

The ADAPT Feasibility Survey was open from 7/14/15-9/14/15.

## ADAPT Feasibility

Q1.1 Welcome to the Adhering to Dietary Approaches for Personal Taste (ADAPT) Project! Our research team at the Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts University is currently planning a new research survey to capture dietary patterns and health-related outcomes in adults ages 18 and up. To demonstrate the feasibility of this project, we are conducting a survey to assess interest. Based on the response to this survey, we will be able to demonstrate the feasibility of recruiting for a larger study on dietary patterns and health. We need your help! First there are two questions you need to answer before we can continue, and then you can complete our survey.

Q1.2 Are you at least 18 years of age or older?

- Yes
- No
- Prefer not to answer

Q1.3 By participating in this pilot survey and answering the questions that follow, you are participating in a research study. Your participation in this study is voluntary. If you have a relationship with Tufts Medical Center or Tufts University (for example, as a patient or student), participating in this study will not affect or change this relationship. There are no direct benefits to you for participating, and you will not be compensated for participating. However, by participating, you will help us determine the feasibility of conducting a larger study to learn about popular diets, nutritional status, lifestyle behaviors, and health. This study has been reviewed and approved by the Tufts Medical Center/ Tufts University Health Sciences Institutional Review Board (IRB). There are no physical risks to participating in this study, and every effort will be made to ensure that your survey responses will remain confidential. To help protect your privacy, we will store all survey responses on a secure (password-protected) server. As a participant in this study, your identity and data relating to this study will be kept confidential, except as required by law. For example, certain regulatory agencies such as the Tufts Medical Center/ Tufts University Health Sciences IRB have the right to review the records from this study to ensure that it is being properly conducted and is following all applicable regulations and laws. Also, if you participate, we do not require you to provide any information that could identify you. You can voluntarily provide your email address if you wish to be contacted for a future research study. We will not share these email addresses under any circumstance, unless required by law. To proceed to the questionnaire, please indicate your willingness to participate below:

- I agree
- I do not agree
- Prefer not to answer

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Q2.1 Browser Meta Info

Browser  
Version  
Operating System  
Screen Resolution  
Flash Version  
Java Support  
User Agent

Q2.2 Thank you for participating! The survey should take about 10-15 minutes of your time.

Q2.3 Your gender

- Male
- Female
- Prefer not to answer

Q2.4 Your age bracket

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to answer

Q2.5 Your height in feet and inches (For example, if you are 6'2", enter "6" in the field for feet and "2" in the field for inches. Please round to the nearest inch.) If you prefer not to answer you can skip this question.

- I am \_\_\_\_ feet, and \_\_\_\_\_
- \_\_\_\_ inches tall. \_\_\_\_\_

Q2.6 Your weight in lbs (please round to the nearest lb.) If you prefer not to answer you can skip this question.

- Lbs \_\_\_\_\_

Q2.7 Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to answer

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Q2.8 What is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other Multiracial \_\_\_\_\_
- Prefer not to answer

Q2.9 Do you live in a US state, territory or US military base? If you do, please enter your zip code.

- Yes \_\_\_\_\_
- No
- Prefer not to answer

Q2.10 Imagine that you were chatting casually about your diet with someone you met in an elevator. Would you use any of the following terms to describe what you typically eat? It's okay if your diet doesn't 100% match what these diets are "supposed to be." Please choose the one that best matches what you would say, or "Other diet" if you follow a diet that is not listed here (you can give your own description in the space provided):

- No particular diet / I haven't followed any diet
- No particular diet, but I have tried to eat healthy
- Mediterranean-type diet
- Paleolithic-type diet
- Vegan diet
- Raw vegan diet
- Vegetarian diet
- Pescatarian diet
- Gluten-free diet
- Whole food diet
- Whole food, plant-based diet
- Locavore / local food diet
- Weston A. Price diet
- High-protein diet
- Low-carb diet
- Low-fat diet
- Dairy-free
- Doctor/practitioner recommended (diabetic sugar-free diet, DASH, NCEP, low-calorie, or other) \_\_\_\_\_
- Other diet (the diet I have followed is not listed here) \_\_\_\_\_
- Prefer not to answer

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Display This Question:

If Imagine that you were chatting casually about your diet with someone you met in an elevator. Woul... Prefer not to answer Is Not Selected

Q2.11 How long have you eaten this way?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Imagine that you were chatting casually about your diet with someone you met in an elevator. Woul... No particular diet, but I try to eat healthy Is Selected

Q2.12 You mentioned that you try to eat healthy. Which of the following do you do? Please select all that apply.

