Dietary Choice

*Note: Question numbering refers to the unique item identifiers referenced in the user’s guidance documents. Feel free to note these unique identifiers and then modify the numbering as needed. Delete this note and any additional notes as well, prior to using.*

**The following questions ask about your household's ability to be able to decide what you eat.**

**D1.** In the last 12 months, (I/we) had to eat some foods that (I/we) didn’t want to because (I/we) couldn’t get other types of food.

* Never
* Rarely
* Sometimes
* Often
* Always
* Don’t know

**D2.** In the last 12 months, the types of foods (I/we) ate were always changing because (I/we) didn’t know what would be able to get to eat.

* Never
* Rarely
* Sometimes
* Often
* Always
* Don’t know

**D3.** In the last 12 months, (I/we) had little control over the food (I/we) were able to eat.

* Never
* Rarely
* Sometimes
* Often
* Always
* Don’t know