* [PROGRAMMER NOTE: Show 8 products on screen, in random order (no NFTs). Prevent respondents from using back button to return to previous question].  None of these are ultra-processed Don't know [valid answer] Refuse to answer	[PROGRAMMER NOTE: HIDE BACK BUTTON] **¿Cuál de los siguientes productos es ultraprocesado (si lo hay)?** *Seleccione todas las opciones que apliquen.* [PROGRAMMER NOTE: Show 8 products on screen, in random order (no NFTs). Prevent respondents from using back button to return to previous question].  Ninguno de ellos es ultraprocesado No sabe [valid answer] Se negó a responder

MENU LABELLING

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
ONLINE ORDERING: MENU LABELLING – NOTICING NEW 2023 REVISED 2024 (USA) REVISED 2025 (USA) *ONLN_INFO*	*UNIVERSE: Ordered restaurant food online in the past 30 days (onln_rest=1)* **The last time you ordered restaurant food from a website or an app, did you notice any nutrition information?** Yes No Don't know Refuse to answer	*UNIVERSE: Ordered restaurant food online in the past 30 days (onln_rest=1)* **La última vez que pidió comida de un restaurante en un sitio web o aplicación, ¿vio alguna información nutrimental?** Sí No No sabe Se negó a responder
ONLINE ORDERING: NUTRITION INFO ACCESSIBILITY NEW 2023 REVISED 2024 (USA) REVISED 2025 (USA) *ONLN_INFO_EASE*	*UNIVERSE: Ordered restaurant food online in the past 30 days (onln_rest=1)* **In your opinion, is nutrition information easy or hard to find when you are ordering restaurant food online?** Very hard to find Hard to find Neither hard nor easy Easy to find Very easy to find Don't know Refuse to answer	*UNIVERSE: Ordered restaurant food online in the past 30 days (onln_rest=1)* **En su opinión, ¿la información nutrimental es fácil o difícil de encontrar cuando pide comida de restaurantes en línea?** Muy difícil de encontrar Difícil de encontrar Ni difícil ni fácil Fácil de encontrar Muy fácil de encontrar No sabe Se negó a responder
ONLINE GROCERY ORDERING: NUTRITION INFO ACCESSIBILITY NEW 2024 *ONLN_INFOGR_EASE*	*UNIVERSE: Ordered groceries online in the past 30 days (onln_gstore=1 or onln_gonln=1)* **In your opinion, is nutrition information easy or hard to find when you are ordering GROCERIES ONLINE?** Very hard to find Hard to find Neither hard nor easy Easy to find Very easy to find Don't know Refuse to answer	*UNIVERSE: Ordered groceries online in the past 30 days (onln_gstore=1 or onln_gonln=1)* **En su opinión, ¿la información nutrimental es fácil o difícil de encontrar cuando pide COMESTIBLES EN LÍNEA?** Muy difícil de encontrar Difícil de encontrar Ni fácil ni difícil Fácil de encontrar Muy fácil de encontrar No sabe Se negó a responder

FOOD GUIDE / DIETARY RECOMMENDATIONS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
FOOD GUIDE – LAST USE OTTAWA AND CFDR (ADAPTED TIME ANCHORS) *FG_LOOK*	When was the last time you looked at MyPlate or the Food Guide Pyramid, if ever? In the last month In the last 6 months In the last year More than a year ago Never Don't know Refuse to answer	¿Cuándo fue la última vez que leyó La Guía Nutricional "Mi Plato" o La Guía Pirámide de Alimentos, si alguna vez tuvo la oportunidad? En el último mes En los últimos 6 meses En el último año Hace más de un año Nunca No sabe Se negó a responder
CHILD – SCHOOL FOOD PROGRAM PARTICIPATION NEW 2023 *SCH_PART*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Does your child get food from a free or reduced-price breakfast or lunch program at their school? No Yes – from a breakfast program Yes – from a lunch program Yes – from a breakfast and lunch program Does not apply to me [valid answer] Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* ¿Su hijo(a) recibe alimentos de un programa de desayunos o almuerzos gratuitos o a precio reducido en su escuela? No Sí – de un programa de desayunos Sí – de un programa de almuerzos Sí – de un programa de desayunos y almuerzos No se aplica a mí [valid answer] No sabe Se negó a responder
CHILD – SCHOOL FOOD PROGRAM PARTICIPATION FREQUENCY NEW 2024 *SCH_PART_FREQ*	*UNIVERSE: Child receives food from a free/reduced-price school food program (sch_prg=2-4)* How many days per week does your child get food from a free or reduced-price breakfast or lunch program at their school? Less than once a week 1 day per week 2 days per week 3 days per week 4 days per week 5 days per week Don't know Refuse to answer	*UNIVERSE: Child receives food from a free/reduced-price school food program (sch_prg=2-4)* ¿Cuántos días a la semana recibe su hijo(a) alimentos de un programa de desayunos o almuerzos gratuitos o a precio reducido en su escuela? Menos de una vez a la semana 1 día por semana 2 días por semana 3 días por semana 4 días por semana 5 días por semana No sabe Se negó a responder
CHILD – SCHOOL FOOD PROGRAM AVAILABILITY NEW 2023 *SCH_AVAIL*	*UNIVERSE: Child participates in any school food program (child_home>0 and sch_prg=2-4)* Can all students in your child's school get food from the free or reduced-price breakfast or lunch program? All students Only students from families who need extra financial help Don't know [valid answer] Refuse to answer	*UNIVERSE: Child participates in any school food program (child_home>0 and sch_prg=2-4)* ¿Pueden todos los alumnos de la escuela de su hijo(a) obtener alimentos del programa de desayunos o almuerzos gratuitos o a precio reducido? Todos los estudiantes Solo los estudiantes de familias que necesitan ayuda económica adicional No sabe [valid answer] Se negó a responder

FOOD MARKETING

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
EXPOSURE TO UNHEALTHY FOOD MARKETING - LOCATION REVISED 2020 (translation) REVISED 2022 REVISED 2023 COUNTRY SPECIFIC WORDING *MKTG_LOC_[TYPE]* *MKTG_LOC_NONE* *MKTG_LOC_DK* *MKTG_LOC_R* *MKTG_LOC_OTEXT*	In the last 30 days, have you seen or heard advertisements or promotions for 'unhealthy foods' in the following places? (Select all that apply) *Unhealthy foods include processed foods high in sugar, salt, or saturated fat, such as soda/pop, fast food, chips, sugary cereals, cookies and chocolate bars.* TV (broadcast/cable TV, on-demand, streaming) Radio Online / internet Mobile app / video game Social media (e.g., Twitter/X, Facebook, Instagram) In a text message Magazine or newspaper Billboard or outdoor sign (e.g., posters) On buses, bus stops and other public transit In movies or at movie theaters At school / on campus Signs or displays in grocery or convenience stores or restaurants At a recreation/community center Sports event, concert or community event Giveaways, samples or special offers Other → Please specify: [*open-ended*] I haven't seen any advertising or promotions for unhealthy food in the last 30 days Don't know Refuse to answer	En los últimos 30 días, ¿ha visto o escuchado anuncios o promociones de "alimentos no saludables" en los siguientes lugares? (Seleccione todos los que correspondan) *Entre los alimentos no saludables se incluyen los alimentos procesados con alto contenido de azúcar, sal o grasas saturadas, como los refrescos, las comidas rápidas, las papas fritas/chips, los cereales con azúcar, las galletas y las barras de chocolate.* Televisión (teledifusión/TV por cable, on-demand, streaming) Radio En línea / Internet Apps móviles / videojuegos Redes sociales (por ejem., Twitter/X, Facebook, Instagram) En un mensaje de texto Revista o periódico Anuncio espectacular o letrero en exteriores (por ejem., posters) En autobuses, paradas de autobuses y otros transportes públicos En películas de cine o en cines En la escuela / universidad Letreros o exhibidores de tiendas de conveniencia o de alimentos o restaurantes En un centro recreativo / comunitario Evento deportivo, concierto o evento comunitario Regalos, muestras u ofertas especiales Otro → Favor de especificar: [respuesta abierta] No he visto ningún tipo de publicidad o promoción de alimentos no saludables en los últimos 30 días No sabe Se negó a responder

