

Lummi Nation Diet Study 2011

QUESTIONNAIRE



ID #:

Interviewer:

A INTRODUCTION

Hello, my name is _____, and I represent the Lummi Natural Resources Department. We would like to thank you for taking part in the Lummi Diet Study. With your help, the Lummi Nation will learn more about how much seafood is eaten in the community. Because pollution can be concentrated in seafood, the results of the study will support new water quality standards for Lummi and for Washington State. The water quality standards will limit how much pollution can be in the waters of the Reservation and beyond. This will support our efforts to protect the health of Lummi tribal members.

In addition, you will receive a \$25 check if you complete the interview.

All of the information you give us during this interview is confidential. Your responses to the questions will be combined with those from other interviews, so that your answers cannot be tracked back to you. I will ask you to sign a form that states that you consented to this interview and that this interview took place. The form will be kept separately from this questionnaire, so that your name cannot be connected to your answers.

The results of this survey will be published in the Squol Quol and a report to the Council. This interview will take about 2 hours.

(Take out the Informed Consent Form, have the respondent read the form or read it to them, and have the respondent sign it. If they don't want to sign, the interview is ended.)

Let me give you an overview over the interview:

I will ask you about the seafood you ate in 1985. Around 1985, Lummi fishers had record harvests and fish was readily available in the community. Since then, less fish and shellfish has been available even though we had a good year in 2010. We want to know how much seafood people eat when there is a lot of seafood around. That is the reason we will ask you about 1985.

First, I will ask you some general questions like your age, if you harvest finfish or shellfish, and what was your weight in 1985. We need your weight to calculate the final consumption rate for Lummi tribal members.

We will then look at events that took place in 1985, to make it easier to remember what was going on during that time and what you ate.

Then I will ask you about a list of finfish and shellfish. We would like to learn how much and how often you ate any of those. This will be the main part of the interview. Let's start with the general questions.

B DESCRIPTIVE DATA

What is your gender?	Male	Female	<i>(circle one)</i>
How old are you?			<i>(record age)</i>
Do you eat seafood?	Yes	No	<i>(circle one)</i>

Would you like to eat more seafood than you are eating now?	Yes	No	<i>(circle one)</i>
Do you currently hold a fishing license?	Yes	No	<i>(circle one)</i>
When you fish now, how much of that is commercial? How much of that is ceremonial and/or subsistence (CNS)?			% % <i>(The two numbers should add up to 100%)</i>
Which is your primary fishery today?	Salmon	Halibut	<i>(circle all that apply)</i>
	Crab	Sea Cucumber	
	Shrimp	Sea Urchin	
	Clams		
How much of the fish you eat today comes from • local waters (caught yourself or by family or friends) • a store • or restaurants?			% % % <i>(The three numbers should add up to 100%)</i>

Did you hold a fishing license in 1984, 1985, or 1986?	Yes	No	<i>(circle one)</i>
When you fished in 1985, how much of that was commercial? How much of that was ceremonial and/or subsistence (CNS)?			% % <i>(The two numbers should add up to 100%)</i>
Which was your primary fishery in 1985?	Salmon	Halibut	<i>(circle all that apply)</i>
	Crab	Sea Cucumber	
	Shrimp	Sea Urchin	
	Clams		

B DESCRIPTIVE DATA continued

<p>How much of the fish you ate in 1985 came from</p> <ul style="list-style-type: none"> • local waters (caught yourself or by family or friends) • a store • or restaurants? 	<p style="text-align: right;">%</p> <p style="text-align: right;">%</p> <p style="text-align: right;">%</p>	<p><i>(The three numbers should add up to 100%)</i></p>
--	---	---

<p>What was your weight in 1985 as best as you can remember?</p>	<p>lb</p>			<p><i>(record weight)</i></p>	
<p>Did you eat more or less seafood in 1985 than now?</p>	<p>More</p>	<p>Less</p>	<p>No Change</p>	<p><i>(circle one)</i></p>	
<p>I am going to ask you some questions about some possible reasons why you are eating more or less seafood now:</p>					
<p>Family/friends give fish/shellfish</p>	<p>less often?</p>	<p>more often?</p>	<p>No change</p>	<p><i>(circle one)</i></p>	
<p>Elder's lunches with fish are served</p>	<p>less often?</p>	<p>more often?</p>	<p>No change</p>		
<p>Your family used to have a boat or gear but does not own a boat or gear anymore:</p>	<p>True</p>	<p>False</p>			
<p>There are fewer places to fish because there is no access anymore (for example: defective boat ramps, not allowed to fish in certain areas, historic fishing areas blocked or filled in):</p>	<p>True</p>	<p>False</p>			
<p>You collect less shellfish since the shellfish beds in Portage Bay were closed:</p>	<p>True</p>	<p>False</p>			
<p>You eat less fish because you prefer other foods:</p>	<p>True</p>	<p>False</p>			
<p>You fish less because you had to take another job to support yourself:</p>	<p>True</p>	<p>False</p>			
<p>Any other reason?</p>					<p><i>(record answer)</i></p>

