

What people in my community eat

Dear Sir or Madam,

Please take a few minutes of your time to complete
the following questionnaire.

1 How old are you ?

Question instructions: *Select one answer*

- Under 18 18 and above

2 What is your gender?

Question instructions: *Select one answer*

- Male female

3 Do you have any of these health conditions?

Question instructions: *Select one or more answers*

- Diabetes Cancer Obesity
 Other: Please specify

4 Have you been avoiding some food for health reasons?

Question instructions: *Select one answer*

- Yes No

5 Do you consume spicy food ?

Question instructions: *Select one answer*

- Yes No

6 Do you consume sour food?

Question instructions: *Select one answer*

- Yes No

7 Do you consume food at home that can be prepared instantly (like noodles, canned food, frozen food, food that is easily made in the microwave)?

Question instructions: *Select one answer*

- Yes No

8 Do you consume Indian food?

Question instructions: *Select one answer*

- Yes No

9 How often do you consume fast food on a weekly basis?

Question instructions: *Select one answer*

- 1 - 2 times 3 - 4 times 5 - 6 times 7 or more NA

10 What meal would you consider to be your main meal of the day ?

Question instructions: *Select one answer*

- Breakfast Lunch Dinner

11 How often do you eat fresh fruit?

Question instructions: *Select one answer*

- Rarely or never Once or twice a day 3 times a day or more

12 How often you eat Vegetables?

Question instructions: *Select one answer*

- Rarely or never Once or twice a day 3 times a day or more

13 What percentage of your regular diet consists of meat and meat products?

Question instructions: *Select one answer*

- 90% or more 75% 50% 25% less than 25%

14 How much of your diet consists of vegetables and non animal products ?

Question instructions: *Select one answer*

- 90% or more 75% 50% 25% less than 25%

15 Do you eat seafood more than 2 times a week?

Question instructions: *Select one answer*

- Yes No

16 Rank the following desserts from your favorite 1 to least favorite 5 ?

Question instructions: *Change the order according to your preference (1 - most important, last - least important)*

Pie	<input type="text"/>
Cookies	<input type="text"/>
Ice cream	<input type="text"/>
Cake	<input type="text"/>
Chocolate	<input type="text"/>

17 Salads are tasty.

Question instructions: *Select one answers*

- Strongly disagree Disagree Agree Strongly agree Not sure

18 Chinese food is good.

Question instructions: *Select one answer*

- Strongly disagree Disagree Agree Strongly agree Not sure

19 How many snacks do you have every day?

Question instructions: *Select one answer*

- 1 or 2 3 or 4 5 or more

20 What kind of snacks do you like?

Question instructions: *Select one answer*

- Sweet Salty Both

21 What is your favorite fresh fruit juice?

22 What is your favorite restaurant?

23 What was the last food you ate?

24 What are your favorite homemade dishes?

25 What are some of the foods or meals you don't like ?