Florida CHNA Kids Dietary Survey

Please answer these questions:

1- How do you evaluate your general health? GenHlth
- Excellent
- Good
- Fair
- Poor
- I don't know

2- How do you evaluate your teeth health? TeethHlth
- Excellent
- Good
- Fair
- Poor
- I don't know

3- In the past year, how many times did you visit the dentist?
VisitDentist
- Twice and more
- Only once
- I never visited the dentist
- I don't remember

4- How many times do you brush your teeth? BrushTeeth
- More than once daily
- Once daily
- 2-3 times per week
- Never

5- How often do you eat the following food items?

	4-5 times daily	2-3 times daily	Once daily	2-3 times per week	Rarely	Never
Fruits	FD_Fruits					
Vegetables	FD_Veg					
Junk food	FD_Junk					
Sweets and cake	FD_Sweets					
Honey and jam	FD_Honey					
Sugar-containing gum	FD_SugarGum					
Non-sugar containing gum	FD_NoSugarGum					
Soft drinks\ energy drinks	FD_Drinks					
Fresh juices (orange, etc.)	FD_Juices					
Coffee or tea with sugar	FD_CoffeeWith					
Coffee or tea without sugar	FD_CoffeeWithout					
Milk with sugar	FD_MilkWith					
Milk without sugar	FD_MilkWithout					
Cheese	FD_Cheese					