C TIMELINE

Let's do an exercise together to jog your memory about 1985.

I have here a list of events that were in the news in 1985, and a list of events in the Squol Quol of 1985.

Let's try to fill in your personal timeline. Remembering the important events of your life - like weddings, places of work, places where you lived - usually makes it easier to remember smaller matters like what you ate. These pages will remain with you and not be handed in. This is just a way to jog your memory.

(Take out the pre-printed timeline and spend about 10 minutes on remembering life events of the participant and filling them in on the timeline form. The timeline remains with the participant and will not be handed in.)

D GATHERINGS

I will ask you first about what you ate at community gatherings. The reason for that is that we all eat differently at a gathering than at home.

With gatherings we mean events like holidays, funerals, namings, weddings, powwows, smokehouse, the Stommish festival.

(Go to the next page)

D Gatherings

Circle one for yes/no questions

S1 In 1985, did you go to community gatherings?

Yes / No

→ go to first fish species.

S2 In 1985, how often did you go to community gatherings?
You can answer times per week, month or year.

Times per	Week	Month	Year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3 Please tell me if you ate any of the fish and shellfish on the list that I am going to read to you now: ([Refer to Seafood ID booklet](#) .)

Yes / No	1 Chinook (King, Blackmouth)	Yes / No	20 Pollock	Yes / No	39 Scallops
Yes / No	2 Sockeye	Yes / No	21 Sturgeon	Yes / No	40 Razor Clams
Yes / No	3 Coho (Silver)	Yes / No	22 Sable Fish (Black Cod)	Yes / No	41 Mussels
Yes / No	4 Chum (Dog)	Yes / No	23 Shark	Yes / No	42 Abalone
Yes / No	5 Pink (Humpies)	Yes / No	24 Greenling	Yes / No	43 Limpets (China Caps)
Yes / No	6 Steelhead	Yes / No	25 Rockfish	Yes / No	44 Barnacles
Yes / No	7 Surf Smelt (Saltwater Smelt)	Yes / No	26 Mackerel	Yes / No	45 Dungeness Crab
Yes / No	8 Hooligans (Longfin Smelt, River Smelt)	Yes / No	27 Skate	Yes / No	46 Red Rock Crab
Yes / No	9 Herring	Yes / No	28 Sting Ray	Yes / No	47 Shrimp
Yes / No	10 Grunters	Yes / No	29 Eel	Yes / No	48 Crayfish
Yes / No	11 Bullhead	Yes / No	30 Catfish	Yes / No	49 Squid
Yes / No	12 Halibut	Yes / No	31 Lamprey	Yes / No	50 Octopus
Yes / No	13 Flatfish (Flounders + Sole)	Yes / No	32 Shad	Yes / No	51 Sea Urchin (Squitsi)
Yes / No	14 Cod	Yes / No	33 Horse Clams	Yes / No	52 Sea Cucumber
Yes / No	15 Lingcod	Yes / No	34 Butter Clams	Yes / No	53 Moon Snail
Yes / No	16 Tuna	Yes / No	35 Geoducks (Ducks)	Yes / No	54 Chiton ("Kaiton")
Yes / No	17 Bass	Yes / No	36 Manila Clams (Steamers, Littlenecks)	Yes / No	Other:
Yes / No	18 Trout	Yes / No	37 Oysters	Yes / No	Other:
Yes / No	19 Perch (Saltwater)	Yes / No	38 Cockles	Yes / No	

S4 At gatherings, did you eat... ... than at home?

Circle one. If the answer is "the same", skip the next question.

S5 If so, how much more/less did you eat at a gathering?

E QUESTIONNAIRE

I am now going to ask you questions about what kinds of seafood you ate in 1985. I will ask how much and how often you ate them. This is how the questionnaire works:

Together we will check a booklet with photos of each seafood species to make sure that we are talking about the same fish or shellfish. I will show you portion models and you can tell me how much you usually ate at one meal of that fish or shellfish.