EXPOSURE TO UNHEALTHY FOOD MARKETING – GIVEAWAYS VS SPECIAL OFFERS NEW 2022 *MKTG_LOC_SAMPOF*	*UNIVERSE: Noticed "Giveaways, samples or special offers"* In the last question you selected "Giveaway, samples, or special offers". Did you see… Giveaways or samples only Special offers only Both Don't know Refuse to answer	*UNIVERSE: Noticed "Giveaways, samples or special offers"* En la última pregunta ha seleccionado "Regalos, muestras u ofertas especiales". ¿Ha visto…? Regalos o muestras solamente Ofertas especiales solamente Ambos No sabe Se negó a responder
EXPOSURE TO UNHEALTHY FOOD MARKETING - FREQUENCY REVISED 2019 REVISED 2020 (translation) *MKTG_FREQ_SD* *MKTG_FREQ_FF* *MKTG_FREQ_CEREAL* *MKTG_FREQ_SNACK* *MKTG_FREQ_DESSERT* *MKTG_FREQ_CANDY*	In the last 30 days, <u>how often</u> did you see or hear advertisements or promotions for the following? Ads for sugary drinks Ads for fast food Ads for sugary cereals Ads for snacks such as chips Ads for desserts such as cakes, cookies, and ice cream Ads for candy or chocolate bars [Show response options for each item as radio button list] Never Less than once a week Once a week A few times a week Every day More than once a day Don't know Refuse to answer	En los últimos 30 días, ¿<u>con qué frecuencia</u> vio o escuchó anuncios o promociones para lo siguiente? Anuncios de bebidas azucaradas Anuncios de comida rápida Anuncios de cereales azucarados Anuncios de botanas como papas fritas/chips Anuncios de postres como pasteles, galletas y helados Anuncios de barras de chocolate o caramelos [Show response options for each item as radio button list] Nunca Menos de una vez a la semana Una vez por semana Algunas veces a la semana Cada día Más de una vez al día No sabe Se negó a responder

EXPOSURE TO MARKETING STRATEGIES REVISED 2020 (translation) *MKTG_LICENCED* *MKTG_COMPANY* *MKTG_CELEB* *MKTG_PROSPORT* *MKTG_RECSPORT* *MKTG_CULTURE* *MKTG_NONE* *MKTG_DK* *MKTG_R*	[PROGRAMMER NOTE: show note in grey font] *Remember: Unhealthy foods include processed foods high in sugar, salt, or saturated fat, such as soda/pop, fast food, chips, sugary cereals, cookies and chocolate bars.* **In the last 30 days, have you seen any of the following?** (Select all that apply) Unhealthy food or drinks promoted using characters from movies or TV (e.g., Star Wars, Disney characters) Unhealthy food or drinks with characters created by food companies (e.g., Tony the Tiger, Ronald McDonald) Celebrity endorsements of unhealthy food/drinks Professional sport teams or sporting events sponsored by unhealthy food/drink companies Children's/community sports teams sponsored by unhealthy food/drink companies Cultural or community events sponsored by unhealthy food/drink companies None of the above Don't know Refuse to answer	[PROGRAMMER NOTE: show note in grey font] *Recuerde: Entre los alimentos no saludables se incluyen los alimentos procesados con alto contenido de azúcar, sal o grasas saturadas, como los refrescos, las comidas rápidas, las papas fritas/chips, los cereales con azúcar, las galletas y las barras de chocolate.* **En los últimos 30 días, ¿ha visto alguno de los siguientes?** (Seleccione todas las que correspondan) Alimentos o bebidas no saludables promocionados con personajes de películas o TV (por ejemplo, Star Wars, personajes de Disney) Alimentos o bebidas no saludables con personajes creados por compañías de alimentos (por ejemplo, el Tigre Toño, Ronald McDonald) Celebridades que recomiendan comidas/bebidas no saludables Equipos deportivos profesionales o eventos deportivos patrocinados por compañías de alimentos/bebidas no saludables Equipos deportivos infantiles/comunitarios patrocinados por compañías de alimentos/bebidas no saludables Eventos culturales o comunitarios patrocinados por compañías de alimentos/bebidas no saludables Ninguna de las anteriores No sabe Se negó a responder
PESTER POWER NEW 2020 *PESTER*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* [PROGRAMMER NOTE: show note in grey font] *Remember: Unhealthy foods include processed foods high in sugar, salt, or saturated fat, such as soda/pop, fast food, chips, sugary cereals, cookies and chocolate bars.* **How often do your children <u>ask</u> you to buy unhealthy food or drinks they've seen <u>advertised</u>?** Never Only for special occasions Less than once a week Some days Every day Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* [PROGRAMMER NOTE: show note in grey font] *Recuerde: Entre los alimentos no saludables se incluyen los alimentos procesados con alto contenido de azúcar, sal o grasas saturadas, como los refrescos, las comidas rápidas, las papas fritas/chips, los cereales con azúcar, las galletas y las barras de chocolate.* **¿Con qué frecuencia le <u>piden</u> sus hijos que compre alimentos o bebidas no saludables que han visto en <u>anuncios</u>?** Nunca Solo en ocasiones especiales Menos de una vez por semana Algunos días Cada día No sabe Se negó a responder

UNHEALTHY FOOD CONSUMPTION FREQUENCY REVISED 2019 (response format) REVISED 2020 (translation) *EAT_SD* *EAT_FF* *EAT_CEREAL* *EAT_SNACK* *EAT_DESSERT* *EAT_CANDY*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* In a typical week, how often do your children eat or drink… Sugary drinks Fast food Sugary cereals Snacks such as chips Desserts such as cakes, cookies, and ice cream Candy or chocolate bars [Show response options for each item as radio button list] More than once a day Every day A few times a week, but not every day Once a week Only on special occasions Never Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Introduzca la frecuencia con la que sus hijos comen o beben en una semana típica... Bebidas azucaradas Comida rápida Cereales azucarados Botanas como papas fritas/chips Postres como pasteles, galletas y helados Barras de chocolate o caramelos [Show response options for each item as radio button list] Más de una vez al día Cada día Algunas veces a la semana, pero no todos los días Una vez por semana Solo en ocasiones especiales Nunca No sabe Se negó a responder
CONCERN ABOUT CHILD'S EXPOSURE TO MARKETING *MKTG_CHILD_CONCERN* CYCLED OUT 2023 REVISED 2025 (SP)	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Are you concerned about the amount of marketing for sugary drinks and fast food that your children see? Not at all concerned A little concerned Somewhat concerned Very concerned Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* ¿Le preocupa la cantidad de publicidad de bebidas azucaradas y comida rápida que ven sus hijos? No me preocupa nada Me preocupa un poco Me preocupa algo Me preocupa mucho No sabe Se negó a responder
SUPPORT FOR BAN ON MARKETING TO KIDS NEW 2023 *M2K_BAN_HSSF*	Would you support or oppose a government policy that would require… A ban on advertising to children for food and drinks that have too much sugar, salt or saturated fat. Support Neutral Oppose Don't know Refuse to answer	¿Apoyaría o se opondría a una política gubernamental que exigiera…? Prohibir la publicidad de alimentos y bebidas con demasiada azúcar, sal o grasas saturadas dirigida a los niños y niñas. La apoyaría No la apoyaría ni me opondría Me opondría No sabe Se negó a responder

CHILD'S TOTAL SCREEN TIME Adapted from National Survey of Children's Health (NSCH) NEW 2025 *MEDIA_WD_TOTAL*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Thinking about your youngest (or only) child's screen time… On a normal weekday, about how much time does your youngest (or only) child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? *Do not include time spent doing schoolwork.* Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 hours 6 or more hours Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Pensando en todo el tiempo que su hijo menor (o su hijo único) pasa frente a la pantalla… En un día normal de lunes a viernes, ¿cuánto tiempo pasa su hijo menor (o su hijo único) delante de la televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando, en Internet o utilizando las redes sociales. *No incluya el tiempo dedicado a realizar tareas escolares.* Menos de 1 hora 1 hora 2 horas 3 horas 4 horas 5 horas 6 horas o más No sabe Se negó a responder
CHILD SOCIAL MEDIA PLATFORM USE NEW 2021 REVISED 2023 REVISED 2025 *MEDIA_SOC_FB* *MEDIA_SOC_IG* *MEDIA_SOC_TIK* *MEDIA_SOC_TWT* *MEDIA_SOC_SC* *MEDIA_SOC_TWITCH* *MEDIA_SOC_YT* *MEDIA _SOC_NONE* *MEDIA_SOC_DK* *MEDIA_SOC_R*	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* Does your youngest (or only) child use…? *Select all that apply.* Facebook Instagram TikTok Twitter/X Snapchat Twitch YouTube None of the above Don't know Refuse to answer	*UNIVERSE: At least 1 child <18 years in household (child_home>0)* ¿Su su hijo/a menor (o único/a) usa…? *Selecciona todos los que correspondan.* Facebook Instagram TikTok Twitter/X Snapchat Twitch YouTube Ninguno de los anteriores No sabe Se negó a responder
FAVOURITE SOCIAL MEDIA INFLUENCERS NEW 2022 *MEDIA_FAV1-3* *MEDIA_FAV_NDKR*	Who are your three favorite celebrities or influencers to watch or follow on social media? Please include entertainment, sports, and other public figures. [3 open text boxes] I don't have any favorites / I don't know [valid answer] Refuse to answer	¿Quiénes son sus tres celebridades o influencers favoritos a quienes le gusta ver o seguir en las redes sociales? Por favor incluya personajes del mundo del espectáculo, del deporte y otros personajes públicos. [3 open text boxes] No tiene ningún favorito / No sabe [valid answer] Se negó a responder

