

GEMS ID
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year

GEMS Food Availability

In the past week have you had any of the following foods in your home? Please place an "X" in the box according to whether the food was available in your home for your daughter during the past week.

1. Did you have **bacon or sausage** in your home in the past week?

₁ Yes ₂ No, go to # 2

*If "Yes," which type of **bacon or sausage**? (Please "X" all that apply.)*

Regular <input type="checkbox"/>	Reduced fat <input type="checkbox"/>
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2. Did you have **yogurt** in your home in the past week?

₁ Yes ₂ No, go to # 3

*If "Yes," which type of **yogurt**? (Please "X" all that apply.)*

Regular <input type="checkbox"/>	Low fat or fat-free <input type="checkbox"/>
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3. Did you have **margarine or butter** in your home in the past week?

₁ Yes ₂ No, go to # 4

*If "Yes," which type of **margarine or butter**? (Please "X" all that apply.)*

Regular <input type="checkbox"/>	Reduced fat <input type="checkbox"/>
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4. Did you have **mayonnaise** in your home in the past week?

₁ Yes ₂ No, go to # 5

*If "Yes," which type of **mayonnaise**? (Please "X" all that apply.)*

Regular <input type="checkbox"/>	Reduced fat or fat free <input type="checkbox"/>
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5. Did you have **milk** in your home in the past week?

₁ Yes ₂ No, go to # 6

If "Yes," which type of milk? (Please "X" all that apply.)

whole <input type="checkbox"/>	2% <input type="checkbox"/>	1% <input type="checkbox"/>	Skim or fat free <input type="checkbox"/>
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6. Did you have **salad dressing (e.g. ranch, french)** in your home in the past week?

₁ Yes ₂ No, go to # 7

If "Yes," which type of salad dressing? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Reduced fat or fat free <input type="checkbox"/>
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7. Did you have **pudding** in your home in the past week?

₁ Yes ₂ No, go to # 8

If "Yes," which type of pudding? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Reduced fat or fat free <input type="checkbox"/>
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8. Did you have **cookies, pies, cakes, or snack cakes** in your home in the past week?

₁ Yes ₂ No, go to # 9

If "Yes," which type of cookies, pies, cakes, or snack cakes? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Low fat <input type="checkbox"/>
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9. Did you have **chips (e.g., potato, corn, tortilla or Doritos)** in your home in the past week?

₁ Yes ₂ No, go to # 10

If "Yes," which type of chips? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Reduced fat or baked <input type="checkbox"/>
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10. Did you have **ice cream/frozen yogurt** in your home in the past week?

₁ Yes ₂ No, go to # 11

If "Yes," which type of ice cream/frozen yogurt? (Please "X" all that apply?)

Regular <input type="checkbox"/>	Low fat <input type="checkbox"/>
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11. Did you have **granola bars** in your home in the past week?

₁ Yes ₂ No, go to # 12

If "Yes," which type of granola bars? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Low fat or fat free <input type="checkbox"/>
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12. Did you have **TV dinners or frozen entrees** in your home in the past week?

₁ Yes ₂ No, go to # 13

If "Yes," which type of TV dinners or frozen? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Reduced fat <input type="checkbox"/>
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13. Did you have **cheese** in your home in the past week?

₁ Yes ₂ No, go to # 14

If "Yes," which type of cheese? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Low fat <input type="checkbox"/>
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14. Did you have **hot dogs, bologna or luncheon meat** in your home in the past week?

₁ Yes ₂ No, go to # 15

If "Yes," which type of hot dogs, bologna or luncheon meat? (Please "X" all that apply.)

Regular <input type="checkbox"/>	Reduced fat <input type="checkbox"/>
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15. Did you have **oatmeal, cream of wheat or other cooked cereal** in your home in the past week?

₁ Yes ₂ No

16. Did you have **whole grain cereal, (e.g. Cheerios, Wheaties, Shredded wheat, Grape Nuts)** in your home in the past week?

₁ Yes ₂ No

17. Did you have **other cold cereal, (e.g. Rice Krispies, corn flakes, Captain Crunch)** in your home in the past week?

₁ Yes ₂ No

18. Did you have **dark or whole grain bread** in your home in the past week?

₁ Yes ₂ No

19. Did you have **white or light grain bread** in your home in the past week?

₁ Yes ₂ No

20. Did you have **pretzels** in your home in the past week?

₁ Yes ₂ No

21. Did you have **donuts, sweet rolls or muffins** in your home in the past week?

₁ Yes ₂ No