Some seafoods you may only have eaten at a certain time of year, for example fresh salmon only during the time that the salmon was harvested. In that case, please tell me from what month to what month, or if you ate the fish or shellfish all year round. Then please tell me how often you ate this seafood per day, week, or month.

Most of the time, there are separate questions for different ways of eating a fish or shellfish like the head, the meat, or the eggs, or soup. I will also ask you if you ate the fish fresh or if it was frozen or canned beforehand.

It is important that you answer as accurately as you can. Take your time. Ask me if you have any questions or if you don't understand the question.

Let us start with salmon. *(Go to first fish sheet (Chinook Salmon) and continue to last questionnaire sheet.)*

CHINOOK 1

Fish 1

All the following questions are going to be about how much seafood you ate at home in 1985.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Chinook in 1985?

Yes / No

→ go to next fish species.

How Much?

Q2 How much Chinook did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now separately about fresh-caught , frozen, smoked, and canned Chinook.

Part 1 Fresh Chinook

Circle one for yes/no questions.

Q3 Did you eat freshly caught Chinook (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Chinook only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Chinook during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Chinook

Circle one for yes/no

Q6 Did you eat Chinook that was stored frozen before cooking it?



How Often?

Q7 Did you eat previously frozen Chinook only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Chinook during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Chinook

Circle one for yes/no questions.

Q9 Did you eat smoked Chinook?



How Often?

Q1 Did you eat smoked Chinook only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D
ALL

Circle one.

Q1 How often did you eat smoked Chinook during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Canned Chinook

Circle one for yes/no questions.

Q1 Did you eat canned Chinook?



How Often?

Q1 Did you eat canned Chinook only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat canned Chinook during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Sockeye in 1985?

Yes / No

→ go to next fish species.

How Much?

Q2 How much Sockeye did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, smoked, and canned Sockeye.

Part 1 Fresh Sockeye

Circle one for yes/no questions.

Q3 Did you eat freshly caught Sockeye (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Sockeye only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Sockeye during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sockeye

Circle one for yes/no questions.

Q6 Did you eat Sockeye that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Sockeye only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Sockeye during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Sockeye

Circle one for yes/no questions.

Q9 Did you eat smoked Sockeye?



How Often?

Q1 Did you eat smoked Sockeye only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q1 How often did you eat smoked Sockeye during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Canned Sockeye

Circle one for yes/no questions.

Q1 Did you eat canned Sockeye?



How Often?

Q1 Did you eat canned Sockeye only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat canned Sockeye during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Coho in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Coho did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, smoked, and canned Coho.

Part 1 Fresh Coho

Circle one for yes/no questions.

Q3 Did you eat freshly caught Coho (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Coho only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Coho during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Coho

Circle one for yes/no questions.

Q6 Did you eat Coho that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Coho only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Coho during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Coho

Circle one for yes/no questions.

Q9 Did you eat smoked Coho?



How Often?

Q1 Did you eat smoked Coho only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat smoked Coho during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Canned Coho

Circle one for yes/no questions.

Q1 Did you eat canned Coho?



How Often?

Q1 Did you eat canned Coho only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat canned Coho during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Chum in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Chum did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about smoked Chum. Please let me know if you eat Chum fresh, frozen, or canned too.

Part 1 Smoked Chum

Circle one for yes/no questions.

Q3 Did you eat smoked Chum in 1985?

How Often?



Q4 Did you eat smoked Chum only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat smoked Chum during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2

Q6 Please tell me if you eat Chum also fresh, stored frozen, or canned. None Fresh Frozen Canned

Fill in an extra sheet if the respondent used an additional preservation method.

PINK (HUMPIES) 1 Fish 5

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Pink in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Pink did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, smoked, and canned Pink.

Part 1 Fresh Pink

Circle one for yes/no questions.

Q3 Did you eat freshly caught Pink (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Pink only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Pink during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Pink

Circle one for yes/no questions.

Q6 Did you eat Pink that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Pink only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Pink during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Pink

Circle one for yes/no questions.

Q9 Did you eat smoked Pink?



How Often?

Q1 Did you eat smoked Pink only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D
ALL

Circle one.

Q1 How often did you eat smoked Pink during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Canned Pink

Circle one for yes/no questions.

