

For the following 28 behaviors, please indicate *whether you engage in them* or not. Choose the answer that fits your situation the closest. Again, choose “*Not applicable*” (NA) if you are *unable* to give an answer. For example, if you do not have pets, you cannot allow them in the kitchen.

	yes	no	NA
1 I count calories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 At least twice a week, I floss my teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I regularly examine myself for cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I avoid sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I use sunscreen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I own a fitness video.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I avoid eating salty foods or adding salt to my food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I keep an exercise diary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I allow pets in the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 At least twice a year, I have my teeth checked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I exercise at least 15 minutes per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I drink more than a glass of wine or a beer per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 I smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I avoid fast food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 In cars, I wear my seatbelt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 I am a member of a fitness center, an athletic club, or a gym.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 I eat fruits or vegetables daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I wash fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 I have a hobby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 I wear a helmet when bicycling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 At least 15 minutes a day, I take time to go for a walk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 My meals last at least 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 I have purchased sports gear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 I drink at least 2 liters of fluids per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 At least twice a day, I brush my teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 I play sports regularly (swimming, football, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 I protect myself against sexually transmitted diseases (e.g., with condoms or vaccines).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 I own a fitness console or fitness computer games (Wii-Fit, Eye Toy Kinetic, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>