FAVOURITE SOCIAL MEDIA INFLUENCERS – UNHEALTHY PROMOTION NEW 2023 *MEDIA_FAV_PROM*	*UNIVERSE: Skip respondents who indicated they had no favourites on social media/don't know or refused; allow to skip question* Thinking about your favourite celebrities or influencers to watch or follow on social media, have you seen or heard them promote an unhealthy food or drink in the past 30 days? Yes No Don't know Refuse to answer	*UNIVERSE: Skip respondents who indicated they had no favourites on social media/don't know or refused; allow to skip question* Con respecto a sus celebridades favoritas o los influencers que sigue en las redes sociales, ¿les ha visto u oído promocionar algún alimento o bebida poco saludable en los últimos 30 días? Sí No No sabe Se negó a responder

PRICE / TAXATION

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
SUGAR TAX REVISED 2019 (Spanish) REVISED 2021 *DRINKS_COST*	Do drinks with sugar (e.g., Coke) cost more than drinks without sugar (e.g., Diet Coke) in the city where you live? No Yes – a little more Yes – a lot more Don't know Refuse to answer	¿Las bebidas azucaradas (por ejem., Coca-cola) son más caras que las bebidas sin azúcar (por ejem., Coca-cola dietetica) en la ciudad donde usted vive? No Sí, un poco más Sí, mucho más No sabe Se negó a responder
SUGAR TAX - AWARENESS NEW 2019 REVISED 2021 *TAX_AWARENESS*	Is there a special tax on sugary drinks in the city where you live that makes them more expensive to buy? No Yes Don't know Refuse to answer	¿Hay un impuesto especial para bebidas azucaradas en la ciudad donde usted vive que las encarezca? No Sí No sabe Se negó a responder

POLICY SUPPORT

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
POLICY SUPPORT (items in second list from Policy Interventions to Reduce Obesity – Knowledge, Attitudes and Beliefs Survey of the Public (Raine)) REVISED 2019 REVISED 2020 (translation) REVISED 2021 REVISED 2022 REVISED 2023 REVISED 2024 REVISED 2025 *POL_TAX_SSB* *POL_TAX_PH* *POL_SCH_PROG* *POL_BAN_DISC* *POL_BAN_DISCVOL* *POL_BAN_ONLINE* *POL_BAN_TV* *POL_BAN_OUT*	[PROGRAMMER NOTE: HIDE BACK BUTTON.] We are interested in your opinion about food policies. For each statement, please indicate whether you would support or oppose the policy. Would you support or oppose a government policy that would require… Support Neutral Oppose Don't know Refuse to answer [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION. SHOW RESPONSE OPTIONS FOR EACH ITEM AS RADIO BUTTON LIST.] PROGRAMMER NOTE: Randomize respondents to each answer one of the next two taxes on sugary drinks items] Taxes on sugary drinks Taxes on sugary drinks IF the money raised was used to support public health Free breakfast or lunch programs in schools [PROGRAMMER NOTE: Randomize 50% of respondents to each answer one of next two items] A ban on price discounts for unhealthy food and beverages (e.g., 30% off, or 'buy-one-get-one-free') A ban on multibuy deals for unhealthy food and beverages (e.g., 'buy-one-get-one-free', '3 for 2', free soft drink refills) A ban on marketing of unhealthy food and beverages online/on the internet A ban on advertising of unhealthy food and beverages on TV before 9pm A ban on outdoor advertisements (e.g., at bus stops and billboards) for unhealthy food and beverages	[PROGRAMMER NOTE: HIDE BACK BUTTON.] Nos interesa su opinión sobre las políticas alimentarias. Por favor indique para cada enunciado si apoyaría o se opondría a la política. Apoyaría o se opondría a una política gubernamental que exigiera… La apoyaría No la apoyaría ni me opondría Me opondría No sabe Se negó a responder [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION. SHOW RESPONSE OPTIONS FOR EACH ITEM AS RADIO BUTTON LIST.] PROGRAMMER NOTE: Randomize respondents to each answer one of the next two taxes on sugary drinks items] Impuestos para bebidas azucaradas Impuestos para bebidas azucaradas SI el dinero recaudado se usara para apoyar la salud pública Programas de desayunos o comidas escolares gratuitos [PROGRAMMER NOTE: Randomize 50% of respondents to each answer one of next two items] Prohibir descuentos en los precios de los alimentos y bebidas que no son sanos (por ejem., un 30% de descuento o "compre uno y llévese otro gratis") Prohibir ofertas para comprar más alimentos y bebidas que no son sanos por menos precio (por ejemplo, "compre uno y llévese otro gratis", "3 por 2", "volver a llenar refrescos gratis") Prohibir la publicidad en internet de alimentos y bebidas que dañan la salud Prohibir la publicidad en la televisión antes de las 9 pm de alimentos y bebidas que dañan la salud Prohibir la publicidad en exteriores (por ejemplo, en las paradas de autobús y vallas publicitarias/anuncios espectaculares) de alimentos y bebidas que dañan la salud

SNAP PARTICIPATION LONG ET AL, 2014 NEW 2025 *SNAP_PART*	*UNIVERSE: USA* During the past 12 months, have you or a member of your immediate family received benefits from the SNAP program (previously referred to as food stamps)? Yes No Don't know [valid answer] Refuse to answer	*UNIVERSE: USA* Durante los últimos 12 meses, ¿usted o un miembro de su familia inmediata ha recibido beneficios del programa SNAP (anteriormente conocido como food stamps)? Sí No No sabe [valid answer] Se negó a responder
SNAP POLICY SUPPORT HATTON ET AL, 2024 NEW 2025 *SNAP_POL_SD* *SNAP_POL_CANDY* *SNAP_POL_HLTH*	*UNIVERSE: USA* Please tell us how much you would support or oppose the following SNAP policies. [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION. SHOW RESPONSE OPTIONS FOR EACH ITEM AS RADIO BUTTON LIST. HIDE BACK BUTTON.] Remove sugary drinks (such as soda) from the list of foods that can be bought with SNAP benefits Remove candy from the list of foods that can be bought with SNAP benefits Provide extra money to SNAP participants that can only be used to buy fruits, vegetables, or other healthy food Strongly oppose Somewhat oppose Neither oppose nor support Somewhat support Strongly support Don't know Refuse to answer	*UNIVERSE: USA* Por favor, díganos qué tanto apoyaría o se opondría a las siguientes políticas del programa SNAP. [PROGRAMMER NOTE: RANDOMIZE ORDER OF ITEM PRESENTATION. SHOW RESPONSE OPTIONS FOR EACH ITEM AS RADIO BUTTON LIST. HIDE BACK BUTTON.] Eliminar las bebidas azucaradas (como los refrescos) de la lista de alimentos que se pueden comprar con los beneficios de SNAP Eliminar los dulces de la lista de alimentos que se pueden comprar con los beneficios de SNAP Dar dinero adicional a los participantes de SNAP que solo pueda usarse para comprar frutas, verduras u otros alimentos saludables Me opondría totalmente Me opondría parcialmente No me opondría ni lo apoyaría Lo apoyaría parcialmente Lo apoyaría totalmente No sabe Se negó a responder