Q1 Did you eat canned Pink?

Yes / No → go to next part.

↓

How Often?

Q1 Did you eat canned Pink only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat canned Pink during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEELHEAD 1

Fish 6

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Steelhead in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Steelhead did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	01	
Meat/ Fillet without skin	01	
Head	05	
Eggs	06	
Fish Hash	08	
Sandwich	09	
Soup/Broth/Chowder	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, smoked, and canned Steelhead.

Part 1 Fresh Steelhead

Circle one for yes/no questions.

Q3 Did you eat freshly caught Steelhead (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Steelhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you fresh Steelhead this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Steelhead

Circle one for yes/no questions.

Q6 Did you eat Steelhead that was stored frozen before cooking it?



How Often?

Q7 Did you eat previously frozen Steelhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q8 How often did you eat previously frozen Steelhead during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked/Kippered Steelhead

Circle one for yes/no questions.

Q9 Did you eat smoked Steelhead?

Yes / No → go to next part.

↓

How Often?

Q1 Did you eat smoked Steelhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat smoked Steelhead during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Canned Steelhead

Circle one for yes/no questions.

Q1 Did you eat canned Steelhead?



How Often?

Q1 Did you eat canned Steelhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D
ALL

Circle one.

Q1 How often did you eat canned Steelhead during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Broth/Chowder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURF SMELT (SALTWATER SMELT) 1 Fish 7

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Surf Smelt in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Surf Smelt did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2x, 1x, 2x, etc.) or Count of Fish for Whole Fish
Whole Fish	13	
Eggs	07	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, and smoked Surf Smelt.

Part 1 Fresh Surf Smelt

Circle one for yes/no questions.

Q3 Did you eat freshly caught Surf Smelt (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Surf Smelt only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Surf Smelt during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Surf Smelt

Circle one for yes/no questions.

Q6 Did you eat Surf Smelt that was stored frozen before cooking it?



How Often?

Q7 Did you eat previously frozen Surf Smelt only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D
ALL

Circle one.

Q8 How often did you eat previously frozen Surf Smelt during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Surf Smelt

Circle one for yes/no questions.

Q9 Did you eat smoked Surf Smelt?

Yes / No

go to next part.

How Often?

Q1 Did you eat smoked Surf Smelt only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you eat smoked Surf Smelt during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this fish also canned.

Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

HOOLIGANS (LONGFIN SMELT, RIVER SMELT) 1 Fish 8

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Hooligans in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Hooligan did you normally eat in one meal at home?

	Food Model #	Amount (1/2x, 1x, 2x, etc.) or Count of Fish for Whole Fish
Whole Fish	12	
Eggs	07	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, and smoked Hooligans.

Part 1 Fresh Hooligans

Circle one for yes/no questions.

Q3 Did you eat freshly caught Hooligans (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Hooligans only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Hooligans during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Hooligans

Circle one for yes/no questions.

Q6 Did you eat Hooligans that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Hooligans only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Hooligans during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Hooligans

Circle one for yes/no questions.

Q9 Did you eat smoked Hooligans?

Yes / No → go to next part.

↓

How Often?

Q1 Did you eat smoked Hooligans only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat smoked Hooligans during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this fish also canned. Yes / No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Herring in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Herring did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.) or Count of Fish for Whole Fish
Whole Fish	13	
Eggs	07	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen and smoked Herring.

Part 1 Fresh Herring

Circle one for yes/no questions.

Q3 Did you eat freshly caught Herring (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Herring only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Herring during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Herring

Circle one for yes/no questions.

Q6 Did you eat Herring that was stored frozen before cooking it?



How Often?

Q7 Did you eat previously frozen Herring only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q8 How often did you eat previously frozen Herring during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Herring

Circle one for yes/no questions.

Q9 Did you eat smoked Herring?

Yes / No → go to next part.

↓

How Often?

Q1 Did you eat smoked Herring only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q1 How often did you eat smoked Herring during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this fish also canned. Yes / No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Grunters in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Grunter did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Whole Fish	14	
Eggs	07	
Soup/Chowder/Broth	10	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Grunter.

Part 1 Fresh Grunter

Circle one for yes/no questions.

Q3 Did you eat freshly caught Grunter (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Grunter only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Grunter during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Grunter

Circle one for yes/no questions.

Q6 Did you eat Grunter that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Grunter only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Grunter during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Bullhead in 1985?

