This is a survey about your eating habits and the factors that influence them. Your responses will be kept confidential.

1. Think back to the meals and snacks you have had in the last 7 days. At how many different times did you eat or drink any of the following items, including as part of a mixed dish? (For example, if you only ate fruit for breakfast, regardless of how many fruits you ate, you would report 1 time per day. If you ate spinach lasagna, it would count as a vegetable, a grain and a dairy product.) Please mark the best choice for each row with an X.

	5 or more times a day	3 to 4 times per day	1 to 2 times per day	3 to 6 times per week	1 to 2 times per week	Not last week but eat	Never
Grains (bread, pasta, etc.)							
Fruit							
Vegetables							
Dairy (milk products)							
Red meat (beef, pork, etc.)							
Poultry (chicken, turkey, etc.)							
Fish or other seafood							
Eggs							
Beans, including soy							
Sweets (cookies, soda, etc.)							
Caffeinated drinks							

Atkins Diet (eat low-carbohydrate, high protein foods)
Paleolithic Diet (consists of fish, meats, eggs, vegetables, fruit, fungi, roots, and nuts)
Mediterranean Diet (A diet mimicking the traditional dietary patterns of southern Italy)
Pescetarian Diet (eat fish, egg, and milk products, but no other meat (including chicken))
Vegetarian Diet (eat egg and milk products, but no meat (including fish or chicken))
Vegan Diet (eat no meat (including fish or chicken), milk products, egg, or other animal products
Meat Reduction Diet (A diet reducing meat consumption, for example Meatless Mondays)
No specific diet (A diet with no specific preferences or exclusions)
Other

2. Which of these describes what you currently eat? Check all that apply.

3. Now, think back to the meals and snacks you had in a typical week 3 months ago. At how many different times did you eat or drink any of the following items, including as part of a mixed dish? (For example, if you only ate fruit for breakfast, regardless of how many fruits you ate, you would report 1 time per day. If you ate spinach lasagna, it would count as a vegetable, a grain and a dairy product.) Please mark the best choice for each row with an X.

	5 or more times a day	3 to 4 times per day	1 to 2 times per day	3 to 6 times per week	1 to 2 times per week	Not every week but ate	Never
Grains (bread, pasta, etc.)							
Fruit							
Vegetables							
Dairy (milk products)							
Red meat (beef, pork, etc.)							
Poultry (chicken, turkey, etc.)							
Fish or other seafood							
Eggs							
Beans, including soy							
Sweets (cookies, soda, etc.)							
Caffeinated drinks							

Whi	ch of the following labels would you use to describe your diet 3 months ago? Check all that apply.
	Atkins Diet (eat low-carbohydrate, high protein foods)
	Paleolithic Diet (consists of fish, meats, eggs, vegetables, fruit, fungi, roots, and nuts)
	Mediterranean Diet (A diet mimicking the traditional dietary patterns of southern Italy)
	Pescetarian Diet (eat fish, egg, and milk products, but no other meat (including chicken))
	Vegetarian Diet (eat egg and milk products, but no meat (including fish or chicken))
	Vegan Diet (eat no meat (including fish or chicken), milk products, egg, or other animal products)
	Meat Reduction Diet (A diet reducing meat consumption, for example Meatless Mondays)
	No specific diet (A diet with no specific preferences or exclusions)
	Other
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_	our diet changed over the last 3 months, which of the following are reasons you think contributed change? (Check all that apply.)
	Health reasons (my idea)
	Health reasons (doctor's suggestion)
	Environmental reasons
	Animal cruelty
	Social justice
	Ethical reasons
	Like the taste better
	Convenience
	Changed where I get food or who prepares food for me because of other life changes
	Seasonal variation
	Other:
	Don't know
	Not applicable: I did not change my diet
any of	the researcher who gave you this survey to show you the pictures of the flyers. Did you receive these flyers in the past 2-3 months (this semester)? Check all that apply. A
	В
	C
	D
	E
	None
	Not sure
7 If v.c	ou received one, did you read it?
•	Yes, all of it.
	Yes, some of it.
	I glanced at it.
	No.
_	NO.
8. If yo	ou received a flyer, do you think the flyer affected you?
	Yes, I am eating differently.
	Yes, I am eating the same but am thinking differently about farming practices.
	Yes, I am thinking differently about pet cats and dogs.
	Yes, in a different way:
	Maybe a little.
	No.

9. Listed below are a few statements about your relationships with others. How much is each statement TRUE or FALSE for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I am always courteous even to people who are disagreeable.					
There have been occasions when I took advantage of someone.					
I sometimes try to get even rather than forgive and forget.					
I sometimes feel resentful when I don't get my way.					
No matter who I'm talking to, I am always a good listener.					

10. What is your gender?	
Female	
☐ Male	
11. What is your age?	

Conclusion

Thank you for your time. Please hand the survey back to the researcher and get your reward!