REASONS FOR BEHAVIOUR CHANGE EFFORTS – ALL MEAT NEW 2023 CYCLED OUT 2024 REVISED 2025 *SUS_MT2_COST* *SUS_MT2_ENV* *SUS_MT2_HLTH* *SUS_MT2_ANIM* *SUS_MT2_SOC* *SUS_MT2_OTH* *SUS_MT2_DK* *SUS_MT2_R*	*UNIVERSE: Canada, Australia, UK, USA (asked in Belgium earlier)* *UNIVERSE: Respondents who made an effort to consume less 'red or processed meat' (effort3_red=1) or less 'all meats' (effort3_meat=1)* Earlier you said you've made an effort to consume less meat. Can you tell us why you were trying to eat less meat? Eating less meat is… (Select all that apply.) [PROGRAMMING NOTE: Show response options in random order, allow multiple selections] … cheaper … better for the environment … better for my health … better for animal welfare …popular among the people close to me Other reasons Don't know Refuse to answer	*UNIVERSE: Canada, Australia, UK, USA (asked in Belgium earlier)* *UNIVERSE: Respondents who made an effort to consume less 'red or processed meat' (effort3_red=1) or less 'all meats' (effort3_meat=1)* Antes mencionó que se ha esforzado para consumir menos carne. ¿Puede decirnos por qué procuraba comer menos carne? Comer menos carne es... (Seleccione todas las que correspondan) [PROGRAMMING NOTE: Show response options in random order, allow multiple selections] ... más barato ... mejor para el medio ambiente ... mejor para mi salud ... mejor para el bienestar de los animales …algo muy común entre las personas cercanas a mí Otras razones No sabe Se negó a responder

HEALTH LITERACY

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
NEWEST VITAL SIGN PFIZER REVISED 2022 (NFT format) REVISED 2023 (new NFT only)	[PROGRAMMER NOTE: HIDE BACK BUTTON.] This information is on the back of a container of ice cream. **Nutrition Facts** 4 servings per container **Serving size** 1/2 cup **Amount per serving** **Calories** 250 % Daily Value* **Total Fat** 13g 20% Saturated Fat 9g 40% *Trans* Fat 0g **Cholesterol** 28mg 12% **Sodium** 55mg 2% **Total Carbohydrate** 30g 12% Dietary Fiber 2g 7% Total Sugars 23g Includes 19g Added Sugars 38% **Protein** 4g Vitamin D 1mcg 5% Calcium 78mg 6% Iron 0mg 0% Potassium 120mg 3% Vitamin A 72mcg 8% * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice. INGREDIENTS: CREAM, SKIM MILK, LIQUID SUGAR, WATER, EGG YOLKS, BROWN SUGAR, MILKFAT, PEANUT OIL, SUGAR, BUTTER, SALT, CARRAGEENAN, VANILLA EXTRACT.	[PROGRAMMER NOTE: HIDE BACK BUTTON.] Esta información está en la parte posterior de un envase de helado. **Nutrition Facts** 4 servings per container **Serving size** 1/2 cup **Amount per serving** **Calories** 250 % Daily Value* **Total Fat** 13g 20% Saturated Fat 9g 40% *Trans* Fat 0g **Cholesterol** 28mg 12% **Sodium** 55mg 2% **Total Carbohydrate** 30g 12% Dietary Fiber 2g 7% Total Sugars 23g Includes 19g Added Sugars 38% **Protein** 4g Vitamin D 1mcg 5% Calcium 78mg 6% Iron 0mg 0% Potassium 120mg 3% Vitamin A 72mcg 8% * The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice. INGREDIENTS: CREAM, SKIM MILK, LIQUID SUGAR, WATER, EGG YOLKS, BROWN SUGAR, MILKFAT, PEANUT OIL, SUGAR, BUTTER, SALT, CARRAGEENAN, VANILLA EXTRACT.
NVS_CAL *7NVS_CAL_N*	If you eat the entire container, how many calories will you eat? Enter number of calories: [*open-ended*] Don't know Refuse to answer *[Answer: 1000 is the only correct answer]*	Si se come todo el helado del recipiente, ¿cuántas calorías comerá? Introduzca el número de calorías: [*abierto*] No sabe Se negó a responder *[Respuesta: 1000]*
NVS_CARB *NVS_CARB_N*	If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? Enter number of cup(s): [*open-ended*] Don't know Refuse to answer *[Answer: Any of the following is correct: 1 cup, 2 servings, "half the container" (not "half" or "250")]*	Si se le permite comer 60 gramos de carbohidratos como bocadillo, ¿cuánto helado podría tomar? Introduzca el número de taza (s): [*abierto*] No sabe Se negó a responder *[Answer: Any of the following is correct: 1 cup, 2 servings, "half the container" (not "half" or "250")]*

NVS_SAT *NVS_SAT_N*	Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? Enter number of grams: [*open-ended]* Don't know Refuse to answer *[Answer: 33 is the only correct answer]*	Su médico le recomienda reducir la cantidad de grasa saturada en su dieta. Por lo general, consume 42 g de grasa saturada cada día, que incluyen una porción de helado. Si deja de comer helado, ¿cuántos gramos de grasa saturada consumiría cada día? Introduzca la cantidad de gramos: [*abierto]* No sabe Se negó a responder *[Respuesta: 33]*
NVS_DV *NVS_DV_N*	If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? Enter percentage: [*numeric percentage*] Don't know Refuse to answer *[Answer: 10% is the only correct answer]*	Si normalmente consume 2,500 calorías en un día, ¿qué porcentaje de su valor diario de calorías consumiría si come una porción? Introduzca el porcentaje: [*porcentaje numérico*] No sabe Se negó a responder *[Respuesta: 10%]*
NVS_ALG *NVS_ALG_WHY* *NVS_ALG_WHYTEXT*	Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings. Is it safe for you to eat this ice cream? Yes No Don't know Refuse to answer *[Answer: No]* [If "no", ask:] Why not? Enter reason*:* [*open-ended*] Don't know Refuse to answer *[Answer: Because it has peanut oil or because you might have an allergic reaction]*	Haga de cuenta que es alérgico a las siguientes sustancias: penicilina, maní, guantes de látex y picaduras de abeja. ¿Es seguro para usted comer este helado? Sí No No sabe Se negó a responder *[Respuesta: No]* [Si responde "no", pregunte:] ¿Por qué no? Introduzca el motivo: [*abierto*] No sabe Se negó a responder *[Respuesta: Porque tiene aceite de maní o porque podría tener una reacción alérgica]*