Yes / No

→ go to next fish

Q2 How much Bullhead did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Whole Fish	15	
Eggs	07	
Soup/Chowder/Broth	10	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Bullhead.

Part 1 Fresh Bullhead

Circle one for yes/no questions.

Q3 Did you eat freshly caught Bullhead (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Bullhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Bullhead during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Bullhead

Circle one for yes/no questions.

Q6 Did you eat Bullhead that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Bullhead only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Grunter during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Whole Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Halibut in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Halibut did you normally eat in one meal at home? Let me read you the options.

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	02	
Meat/ Fillet without skin	02	
Soup/Chowder/Broth	10	
Other:		
Other:		
Other:		

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Halibut.

Part 1 Fresh Halibut

Circle one for yes/no questions.

Q3 Did you eat freshly caught Halibut (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Halibut only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Halibut during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Halibut

Circle one for yes/no questions.

Q6 Did you eat Halibut that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Halibut only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Halibut during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Look at the seafood booklet together to confirm the identity of these fish.

Circle one for yes/no questions.

Q1 Did you eat Flounders and/or Sole in 1985?

Yes / No → go to next fish

How Much?

Q2 How much Flounder and/or Sole did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers “other”, please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe “other” meals.

Description of “Other”:

FLOUNDERS AND/OR SOLE 2 Fish 13

I am going to ask you now about freshly caught and frozen Flounders and/or Sole.

Part 1 Fresh Flounders and/or Sole Circle one for yes/no questions.

Q3 Did you eat freshly caught Flounders and/or Sole (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Flounders and/or Sole only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Flounders and/or Sole during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Flounders and/or Sole Circle one for yes/no questions.

Q6 Did you eat Flounders and/or Sole that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Flounders and/or Sole only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Flounders and/or Sole during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Cod in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Cod did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Soup/Chowder/Broth	10	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Cod.

Part 1 Fresh Cod

Circle one for yes/no questions.

Q3 Did you eat freshly caught Cod (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Cod only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you fresh Cod during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Cod

Circle one for yes/no questions.

Q6 Did you eat Cod that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Cod only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Cod during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Lingcod in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Lingcod did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	02 or 03	
Meat/ Fillet without skin	02 or 03	
Soup/Chowder/Broth	10	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Lingcod.

Part 1 Fresh Lingcod

Circle one for yes/no questions.

Q3 Did you eat freshly caught Lingcod (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Lingcod only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you fresh Lingcod during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Lingcod

Circle one for yes/no questions.

Q6 Did you eat Lingcod that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Lingcod only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Lingcod during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Broth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Tuna in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Tuna did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Sandwich	09	
Fish Hash	08	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, and canned Tuna.

Part 1 Fresh or Frozen Tuna *Circle one for yes/no questions.*

Q3 Did you eat freshly caught Tuna ?

How Often?



Q4 Did you eat fresh or frozen Tuna only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q5 How often did you eat fresh Tuna during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Canned Tuna

Circle one for yes/no questions.

Q6 Did you eat canned Tuna?

Yes / No → go to next part.

How Often?

Q7 Did you eat canned Tuna only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat canned Tuna during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish Hash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q9 Please tell me if you eat this fish also frozen or smoked.

Frozen Smoked No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

**BASS 1
(freshwater)**

Fish 17

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Bass in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Bass did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Bass.

Part 1 Fresh Bass

Circle one for yes/no questions.

Q3 Did you eat freshly caught Bass (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Bass only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Bass during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Bass

Circle one for yes/no questions.

Q6 Did you eat Bass that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Bass only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Bass during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned None Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Trout in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Trout did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught, frozen, and smoked Trout.

Part 1 Fresh Trout

Circle one for yes/no questions.

Q3 Did you eat freshly caught Trout (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Trout only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Trout during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Trout

Circle one for yes/no questions.

Q6 Did you eat Trout that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Trout only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Trout during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Trout

Circle one for yes/no questions.

Q9 Did you eat smoked Trout?

Yes / No

go to next part.

How Often?

Q1 Did you eat smoked Trout only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you smoked Trout this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this fish also canned.

Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

PERCH (Saltwater) 1 Fish 19

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat saltwater Perch in 1985?

Yes / No → go to next fish

How Much?

Q2 How much Perch did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Perch.

Part 1 Fresh Perch

Circle one for yes/no questions.

Q3 Did you eat freshly caught Perch (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Perch only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Perch during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Perch

Circle one for yes/no questions.

