

GEMS ID

Initials

month

Date of Evaluation

 day

year

GEMS Fruits, Vegetables, Juices

For each of the foods below, please tell me if you have had the food in your home any-time in the last week.

FOODS

1. 100% Orange juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. 100% Apple juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. 100% Grape juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Other 100% juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Bananas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Apples	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Cantaloupe or Musk melon	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Grapes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Oranges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Pears	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Plums	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Kiwi	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Strawberries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Pineapple	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Grapefruit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Fruit salad or Fruit cocktail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Applesauce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Watermelon	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Raisins	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Dried fruit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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FOODS

21. Peaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Carrots	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Celery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Greens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Spinach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. French fried potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Potato salad	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Other white potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Corn	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Green peas	Yes <input type="checkbox"/>	No <input type="checkbox"/>

31. Tomatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Broccoli	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Lettuce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Green beans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Cole slaw	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Cooked beans (pinto, black eye peas, pork'n beans)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Sweet potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Cabbage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Okra	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please answer a few more questions about fruit and vegetables in your home. (Please place an "X" in the appropriate box). In the last week, did you have...

40. Fresh, canned or dried fruit on the kitchen counter or somewhere easy to get in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41. Canned or boxed 100% fruit juice in the pantry/cupboard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42. 100% fruit juice on a shelf in the refrigerator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
43. Cut up fresh vegetables on a shelf in the refrigerator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44. Dips or dressings to dip cut up fresh vegetables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
45. Fresh, frozen, or canned vegetables which you could use to make vegetable dishes for a meal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>