FOOD INTAKE SCREENER

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
FOOD INTAKE SCREENER Adapted from the Canadian Food Intake Screener (2023) NEW 2025	These next questions are about foods and beverages you ate or drank in the past month, that is, the past 30 days. When answering, please include meals and snacks consumed at home, at work or school, in restaurants, and anyplace else.	Las siguientes preguntas se refieren a los alimentos y bebidas que comió o bebió en el último mes, es decir, en los últimos 30 días. Cuando responda, incluya las comidas y tentempiés consumidos en casa, en el trabajo o en la escuela, en restaurantes y en cualquier otro lugar.
FOOD INTAKE SCREENER – FRUIT NEW 2025 COUNTRY SPECIFIC WORDING *FIS_FRUIT*	Over the past month, how often did you eat fresh, frozen, canned, or dried fruit? Do not include fruit juices and drinks. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió fruta fresca, congelada, enlatada o frutos secos? No incluya zumos ni bebidas de fruta. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – POTATOES NEW 2025 COUNTRY SPECIFIC WORDING *FIS_POT*	Over the past month, how often did you eat **potatoes, including baked, boiled, or mashed potatoes, or sweet potatoes**? **Do not include** french fries, home fries, or hash browns. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **papas, incluidas las asadas, hervidas o en puré, o camote**? **No incluya** papas fritas, papas fritas caseras, ni papas en gajos (hash browns). Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – VEGETABLES NEW 2025 COUNTRY SPECIFIC WORDING *FIS_VEG*	Over the past month, how often did you eat **fresh, cooked, frozen, or canned vegetables**? **Do not include** potatoes, french fries, or other deep-fried vegetables, or vegetable juices and drinks. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **verduras frescas, cocidas, congeladas o enlatadas**? **No incluya** papas, papas fritas, u otras verduras fritas, ni zumos y bebidas vegetales. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – FAST FOOD NEW 2025 COUNTRY SPECIFIC WORDING *FIS_FF*	Over the past month, how often did you eat **food from fast food restaurants, such as burgers, french fries, pizza, subs, fried chicken, burritos, or tacos**? Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **alimentos de restaurantes de comida rápida, como hamburguesas, papas fritas, pizza, subs, pollo frito, burritos, o tacos**? Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – PROCESSED MEAT NEW 2025 COUNTRY SPECIFIC WORDING *FIS_PRMEAT*	Over the past month, how often did you eat **hot dogs, sausages, beef jerky, bacon, ham, or other deli or luncheon meats**? **Do not include** fast food, canned fish, canned poultry, or packaged veggie burgers and plant-based meats. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **'hot dogs', salchichas, jerky de res, tocino, jamón u otras carnes frías**? **No incluya** comida rápida, conservas de pescado, conservas de ave o hamburguesas vegetales y carnes vegetales envasadas. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – MEAT NEW 2025 COUNTRY SPECIFIC WORDING *FIS_MEAT*	Over the past month, how often did you eat **eggs, beef, pork, wild meat, chicken or other poultry, fish, shellfish, or other animal-based sources of protein**? Include **canned fish and canned poultry**. **Do not include** fast food, hot dogs, sausages, beef jerky, bacon, ham, or other deli or luncheon meats. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **huevos, ternera, cerdo, carne de caza, pollo u otras aves de corral, pescado, marisco u otras fuentes de proteínas de origen animal**? Incluya **el pescado y las aves en conserva.** **No incluya** comida rápida, perritos calientes, salchichas, jerky de res, tocino, jamón u otras carnes frías. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – PLANT-BASED PROTEIN NEW 2025 COUNTRY SPECIFIC WORDING *FIS_PLANT*	Over the past month, how often did you eat **nuts, seeds, tofu, beans and lentils, peanut butter or other nut butters, or other plant-based sources of protein**? **Do not include** green beans or packaged veggie burgers and plant-based meats. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **frutos secos, semillas, tofu, frijoles y lentejas, mantequilla de cacahuete u otras mantequillas de frutos secos, u otras fuentes vegetales de proteína**? **No incluya** ejotes ni hamburguesas vegetales envasadas ni carnes de origen vegetal. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – DAIRY PRODUCTS NEW 2025 *FIS_DAIRY*	Over the past month, how often did you eat **yogurt, kefir, or cheese**? Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **yogur, kéfir o queso**? Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – WHITE MILK NEW 2025 COUNTRY SPECIFIC WORDING *FIS_MILK*	Over the past month, how often did you have **white cows' milk or unsweetened plant-based beverages (e.g., soy, almond, or oat milk)?** **Do not include** small amounts in coffee or tea, or chocolate and other sweetened milk. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia tomó **leche de vaca o bebidas vegetales sin endulzar (por ejemplo, leche de soya, de almendras o de avena)**? **No incluya** pequeñas cantidades de café o té, ni chocolate y otras leches endulzadas. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – FLAVOURED MILK NEW 2025 COUNTRY SPECIFIC WORDING *FIS_FLVMILK*	Over the past month, how often did you have **chocolate milk or other flavored milk or sweetened plant-based beverages (e.g., soy, almond, or oat milk)**? **Do not include** small amounts in coffee or tea, or diet/artificially-sweetened or sugar-free beverages. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia tomó **leche con chocolate o algún otro sabor o bebidas vegetales endulzadas (por ejemplo, leche de soya, de almendras o de avena)**? **No incluya** pequeñas cantidades de café o té, ni bebidas de dieta/endulzadas artificialmente o sin azúcar. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – SUGARY DRINKS NEW 2025 COUNTRY SPECIFIC WORDING *FIS_SDRINK*	Over the past month, how often did you drink **fruit juice, fruit-flavored drinks, aguas frescas, soda, sweetened sports or energy drinks, sweetened hot or iced coffee or tea, or sweetened waters**? **Do not include** diet/artificially-sweetened or sugar-free beverages, such as diet soda. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia tomó **jugo de fruta, bebidas con sabor a fruta, aguas frescas, refrescos, bebidas deportivas o energéticas endulzadas, café o té caliente o helado endulzado, o aguas endulzadas**? **No incluya** bebidas de dieta/endulzadas artificialmente o sin azúcar, como los refrescos light. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – SUGARY FOODS NEW 2025 COUNTRY SPECIFIC WORDING *FIS_SFOOD*	Over the past month, how often did you eat **cookies, cakes, muffins, pastries, granola bars, protein bars, ice cream, candy, chocolate, sugary breakfast cereals, or other sugary foods**? Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **galletas, pasteles, magdalenas, bollería, barras de granola, barras de proteínas, helados, dulces, chocolate, cereales azucarados para el desayuno u otros alimentos azucarados**? Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – SALTY SNACKS NEW 2025 COUNTRY SPECIFIC WORDING *FIS_SNACK*	Over the past month, how often did you eat **crackers, chips, pretzels, popcorn, or other salty snacks**? Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **galletas saladas, papas fritas, pretzels, palomitas de maíz u otras botanas saladas**? Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – REFINED GRAINS (WHITE) NEW 2025 COUNTRY SPECIFIC WORDING *FIS_WHITEGRN*	Over the past month, how often did you eat **white breads, bagels, rice, pasta, noodles, or other refined grains, such as breakfast cereals**? **Do not include** whole wheat or whole grain foods. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **pan blanco, bollos, arroz, pasta, fideos u otros cereales refinados, como los cereales de desayuno**? **No incluya** alimentos integrales o de grano entero. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder
FOOD INTAKE SCREENER – WHOLE GRAINS NEW 2025 COUNTRY SPECIFIC WORDING *FIS_WHOLEGRN*	Over the past month, how often did you eat **whole wheat or whole grain breads, bagels, pasta, noodles, quinoa, oats, brown or wild rice, breakfast cereals, or other whole wheat or whole grain foods**? **Do not include** white breads, bagels, pasta, noodles, rice, or refined breakfast cereals. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia comió **panes integrales o de grano entero, bollos, pasta, fideos, quinoa, avena, arroz integral o salvaje, cereales de desayuno u otros alimentos integrales o de grano entero**? **No incluya** pan blanco, donas, pasta, fideos, arroz o cereales refinados para el desayuno. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

FOOD INTAKE SCREENER – OILS NEW 2025 COUNTRY SPECIFIC WORDING *FIS_OILS*	Over the past month, how often did you have **margarine, olive oil, or other vegetable oils (e.g., canola or sunflower oil)**? **Do not include** lard, coconut oil, palm oil, or butter. Never 1 time in the past month 2-3 times in the past month 1-2 times per week 3-4 times per week 5-6 times per week 1 time per day 2-3 times per day 4-5 times per day 6 or more times per day Don't know Refuse to answer	Durante el último mes, ¿con qué frecuencia consumió **margarina, aceite de oliva, u otros aceites vegetales (por ejemplo, aceite de canola o de girasol)**? **No incluya** manteca de cerdo, aceite de coco, aceite de palma ni mantequilla. Nunca 1 vez en el último mes 2-3 veces en el último mes 1-2 veces por semana 3-4 veces por semana 5-6 veces por semana 1 vez al día 2-3 veces al día 4-5 veces al día 6 o más veces al día No sabe Se negó a responder

GENERAL HEALTH STATUS

GENERAL HEALTH CCHS BRFSS CHMS *HLTH_GENERAL*	In general, would you say your health is... Poor Fair Good Very good Excellent Don't know Refuse to answer	En general, ¿diría usted que su salud es...? Mala Satisfactoria Buena Muy buena Excelente No sabe Se negó a responder
OVERALL DIET NHANES AND USED IN FCMS *DIET*	In general, how healthy is your overall diet? Poor Fair Good Very good Excellent Don't know Refuse to answer	En general, ¿cuán saludable es su dieta considerando todos sus alimentos? Mala Satisfactoria Buena Muy buena Excelente No sabe Se negó a responder
MENTAL HEALTH CCHS AND CHMS *MENTAL*	In general, would you say your mental health is... Poor Fair Good Very good Excellent Don't know Refuse to answer	En general, ¿diría usted que su salud mental es...? Mala Satisfactoria Buena Muy buena Excelente No sabe Se negó a responder
STRESS CHMS *STRESS*	Thinking about the amount of stress in your life, would you say that most days are... Not at all stressful Not very stressful A bit stressful Very stressful Extremely stressful Don't know Refuse to answer	Pensando en la cantidad de estrés en su vida, ¿diría usted que la mayoría de sus días son...? Nada estresantes No muy estresantes Un poco estresantes Muy estresantes Extremadamente estresantes No sabe Se negó a responder

CHRONIC DISEASES
ADAPTED FROM BRFSS CVDINFR4

NEW 2021
REVISED 2024

HBP
MI
CHD
STROKE
DIABETES
CHOLEST
OB
CA
DEPRESS

Has a doctor, nurse, or other health professional ever told you that you have or had ...?

	Yes	No	Don`t know	Refuse to answer
Hypertension or high blood pressure				
Heart attack (myocardial infarction)				
Angina or coronary heart disease				
Stroke				
Diabetes				
High cholesterol				
Obesity				
Cancer				
Depression				

¿Alguna vez un médico(a), enfermera(o) u otro profesional de la salud le ha dicho que tiene o tuvo...?