- Avoid soda and sugary drinks
- Avoid salty and sugary snacks, like chips and candy
- Eat less salt
- Eat less fat
- Eat less red meat
- Eat more fruits and vegetables
- Eat more whole grains
- Eat more fish
- Other \_\_\_\_\_
- Prefer not to answer

Q2.13 Please briefly describe your reasons for eating the way you eat currently: If you prefer not to answer you can skip this question.

Q2.14 Do environmental concerns have any influence on your dietary choices?

- Yes
- No
- Prefer not to answer

Display This Question:

If Do environmental factors have any influence on your dietary choices? Yes Is Selected

Q2.15 Please describe the environmental concerns you consider: If you prefer not to answer you can skip this question.

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Q2.16 We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply.

	I have never had this	At some point in the past, I was diagnosed with:	I also still have this same condition today:	I currently take medication for this condition:	I no longer have this condition:
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight / Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (any type of cancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any cardiovascular disease or event (atherosclerosis, angina, stent, bypass surgery, heart attack, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autoimmune disease (rheumatoid arthritis, multiple sclerosis, psoriasis, thyroid condition, type 1 diabetes, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal disorder (irritable bowel syndrome, Crohn's disease, ulcerative colitis, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. High blood pressure - At some point in the past , I was diagnosed with: Is Selected

Q2.17 You mentioned you were diagnosed with high blood pressure in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. High cholesterol - At some point in the past , I was diagnosed with: Is Selected

Q2.18 You mentioned you were diagnosed with high cholesterol in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can... Overweight / Obesity - At some point in the past , I was diagnosed with: Is Selected

Q93 You mentioned you were diagnosed with overweight or obesity in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. Type 2 diabetes - At some point in the past , I was diagnosed with: Is Selected

Q2.19 You mentioned you were diagnosed with type 2 diabetes in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

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Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. Cancer (any type of cancer) - At some point in the past , I was diagnosed with: Is Selected

Q2.20 You mentioned you were diagnosed with cancer in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. Any cardiovascular disease or event (atherosclerosis, angina, stent, bypass surgery, heart attack, or other) - At some point in the past , I was diagnosed with: Is Selected

Q2.21 You mentioned you were diagnosed with cardiovascular disease in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. Autoimmune disease (rheumatoid arthritis, multiple sclerosis, psoriasis, thyroid condition, type 1 diabetes, or other) - At some point in the past , I was diagnosed with: Is Selected

Q2.22 You mentioned you were diagnosed with an autoimmune disease in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

Display This Question:

If We would like to know about your history of chronic disease. If you prefer not to answer you can skip this question. Please select all that apply. Gastrointestinal disorder (irritable bowel syndrome, Crohn's disease, ulcerative colitis, or other) - At some point in the past , I was diagnosed with: Is Selected

Q2.23 You mentioned you were diagnosed with a gastrointestinal disorder in the past. Did you begin following the diet you currently eat in response to having this condition?

- Yes
- No
- Prefer not to answer

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Carry Forward Unselected Choices from "<span style="font-size:13px;"><span style="font-family: arial, helvetica, sans-serif;">Imagine that you were chatting casually about your diet with someone you met in an elevator. Would you use any of the following terms to describe what you typically eat? It's okay if your diet doesn't 100% match what these diets are "supposed to be." Please choose the one that best matches what you would say, or "Other diet" if you follow a diet that is not listed here (you can give your own description in the space provided): "

Q2.24 Did you follow any other diets in the past, prior to eating the way you currently eat? Please select all that apply.

- No particular diet / I haven't followed any diet
- No particular diet, but I have tried to eat healthy
- Mediterranean-type diet
- Paleolithic-type diet
- Vegan diet
- Raw vegan diet
- Vegetarian diet
- Pescatarian diet
- Gluten-free diet
- Whole food diet
- Whole food, plant-based diet
- Locavore / local food diet
- Weston A. Price diet
- High-protein diet
- Low-carb diet
- Low-fat diet
- Dairy-free
- Doctor/practitioner recommended (diabetic sugar-free diet, DASH, NCEP, low-calorie, or other) \_\_\_\_\_
- Other diet (the diet I have followed is not listed here) \_\_\_\_\_
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... No particular diet Is Selected

Q2.25 How long were you eating no particular diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... No particular diet, but I try to eat healthy Is Selected

Q2.26 How long were you eating no particular diet but still trying to eat healthy?

- Less than 6 months
- 6 months to a 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... No particular diet, but I try to eat healthy Is Selected

Q2.27 You mentioned that you didn't follow a particular diet but you tried to eat healthy. Which of the following did you do?

