

Appendix C 3a:

Fat Score Survey with numbers to assist with scoring.

Fat Score Scale with numbers to assist with scoring:

In the past month.....	Usually	Often	Sometimes	Rarely or never
1...did you eat chicken?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → 1 a) how often was it fried	1	2	3	4
→ 1 b) how often did you take off the skin?	1	2	3	4
2...did you eat red meat such as beef, pork, or lamb?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you trim all the visible fat?	1	2	3	4
3...did you eat ground meat such as beef, pork, chicken or turkey?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you choose extra lean ground meat?	1	2	3	4
4...did you eat fish?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often was it fried?	1	2	3	4
5...did you have at least one vegetarian dinner or main meal, that is, without meat, fish, eggs or cheese?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you have a vegetarian dinner?	1	2	3	4
6 ...did you eat spaghetti or noodles?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat them plain, or with a red sauce or tomato sauce without meat?	1	2	3	4
7 ...did you eat cooked vegetables?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → 7 a) when you ate cooked vegetables, how often did you add butter, margarine, or other fat?	1	2	3	4
→ 7 b) how often were they fried?	1	2	3	4

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8. ...did you eat potatoes?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate potatoes, how often were they fried, like French Fries, home fries or hash?	1	2	3	4
9 ...did you eat boiled or baked potatoes?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat boiled or baked potatoes without any butter, margarine, or sour cream?	1	2	3	4
10...did you eat green salads?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → 10 a) how often did you use no dressing?	1	2	3	4
→ 10 b) how often did you use low-fat or non-fat salad dressing?	1	2	3	4
11...did you eat bread, rolls, or muffins?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat them without butter or margarine?	1	2	3	4
12...did you drink milk or use milk on cereal?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often was it 1% or skim milk?	1	2	3	4
13...did you eat cheese, including cheese on sandwiches or in cooking?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often was it a low-fat cheese?	1	2	3	4
14...did you eat dessert?				
<input type="checkbox"/> Does not apply				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → how often did you eat only fruit?	1	2	3	4

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15...did you eat home-baked cookies, cakes or pies?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate home-baked cookies, cakes or pies, how often were they made with less butter, margarine or oil than the recipe called for?	1	2	3	4
16...did you eat frozen desserts like ice cream or sherbet?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate frozen desserts, how often did you choose frozen yogurt, sherbet, or low-fat or non-fat ice cream?	1	2	3	4
17 ...did you eat snacks between meals?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate between meals, how often did you eat raw vegetables or fresh fruit?	1	2	3	4
18...did you sauté or pan fry any foods?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you sautéed or pan fried foods, how often did you use Pam® or other non-stick spray instead of oil, margarine, or butter?	1	2	3	4
19...did you use mayonnaise or mayonnaise-type spread?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you used mayonnaise or mayonnaise-type spread, how often did you use low-fat or non-fat types?	1	2	3	4
20 ...did you eat breakfast?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate breakfast, how often did you have fresh fruit?	1	2	3	4
21...did you eat lunch?				
<input type="checkbox"/> Does not apply to me				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes → when you ate lunch, how often did you have one or more vegetables, not including potatoes or salad?	1	2	3	4

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In the past month.....	Usually	Often	Sometimes	Rarely or never
22 ...at dinner (or your main meal), did you eat two or more vegetables, not including potatoes or salad?	1	2	3	4