	Sí	No	No sabe	Se negó a responder
Hipertensión o presión alta				
Ataque cardiaco (infarto al miocardio)				
Angina de pecho o enfermedad coronaria				
Accidente cerebrovascular				
Diabetes				
Colesterol alto				
Obesidad				
Cáncer				
Depresión				

DIABETES TYPE
CCHS 2024

NEW 2024

DB_T1
DB_T2
DB_GEST
DB_PRE
DB_OTH
DB_DK
DB_R

UNIVERSE: Respondents diagnosed with diabetes

What type of diabetes were you diagnosed with?
Select all that apply.
Type 1 diabetes
Type 2 diabetes
Gestational diabetes (diabetes that develops during pregnancy)
Pre-diabetes
Other types of diabetes
Don't know
Refuse to answer

UNIVERSE: Respondents diagnosed with diabetes

¿Qué tipo de diabetes le diagnosticaron?
Seleccione todas las opciones que apliquen.
Diabetes de tipo 1
Diabetes de tipo 2
Diabetes gestacional (diabetes desarrollada durante el embarazo)
Pre-diabetes
Otros tipos de diabetes
No sabe
Se negó a responder

PREGNANCY
CCHS 2024

NEW 2024

PREG

UNIVERSE: Female respondents (SEX=2 or SEX2=2)

To better understand your health information, it is important to know if you are pregnant.

Are you pregnant?
Yes
No
Don't know [valid answer]
Refuse to answer

UNIVERSE: Female respondents (SEX=2 or SEX2=2)

Para comprender mejor la información sobre su salud, es importante saber si está embarazada.

¿Está embarazada?
Sí
No
No sabe [valid answer]
Se negó a responder

OTHER HEALTH BEHAVIOURS

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
DATA QUALITY CHECK – MONTH *DQ_MONTH*	What is the current month? January February March April May June July August September October November December Don't know Refuse to answer	¿Cuál es el mes en curso? Enero Febrero Marzo Abril Mayo Junio Julio Agosto Septiembre Octubre Noviembre Diciembre No sabe Se negó a responder
SMOKING – PAST 30 DAYS CTADS *SMK_30*	Have you smoked cigarettes in the past 30 days? No Yes, occasionally Yes, every day Don't know Refuse to answer	¿Ha fumado cigarrillos en los últimos 30 días? No Sí, ocasionalmente Sí, todos los días No sabe Se negó a responder
MARIJUANA USE – FREQUENCY CSTADS *MJ_USE*	In the last 12 months, how often did you use marijuana or cannabis (a joint, pot, weed, hash)? I have never used marijuana I have used marijuana but not in the last 12 months Less than once a month Once a month 2 or 3 times a month Once a week 2 or 3 times a week 4 to 6 times a week Every day Don't know Refuse to answer	En los últimos 12 meses, ¿con qué frecuencia usó mariguana o cannabis (un churro, mota, hierba, hash)? Nunca he usado mariguana He usado mariguana pero no en los últimos 12 meses Menos de una vez al mes Una vez al mes 2 ó 3 veces al mes Una vez a la semana 2 ó 3 veces a la semana 4 a 6 veces a la semana Todos los días No sabe Se negó a responder

ALCOHOL USE – FREQUENCY CSTADS CYCLED OUT 2023 COUNTRY SPECIFIC WORDING *ALC_FREQ*	In the last 12 months, how often did you have a drink of alcohol that was more than just a sip? *A DRINK means: 1 regular sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle or can of cooler; 1 shot of liquor (rum, whiskey, etc.); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink, etc.).* I have never drank alcohol I did not drink alcohol in the last 12 months I have only had a sip of alcohol Less than once a month Once a month 2 or 3 times a month Once a week 2 or 3 times a week 4 to 6 times a week Every day I do not know *[valid answer]* Refuse to answer	En los últimos 12 meses, ¿con qué frecuencia tomó más de un trago de una bebida alcohólica? *UNA BEBIDA ALCOHÓLICA significa: 1 botella, lata o tarro de cerveza de tamaño normal; 1 copa de vino; 1 botella o lata de bebida a base de vino (cooler); 1 shot de alguna bebida alcohólica fuerte (ron, whiskey, etc.), o 1 bebida mezclada (1 shot de bebida alcohólica fuerte con refresco/gaseosa, jugo, bebida energética, etc.).* Nunca he tomado alcohol No he tomado alcohol en los últimos 12 meses Sólo he tomado un trago de alcohol Menos de una vez al mes Una vez al mes 2 ó 3 veces al mes Una vez a la semana 2 ó 3 veces a la semana 4 a 6 veces a la semana Todos los días No sabe *[respuesta válida]* Se negó a responder

SOCIODEMOGRAPHIC MEASURES

DOMAIN SOURCE	ENGLISH	SPANISH TRANSLATION
ETHNICITY ITC ADAPTED REVISED 2019 (Spanish) REVISED 2023 *ETH_USA_WHITE* *ETH_USA_BLACK* *ETH_USA_HISPANIC* *ETH_USA_NATIVE* *ETH_USA_ASIAN* *ETH_USA_PACIFIC* *ETH_USA_OTHER* *ETH_USA_OTEXT* *ETH_USA_DK* *ETH_USA_R*	*UNIVERSE: US* People living in the United States come from many different cultural and racial backgrounds. Are you… (Select all that apply) White Black or African American Hispanic or Latino American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other (please specify): _____ Don't know Refuse to answer	*UNIVERSE: US* Gente que vive en los Estados Unidos pertenece a diferentes raíces culturales y étnicas. ¿Qué grupo le describe mejor…? (Seleccione todas las opciones que apliquen) Blanco Negro o Afroamericano Hispano o Latino Indio Americano o nativo de Alaska Asiático Nativo de Hawai u otras islas del Pacífico Otro (especificar) _____ No sabe Se negó a responder

HISPANIC *HISP_USA_MEX* *HISP_USA_MEXAM* *HISP_USA_PUERTO* *HISP_USA_CUBAN* *HISP_USA_CUBANAM* *HISP_USA_OTHER* *HISP_USA_OTEXT* *HISP_USA_DK* *HISP_USA_R*	*UNIVERSE: Hispanic or Latino (eth_USA_hispanic=yes)* **Hispanics and Latinos use different terms to describe themselves. In general, which one of the following terms do you use to describe yourself most often?** (Select all that apply) Mexican Mexican American or Chicano Puerto Rican Cuban Cuban American Other (please specify): _____ Don't know Refuse to answer	*UNIVERSE: Hispanic or Latino (eth_USA_hispanic=yes)* **Hispanos y Latinos usan diferentes términos para describirse a ellos mismos. Por lo general, ¿cuál de los siguientes términos usa con mayor frecuencia para describirse a usted mismo?** (Seleccione todas las opciones que apliquen) Mexicano/a Mexicano/a Americano/a o Chicano/a Puertorriqueño/a Cubano/a Cubano/a Americano/a Otro (especificar) _____ No sabe Se negó a responder
COUNTRY OF BIRTH *BIRTH_USA*	**Were you born in the United States?** Yes No Don't know Refuse to answer	**¿Nació usted en los Estados Unidos?** Sí No No sabe Se negó a responder
HIGHEST EDUCATION ADAPTED FROM ITC 4CV1, NHANES 2015-2016, CCHS 2014 *EDUC_COMP_USA* *EDUC_COMP_USA_OTEXT*	*UNIVERSE: USA* **What is the highest level of formal education that you have completed?** 8th Grade or lower 9th Grade 10th Grade 11th Grade 12th Grade / high school diploma Associate's degree or vocational / technical certificate Bachelor's degree University degree above the bachelor's level (e.g., Master's, professional school, doctorate) Other (please specify): _____ Don't know Refuse to answer	*UNIVERSE: USA* **¿Cuál es el nivel más alto de estudios formales que usted ha concluido?** Secundaria completa o menos Primer año de preparatoria/bachillerato (9º. grado de high school) Segundo año de preparatoria/bachillerato (10 º. grado de high school) Tercer año de preparatoria/bachillerato (11º. grado de high school) Preparatoria / bachillerato completo (12º. grado / diplomado de high school) Estudios técnicos o comerciales Licenciatura o Universidad completa Título universitario más allá del nivel de licenciatura (por ejem., maestría, escuela profesional, doctorado) Otro (especificar): _____ No sabe Se negó a responder
PERCEIVED INCOME ADEQUACY LITWIN & SAPIR 2009 *INCOME_ADEQ*	**Thinking about your total monthly income, how difficult or easy is it for you to make ends meet?** Very difficult Difficult Neither easy nor difficult Easy Very easy Don't know Refuse to answer	**Pensando en sus ingresos mensuales totales, ¿qué tan difícil o fácil le resulta ganar suficiente dinero para vivir sin deudas?** Muy difícil Difícil Ni fácil ni difícil Fácil Muy fácil No sabe Se negó a responder