- Avoid soda and sugary drinks
- Avoid salty and sugary snacks, like chips and candy
- Eat less salt
- Eat less fat
- Eat less red meat
- Eat more fruits and vegetables
- Eat more whole grains
- Eat more fish
- Other \_\_\_\_\_
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Mediterranean-type diet Is Selected

Q2.28 How long did you follow a Mediterranean-type diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Paleolithic-type diet Is Selected

Q2.29 How long did you follow a Paleolithic-type diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Vegan diet Is Selected

Q2.30 How long did you follow a vegan diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Raw vegan diet Is Selected

Q2.31 How long did you follow a raw vegan diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Vegetarian diet Is Selected

Q2.32 How long did you follow a vegetarian diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Display This Question:

If Did you follow any other diets in the past? Please select all that apply. Pescetarian diet Is Selected

Q2.33 How long did you follow a pescatarian diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Gluten-free diet Is Selected

Q2.34 How long did you follow a gluten-free diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Whole food diet Is Selected

Q2.35 How long did you follow a whole food diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Whole food, plant-based diet Is Selected

Q2.36 How long did you follow a whole food, plant-based diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Locavore / local food diet Is Selected

Q2.37 How long did you follow a locavore / local-food diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Weston Price diet Is Selected

Q2.38 How long did you follow the Weston A. Price diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... High-protein diet Is Selected

Q2.39 How long did you follow a high protein diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Low-carb diet Is Selected

Q2.40 How long did you follow a low-carb diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Low-fat diet Is Selected

Q2.41 How long did you follow a low-fat diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Dairy-free Is Selected

Q2.42 How long did you follow a dairy-free diet?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Doctor/practitioner recommended (DASH, NCEP, low-calorie, or other) Is Selected

Q2.43 How long did you follow the diet recommended by your doctor or practitioner?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

Display This Question:

If Did you follow any other diets in the past? Please select all that apply. You can select more tha... Other diet Is Selected

Q2.44 How long did you follow this other diet, that was not already listed in the choices?

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years
- Prefer not to answer

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Q2.45 What are your main sources of information on nutrition and cooking for the diet you currently eat? Please select and list all that apply.

- Books (please enter the titles) \_\_\_\_\_
- Websites or blogs (please enter the URLs) \_\_\_\_\_
- Specific experts or authorities (please list their names) \_\_\_\_\_
- Other sources (please list them) \_\_\_\_\_
- Prefer not to answer

Q2.46 Have you taken supplements in the last year, such as vitamin supplements, protein supplements, fiber-type supplements, or other supplements?

- Yes
- No
- Prefer not to answer

Display This Question:

If Have you taken supplements in the last year? Yes Is Selected

Q2.47 Which supplements have you taken?

- Multi-vitamin supplements
- Single nutrient supplements (such as iron, folic acid, B12, zinc, or others)
- Protein supplements (powders, shakes, or others)
- Fiber-type supplements
- Fish-oil supplements
- Other supplements \_\_\_\_\_
- Prefer not to answer

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Q2.48 Physical Activity: We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? If you prefer not to answer you can skip this question.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

If 0 Is Selected, Then Skip To Think about all the moderate activiti...

Q2.49 How much time did you usually spend doing vigorous physical activities on one of those days? Please write the number of hours or minutes into the blank field. If you spent one and a half hours, you can write 0 hours and 90 minutes, 1.5 hours and 0 minutes, or 1 hour and 30 minutes.

- \_\_\_\_\_ hours per day \_\_\_\_\_
- \_\_\_\_\_ minutes per day \_\_\_\_\_
- Not sure
- Prefer not to answer

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Q2.50 Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking. If you prefer not to answer you can skip this question.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

If 0 Is Selected, Then Skip To Think about the time you spent walkin...

Q2.51 How much time did you usually spend doing moderate physical activities on one of those days? Please write the number of hours or minutes into the blank field. If you spent one and a half hours, you can write 0 hours and 90 minutes, 1.5 hours and 0 minutes, or 1 hour and 30 minutes.

- \_\_\_\_\_ hours per day \_\_\_\_\_
- \_\_\_\_\_ minutes per day \_\_\_\_\_
- Not sure
- Prefer not to answer

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Q2.52 Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. If you prefer not to answer you can skip this question.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

If 0 Is Selected, Then Skip To The last question is about the time y...

Q2.53 How much time did you usually spend walking on one of those days? Please write the number of hours or minutes into the blank field. If you spent one and a half hours, you can write 0 hours and 90 minutes, 1.5 hours and 0 minutes, or 1 hour and 30 minutes.

