1. Do you have access to a refrigerator a) at home? Yes o No o

b) at work? Yes o No o

2. Do you have access to a microwave or regular oven a) at home? Yes o No o

b) at work? Yes o No o

3. Please **TICK** any of the foods below that you cannot or will not eat for religious reasons or because of allergies or severe physical discomfort (e.g., vomiting, diarrhea, severe stomach cramps):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **VEGETABLES** | | | | |
|  | Potatoes |  | Spinach/Cooked or Raw |  |  |
|  | Yams |  | Tomato Juice |  |  |
|  | Broccoli/Cooked or Raw |  | Low Sodium V-8 Juice |  |  |
|  | Corn |  | Cabbage |  |  |
|  | Peas |  | Brussel Sprouts |  |  |
|  | Kale |  | Asparagus |  |  |
|  | Collards |  | Peppers |  |  |
|  | Tomato/Tomato Products |  |  |  |  |
|  | Lettuce |  |  |  |  |
|  | Carrots |  |  |  |
|  | Onions/Garlic |  |  |  |
|  | **DAIRY/EGG PRODUCTS** | | | | |
|  | Milk/Skim, 1%,2% |  | Yogurt/Plain/Fruit/Flavored |  |  |
|  | Cheese/ Cheddar, Provolone |  | Eggs/Egg Substitutes |  |  |
|  | Cream Cheese |  |  |  |  |
|  | Cottage Cheese |  |  |  |  |
|  | **MEAT/ POULTRY/FISH** | | |  | **VEGETARIAN/SOY PRODUCTS** |
|  | Beef |  | Fish/Cod |  | Soy Products |
|  | Ground Beef |  | Salmon |  |  |
|  | Pork/Ham |  |  |  |  |
|  | Chicken |  |  |  |
|  | Turkey |  |  |  |
|  | **NUTS** |  |  |  | **SEEDS** |
|  | Pecans |  | Peanuts |  | Pumpkin Seeds |
|  | Walnuts |  |  |  | Sunflower Seeds |
|  | Almonds |  |  |  |
|  | Cashews |  |
|  | **LEGUMES** |  | Black Beans | | |
|  | Pinto Beans |  | White Beans | | |
|  | Garbanzo Beans |  | Kidney Beans | | |
|  | Lentils |  | Peanut Butter | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FRUITS/JUICES** | | | | |
|  | Oranges |  | Apple Juice |  | Raisins |
|  | Apples |  | Orange Juice |  | Dried Apricots |
|  | Bananas |  | Cranberry Juice |  | Dried Cranberries |
|  | Blue Berries |  | Pomegranate Juice |  | Watermelon |
|  | Raspberries |  | Kiwi |  | Cantaloupe |
|  | Strawberries |  | Pears |  |  |
|  | Mango |  | Peaches |  |  |
|  | Pineapples |  | Cranberry Sauce |  |  |
|  | Applesauce |  | Mixed Fruit |  |  |
| **BREAD/GRAIN/CEREAL** | | | | | |
|  | White Bread |  | Corn Flakes |  |  |
|  | Whole Wheat Bread |  | Special K |  |  |
|  | Rice/White or Brown |  | Water Crackers |  |  |
|  | Quinoa |  | Pasta |  |  |
|  | Cheerios |  | Panko Crumbs |  |  |
|  | Oat Meal |  |  |  |  |
|  | Steel Cut Oats |  |  |  |  |
|  | Bulgar Wheat |  |  |  |  |
|  | Graham Crackers |  |  |  |  |
|  | **SNACKS/DESSERTS** |  | **SPICES** |  |  |
|  | Jello/Regular or Sugar-Free |  | Mint |  | Maple Extract |
|  | Mints/Regular or Sugar-Free |  | Basil |  | Rum Extract |
|  | Dove Chocolate Pieces |  | Vanilla Extract |  | Lemon Juice |
|  |  |  | Almond Extract |  | Cinnamon |
|  |  |  | Orange Peel |  | Nutmeg |
|  |  |  | Oregano |  | Ginger |
|  |  |  | Italian Seasoning |  | Pumpkin Pie Spice |
|  |  |  | Smoked Paprika |  | Cloves |
|  |  |  | Coffee Extract |  | Fiesta Seasoning |
|  |  |  | Smoked Pepper |  | Mexican Seasoning |
| **CONDIMENTS** | | | | | |
|  |  |  | Low Sodium Soy Sauce |  | Canola Oil |
|  |  |  | Salt |  | Safflower Oil |
|  |  |  | Sugar |  | Black Olives |
|  |  |  | Pepper |  | Jelly/ Regular or Sugar-Free |
|  |  |  | Salt Substitute |  | Lime Juice |
|  |  |  | Sugar Substitute |  | Mayonnaise |
|  |  |  | Mustard |  | Butter/margarine |
|  |  |  | Vinegar |  | Olive oil |

**The following are a variety of questions related to your overall eating**

**environment. Your answers will help the staff determine ways they can make your**

**participation in the study more enjoyable.**

**Yes** **No**

4. Do you foresee problems or difficulties in transporting, storing,

refrigerating, and warming your study foods when you

are away from our center? **r r**

5. Do you participate in activities where food is served, such

As sporting events, religious gatherings, business meetings, etc.? **r r**

6. Are there special days such as holidays, birthdays, family reunions, vacations,

etc., that will occur during the period you are on the study? **r r**

7. If you are responsible for preparing meals in your household, will this NA

make it difficult for you to meet study requirements? **r r r**

8. Is there anyone in your household that would be affected or inconvenienced

By your participation in this study? **r r**

If yes, who are they and how will they be affected?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Will your employment status (e.g., job transfer) or work hours (e.g., moving to a night shift) change during the study? **r r**

10. Do you, or anyone in your household, work in the food service industry

(cafeteria, bakery, restaurant, etc.)? **r r**

If yes, do you eat any meals or snacks at work, either as a requirement NA

of your job or as a matter of convenience? **r r r**

11. Did you routinely follow a time-restricted pattern of eating in the past year? **r r**

(e.g., eat all meals in ≤10 hours/day, follow intermittent fasting protocol)

12. If you have any concerns about the study, please write them in the space

provided below (use the back of this page if you need additional space).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Are there any other foods not listed above that you cannot or will not eat for any reason or because of allergies, severe physical discomfort (e.g., vomiting, diarrhea, severe stomach cramps)?

Yes o No o

If yes, please specify

Completed by participant

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Review by (staff ID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Review by (staff ID): \_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_