HOUSEHOLD SIZE ADAPTED FROM NHANES; FCMS; ONTARIO HEALTH STUDY (OHS) COVID-19 QUESTIONNAIRE, 2020; WATERLOO REGION MATTERS SURVEY – COVID-19 EDITION NEW 2020 *HHLDSIZE_CH* *HHLDSIZE_AD*	How many children (under 18 years of age) currently live in your household? [*dropdown with numbers from 0 to 10, more than 10, DK/R*] Don't know Refuse to answer How many adults (age 18 or older), including yourself, currently live in your household? [*dropdown with numbers from 1 to 10, more than 10, DK/R*] Don't know Refuse to answer *Include all family members who live with you all or most of the time.* *Do NOT include roommates unless you share income.*	¿Cuántos niños (menores de 18 años) viven actualmente en su hogar? [*dropdown with numbers from 0 to 10, more than 10, DK/R*] No sabe Se negó a responder ¿Cuántos adultos (de 18 años o más), incluyéndose usted, viven actualmente en su hogar? [*dropdown with numbers from 1 to 10, more than 10, DK/R*] No sabe Se negó a responder *Incluya a todos los miembros de la familia que viven con usted todo el tiempo o la mayor parte del tiempo.* *NO incluya a otros que vivan con usted a menos que compartan los ingresos.*
HOUSEHOLD INCOME ADAPTED FROM CANADIAN COMMUNITY HEALTH SURVEY (CCHS) 2020; US CPS CURRENT POPULATION SURVEY (CPS); INTERNATIONAL CANNABIS POLICY STUDY (ICPS) 2020 NEW 2020 *INCOME_USA*	What was your <u>total household income</u>, from all sources, before taxes, over the past 12 months? *Include income from work, investments, pensions or government.* *Include income from all family members living with you all, or most of the time. Do NOT include roommates unless you share income.* Less than $10,000 $10,000 to less than $20,000 $20,000 to less than $30,000 $30,000 to less than $40,000 $40,000 to less than $50,000 $50,000 to less than $60,000 $60,000 to less than $70,000 $70,000 to less than $80,000 $80,000 to less than $90,000 $90,000 to less than $100,000 $100,000 to less than $150,000 $150,000 and over Don't know Refuse to answer	¿Cuál fue el <u>ingreso total de su hogar</u>, de todas las fuentes, antes de impuestos, durante los últimos 12 meses? *Incluya los ingresos del trabajo, inversiones, pensiones y del gobierno.* *Incluya los ingresos de todos los miembros de la familia que viven con usted todo el tiempo o la mayor parte del tiempo. NO incluya a otros que vivan con usted a menos que compartan los ingresos.* Menos de $10 000 De $10 000 a menos de $20 000 De $20 000 a menos de $30 000 De $30 000 a menos de $40000 De $40 000 a menos de $50 000 De $50 000 a menos de $60 000 De $60 000 a menos de $70 000 De $70 000 a menos de $80 000 De $80 000 a menos de $90 000 De $90 000 a menos de $100 000 De $100 000 a menos de $150 000 $150 000 y más No sabe Se negó a responder

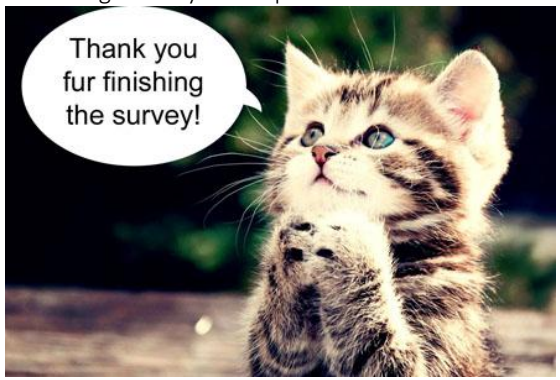
REGION REVISED 2019 (response format) *REGION_USA* *REGION_USA_OTEXT*	What state do you live in? 1. Alabama (AL) 2. Alaska (AK) 3. Arizona (AZ) 4. Arkansas (AR) 5. California (CA) 6. Colorado (CO) 7. Connecticut (CT) 8. Delaware (DE) 9. District of Columbia (DC) 10. Florida (FL) 11. Georgia (GA) 12. Hawaii (HI) 13. Idaho (ID) 14. Illinois (IL) 15. Indiana (IN) 16. Iowa (IA) 17. Kansas (KS) 18. Kentucky (KY) 19. Louisiana (LA) 20. Maine (ME) 21. Maryland (MD) 22. Massachusetts (MA) 23. Michigan (MI) 24. Minnesota (MN) 25. Mississippi (MS) 26. Missouri (MO) 27. Montana (MT) 28. Nebraska (NE) 29. Nevada (NV) 30. New Hampshire (NH) 31. New Jersey (NJ) 32. New Mexico (NM) 33. New York (NY) 34. North Carolina (NC) 35. North Dakota (ND) 36. Ohio (OH) 37. Oklahoma (OK) 38. Oregon (OR) 39. Pennsylvania (PA) 40. Rhode Island (RI) 41. South Carolina (SC)	¿En qué estado vive usted? 1. Alabama (AL) 2. Alaska (AK) 3. Arizona (AZ) 4. Arkansas (AR) 5. California (CA) 6. Colorado (CO) 7. Connecticut (CT) 8. Delaware (DE) 9. District of Columbia (DC) 10. Florida (FL) 11. Georgia (GA) 12. Hawaii (HI) 13. Idaho (ID) 14. Illinois (IL) 15. Indiana (IN) 16. Iowa (IA) 17. Kansas (KS) 18. Kentucky (KY) 19. Louisiana (LA) 20. Maine (ME) 21. Maryland (MD) 22. Massachusetts (MA) 23. Michigan (MI) 24. Minnesota (MN) 25. Mississippi (MS) 26. Missouri (MO) 27. Montana (MT) 28. Nebraska (NE) 29. Nevada (NV) 30. New Hampshire (NH) 31. New Jersey (NJ) 32. New Mexico (NM) 33. New York (NY) 34. North Carolina (NC) 35. North Dakota (ND) 36. Ohio (OH) 37. Oklahoma (OK) 38. Oregon (OR) 39. Pennsylvania (PA) 40. Rhode Island (RI) 41. South Carolina (SC)

	42. South Dakota (SD) 43. Tennessee (TN) 44. Texas (TX) 45. Utah (UT) 46. Vermont (VT) 47. Virginia (VA) 48. Washington (WA) 49. West Virginia (WV) 50. Wisconsin (WI) 51. Wyoming (WY) 52. Other (please specify): _____ -77 Don't know -88 Refuse to answer	42. South Dakota (SD) 43. Tennessee (TN) 44. Texas (TX) 45. Utah (UT) 46. Vermont (VT) 47. Virginia (VA) 48. Washington (WA) 49. West Virginia (WV) 50. Wisconsin (WI) 51. Wyoming (WY) 52. Otro (especificar): _____ -77 No sabe -88 Se negó a responder
POSTAL CODE COUNTRY SPECIFIC WORDING REVISED 2022 (zip code programming) *POSTAL* *POSTAL_TEXT_USA*	Please enter your zip code: *Zip codes help us to understand the food environment where you live. As a reminder, all information you provide will be kept strictly confidential and will never be shared.* Enter: _____ [format: 5 numeric digits] Don't know Refuse to answer	Por favor introduzca su código postal: *Los códigos postales nos ayudan a comprender el entorno alimentario en el que vive. Como recordatorio, toda la información que proporcione se mantendrá estrictamente confidencial y nunca se compartirá.* Introduzca: _____ [format: 5 numeric digits] No sabe Se negó a responder
US COUNTY US CENSUS NEW 2023 *COUNTY_USA*	*UNIVERSE: USA; Respondents who selected a state (skip if region_USA=other, DK, R)* What county do you live in? Please select: [drop-down list for counties based on state] Other Don't know Refuse to answer	*UNIVERSE: USA; Respondents who selected a state (skip if region_USA=other, DK, R)* ¿En qué condado vive? Por favor selecciona: [drop-down list for counties based on state] Otro No sabe Se negó a responder
YEAR OF BIRTH NEW 2025 *BIRTH_YR*	What year were you born? Enter: _____ [format YYYY; 1900-2025] Don't know Refuse to answer	¿En qué año nació? Introduzca : _____ [format YYYY; 1900-2025] No sabe Se negó a responder