- \_\_\_\_\_ hours per day \_\_\_\_\_
- \_\_\_\_\_ minutes per day \_\_\_\_\_
- Not sure
- Prefer not to answer

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Q2.54 The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. During the last 7 days, how much time did you spend sitting on one of those days? Please write the number of hours or minutes into the blank field. If you spent five hours, you can write 0 hours and 300 minutes, 5 hours and 0 minutes, or 4 hours and 60 minutes.

- \_\_\_\_\_ hours per day \_\_\_\_\_
- \_\_\_\_\_ minutes per day \_\_\_\_\_
- Not sure
- Prefer not to answer

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Q2.55 The next 8 questions ask about your willingness to participate in potential future research studies. We are asking these questions to help us design future studies that are feasible and acceptable to the majority of the respondents. We would like to know if you would be willing to:

Q2.56 Complete online questionnaires about your diet, exercise, lifestyle, and health status?

- Yes
- No
- Maybe
- Prefer not to answer

Q2.57 Complete an online questionnaire (called a "diet recall") recalling the specific foods you have eaten over the past 24 hours?

- Yes
- No
- Prefer not to answer

Display This Question:

If Complete an online questionnaire (called a "diet recall") recalling the specific foods you have e... Yes Is Selected

Q2.58 Please select the maximum number of times you would be willing to complete a 24-hour diet recall in a year:

- 6 recalls in a year
- 4 recalls in a year
- 2 recalls in a year
- 1 recall in a year
- Prefer not to answer

Q2.59 Complete a food diary, in which you write down all the foods and portion sizes you consume over the course of the day?

- Yes
- No
- Prefer not to answer

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Display This Question:

If Complete a food diary, in which you write down all the foods and portion sizes you consume over the course of the day? Yes Is Selected

Q2.60 Please select the maximum number of days of a food diary you would be willing to complete in a year:

- 7-day food diary 2 times in a year
- 3-day food diary 4 times in a year
- 7-day food diary 1 time in a year
- 3-day food diary 2 times in a year
- 3-day food diary 1 time in a year
- Prefer not to answer

Display This Question:

If Complete a food diary, in which you write down all the foods and portion sizes you consume over t... Yes Is Selected

Q2.61 If you were completing a food diary, would you most prefer to use:

- A paper record which you print and then mail back to us
- A paper record which you print, scan, and then email back to us
- A note-taking app on your smartphone or tablet (typing or voice recording), allowing you to email us the diary
- A website that allows you to type in your food diary
- Prefer not to answer

Q2.62 Repeat the same questionnaires about your diet, exercise, lifestyle, and health status every 2-3 years?

- Yes
- No
- Maybe
- Prefer not to answer

Q2.63 Provide a fingerstick blood sample using a kit that we mail to you and you mail back to us?

- Yes
- No
- Maybe
- Prefer not to answer

Q2.64 Provide a blood sample from a full (venous) blood draw, similar to the type of blood draw you would have at your doctor's office?

- Yes
- No
- Maybe
- Prefer not to answer

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Q2.65 Provide a urine sample using a kit that we mail to you and you mail back to us?

- Yes
- No
- Maybe
- Prefer not to answer

Q2.66 Provide a stool sample using a kit that we mail to you and you mail back to us?

- Yes
- No
- Maybe
- Prefer not to answer

Q2.67 Come to the Boston area for laboratory measurements (e.g blood pressure, weight, blood sample)?

- Yes
- No
- Maybe
- Prefer not to answer

The ADAPT Feasibility Survey was open from 7/14/15-9/14/15.

Q2.68 If you meet eligibility criteria, may we contact you when we are ready to begin recruitment for the larger online study to invite you to participate? If you answer “yes,” please enter your email address below. We will keep your email address on file for recruitment purpose only. We will not share your email with anyone else.

- Yes
- No
- Prefer not to answer

Display This Question:

If May we contact you when we are ready to begin recruitment for the larger online study to invite... Yes Is Selected

Q2.69 Please enter your email here:

Display This Question:

If May we contact you when we are ready to begin recruitment for the larger online study to invite... Yes Is Selected

Q2.70 Please confirm your email here:

Q2.71 Would you like to be added to the mailing list for the Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts University to hear of nutrition news, research, and upcoming events at the center?

- Yes
- No
- Prefer not to answer

Q2.72 Is there anything else that you would like to tell us?

Q2.73 Please click on the blue arrow to the right to complete the survey - thank you!