SELF-REPORTED HEIGHT *HT_UNIT* *HT_CM* *HT_FT* *HT_IN*	It is helpful to know the height and weight of survey participants. How tall are you without shoes? Would you rather answer in: Feet and inches Centimeters Don't know Refuse to answer [PROGRAMMER NOTE: show based on response to above] *UNIVERSE: ht_unit=feet and inches* *Enter feet*: _____ ft [numeric, 2-7] AND *Enter inches*: _____ in [numeric, 0-11] *UNIVERSE: ht_unit= centimetres* *Enter centimeters*: _____ cm [numeric, 60-250]	Es útil saber la altura y el peso de los participantes de la encuesta. ¿Cuánto mide sin zapatos? ¿Prefiere responder usando…? Pies y pulgadas Centímetros No sabe Se negó a responder [PROGRAMMER NOTE: show based on response to above] *UNIVERSE: ht_unit=feet and inches* *Escriba los* pies: _____ pies [numeric, 2-7] Y *Escriba las* pulgadas: _____ pulgadas [numeric, 0-11] *UNIVERSE: ht_unit= centimetres* *Escriba los* centímetros: _____ cm [numeric, 60-250]
SELF-REPORTED HEIGHT CONFIRMATION *HT_FTIN_CONF* *HT_CM_CONF*	*UNIVERSE: ht_unit=feet and inches* You entered [X] feet and [X] inches. Is that correct? Yes No – I need to make a correction Don't know Refuse to answer *UNIVERSE: ht_unit= centimetres* You entered [X] centimeters. Is that correct? Yes No – I need to make a correction Don't know Refuse to answer	*UNIVERSE: ht_unit=feet and inches* Usted introdujo [X] pies y [X] pulgadas. ¿Es correcto? Sí No, necesito hacer una corrección No sabe Se negó a responder *UNIVERSE: ht_unit= centimetres* Usted introdujo [X] centímetros. ¿Es correcto? Sí No, necesito hacer una corrección No sabe Se negó a responder

SELF-REPORTED HEIGHT CORRECTION *HTC_UNIT* *HTC_FT* *HTC_IN* *HTC_CM*	*UNIVERSE: ht_ftin_conf, or ht_cm_conf= No – I need to make a correction* How tall are you without shoes? Would you rather answer in: Feet and inches Centimetres Don't know Refuse to answer [PROGRAMMER: show based on response to above] *UNIVERSE: htc_unit=feet and inches* *Enter feet*: _____ ft [numeric, 2-7] AND *Enter inches*: _____ in [numeric, 0-11] *UNIVERSE: htc_unit= centimetres* *Enter centimetres*: _____ cm [numeric, 60-250]	*UNIVERSE: ht_ftin_conf, or ht_cm_conf= No – I need to make a correction* ¿Cuánto mide sin zapatos? ¿Prefiere responder usando…? Pies y pulgadas Centímetros No sabe Se negó a responder [PROGRAMMER: show based on response to above] *UNIVERSE: htc_unit=feet and inches* *Escriba los pies*: _____ pies [numeric, 2-7] Y *Escriba las pulgadas*: _____ pulgadas [numeric, 0-11] *UNIVERSE: htc_unit= centimetres* *Escriba los centímetros*: _____ cm [numeric, 60-250]
SELF-REPORTED WEIGHT REVISED 2024 *WT_UNIT* *WT_LB* *WT_KG*	*UNIVERSE: All male respondents (SEX=1); females who are not pregnant (SEX=2 and PREG≠1)* How much do you weigh without clothes or shoes? *UNIVERSE: Female respondents who are pregnant (SEX=2 and PREG=1)* How much did you weigh without clothes or shoes <u>before</u> your pregnancy? Would you rather answer in: Pounds (lb) Kilograms (kg) Don't know Refuse to answer [PROGRAMMER: show based on response to above] *UNIVERSE: wt_unit= pounds* *Enter pounds*: _____ lb [numeric] *UNIVERSE: wt_unit=kilograms* *Enter kilograms*: _____ kg [numeric]	*UNIVERSE: All male respondents (SEX=1); females who are not pregnant (SEX=2 and PREG≠1)* ¿Cuánto pesa sin ropa ni zapatos? *UNIVERSE: Female respondents who are pregnant (SEX=2 and PREG=1)* ¿Cuánto pesaba sin ropa ni zapatos <u>antes</u> del embarazo? ¿Prefiere responder usando…? Libras (lb) Kilogramos (kg) No sabe Se negó a responder [PROGRAMMER: show based on response to above] *UNIVERSE: wt_unit= pounds* *Escriba las libras*: _____ lb [numeric] *UNIVERSE: wt_unit=kilograms* *Escriba los kilogramos*: _____ kg [numeric]

SELF-REPORTED WEIGHT CONFIRMATION *WT_LB_CONF* *WT_KG_CONF*	*UNIVERSE: wt_unit= pounds* You entered [X] pounds. Is that correct? Yes No – I need to make a correction Don't know Refuse to answer *UNIVERSE: wt_unit=kilograms* You entered [X] kilograms. Is that correct? Yes No – I need to make a correction Don't know Refuse to answer	*UNIVERSE: wt_unit= pounds* Usted introdujo [X] libras. ¿Es correcto? Sí No, necesito hacer una corrección No sabe Se negó a responder *UNIVERSE: wt_unit=kilograms* Usted introdujo [X] kilogramos. ¿Es correcto? Sí No, necesito hacer una corrección No sabe Se negó a responder
SELF-REPORTED WEIGHT CORRECTION REVISED 2024 *WTC_UNIT* *WTC_LB* *WTC_KG*	*UNIVERSE: wt_lb_conf, or wt_kg_conf= No – I need to make a correction* *UNIVERSE: All male respondents (SEX=1); females who are not pregnant (SEX=2 and PREG≠1)* How much do you weigh without clothes or shoes? *UNIVERSE: Female respondents who are pregnant (SEX=2 and PREG=1)* How much did you weigh without clothes or shoes <u>before</u> your pregnancy? Would you rather answer in: Pounds (lb) Kilograms (kg) Don't know Refuse to answer [PROGRAMMER: show based on response to above] *UNIVERSE: wtc_unit= pounds* *Enter pounds*: _____ lb [numeric] *UNIVERSE: wtc_unit=kilograms* *Enter kilograms*: _____ kg [numeric]	*UNIVERSE: wt_lb_conf, or wt_kg_conf= No – I need to make a correction* *UNIVERSE: All male respondents (SEX=1); females who are not pregnant (SEX=2 and PREG≠1)* ¿Cuánto pesa sin ropa ni zapatos? *UNIVERSE: Female respondents who are pregnant (SEX=2 and PREG=1)* ¿Cuánto pesaba sin ropa ni zapatos antes del embarazo? ¿Prefiere responder usando…? Libras (lb) Kilogramos (kg) No sabe Se negó a responder [PROGRAMMER: show based on response to above] *UNIVERSE: wtc_unit= pounds* *Escriba las libras*: _____ lb [numeric] *UNIVERSE: wtc_unit=kilograms* *Escriba los kilogramos*: _____ kg [numeric]

END SCREEN REVISED 2024 (universe) REVISED 2025	You're finished—thank you! As a reminder, this study has been reviewed by and received ethics clearance through a University of Waterloo Research Ethics Board (REB #30829). If you have any comments or concerns resulting from your involvement please contact the Office of Research Ethics in Canada toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440 or reb@uwaterloo.ca, or Professor David Hammond from the University of Waterloo in Canada at 1-519-888-4567 ext. 46462 or dhammond@uwaterloo.ca, or Dr. James Thrasher, a local study researcher from the University of South Carolina in the United States at 1-803-777-4862 or thrasher@mailbox.sc.edu. Click NEXT to return to the survey company's website. Thanks again for your help.  	¡Ha terminado! ¡Gracias! Permítame recordarle que los aspectos éticos del presente estudio fueron revisados y autorizados por el Comité de Ética de la Investigación de la Universidad de Waterloo (REB #30829). Si tiene comentarios o preguntas resultantes de su participación en el proyecto, favor de comunicarse con la Oficina de Ética en Investigación de Canadá, al número de teléfono gratuito 1-833-643-2379 (Canadá y USA), 1-519-888-4440 o al correo electrónico reb@uwaterloo.ca o con el Profesor David Hammond de la Universidad de Waterloo, al teléfono en Canadá 1-519-888-4567 ext. 46462 o al correo electrónico dhammond@uwaterloo.ca, o bien con el Dr. James Thrasher, investigador local de la Universidad de Carolina del Sur en los Estados Unidos, al teléfono 1-803-777-4862 ó por email a thrasher@mailbox.sc.edu. Haga clic en "SIGUIENTE" para regresar al sitio web de la empresa de encuestas. Una vez más, gracias por su ayuda. 
REDIRECT TO NIELSEN	You will now be redirected back to the survey company.	Ahora usted se redirige a la empresa de encuestas.