Q6 Did you eat Perch that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Perch only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Perch during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

**POLLOCK 1
(Fishsticks)**

Fish 20

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Pollock in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Pollock did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Fish Sticks	04	
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Pollock.

Part 1 Fresh Pollock

Circle one for yes/no questions.

Q3 Did you eat freshly caught Pollock (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Pollock only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q5 How often did you eat fresh Pollock during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Pollock

Circle one for yes/no questions.

Q6 Did you eat Pollock that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Pollock only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Pollock during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Sturgeon in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Sturgeon did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	02 or 03	
Meat/ Fillet without skin	02 or 03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Sturgeon.

Part 1 Fresh Sturgeon

Circle one for yes/no questions.

Q3 Did you eat freshly caught Sturgeon (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Sturgeon only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J
F
M
A
M
J
J
A
S
O
N
D
ALL

Circle one.

Q5 How often did you eat fresh Sturgeon during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sturgeon

Circle one for yes/no questions.

Q6 Did you eat Sturgeon that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Sturgeon only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Sturgeon during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SABLE FISH / Black Cod 1

Fish 22

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Sable Fish in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Sable Fish did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Sable fish.

Part 1 Fresh Sable Fish

Circle one for yes/no questions.

Q3 Did you eat freshly caught Sable Fish (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Sable Fish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Sable Fish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sable Fish

Circle one for yes/no questions.

Q6 Did you eat Sable Fish that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Sable Fish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Sable Fish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SHARK (SPINY DOG FISH) 1 Fish 23

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Shark in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Shark did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Shark.

Part 1 Fresh Shark

Circle one for yes/no questions.

Q3 Did you eat freshly caught Shark (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Shark only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Shark during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Shark

Circle one for yes/no questions.

Q6 Did you eat Shark that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Shark only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Shark during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Greenling in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Greenling did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Greenling.

Part 1 Fresh Greenling

Circle one for yes/no questions.

Q3 Did you eat freshly caught Greenling (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Greenling only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Greenling during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Greenling

Circle one for yes/no questions.

Q6 Did you eat Greenling that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Greenling only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Greenling during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Rockfish in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Rockfish did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Rockfish.

Part 1 Fresh Rockfish

Circle one for yes/no questions.

Q3 Did you eat freshly caught Rockfish (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Rockfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Rockfish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Rockfish

Circle one for yes/no questions.

Q6 Did you eat Rockfish that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Rockfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Rockfish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Mackerel in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Mackerel did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Mackerel.

Part 1 Fresh Mackerel

Circle one for yes/no questions.

Q3 Did you eat freshly caught Mackerel (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Mackerel only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you fresh Mackerel this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Mackerel

Circle one for yes/no questions.

Q6 Did you eat Mackerel that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Mackerel only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Mackerel during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Skate in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Skate did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Skate.

Part 1 Fresh Skate

Circle one for yes/no questions.

Q3 Did you eat freshly caught Skate (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Skate only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Skate during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Skate

Circle one for yes/no questions.

Q6 Did you eat Skate that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Skate only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Skate during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Sting Ray in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Sting Ray did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Sting Ray.

Part 1 Fresh Sting Ray

Circle one for yes/no questions.

Q3 Did you eat freshly caught Sting Ray (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Sting Ray only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Sting Ray during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sting Ray

Circle one for yes/no questions.

Q6 Did you eat Sting Ray that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Sting Ray only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Sting Ray during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Eel in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Eel did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Eel.

Part 1 Fresh Eel

Circle one for yes/no questions.

Q3 Did you eat freshly caught Eel (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Eel only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Eel during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Eel

Circle one for yes/no questions.

Q6 Did you eat Eel that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Eel only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Eel during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Catfish in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Catfish did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Catfish.

Part 1 Fresh Catfish

Circle one for yes/no questions.

Q3 Did you eat freshly caught Catfish (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Catfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Catfish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Catfish

Circle one for yes/no questions.

Q6 Did you eat Catfish that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Catfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Catfish during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Lamprey in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Lamprey did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	04	
Meat/ Fillet without skin	04	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Lamprey.

Part 1 Fresh Lamprey

Circle one for yes/no questions.

Q3 Did you eat freshly caught Lamprey (fish that was not stored frozen, or smoked, or canned)?

How Often?

Yes / No → go to next part.

↓

Q4 Did you eat fresh Lamprey only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Lamprey during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Lamprey

Circle one for yes/no questions.

Q6 Did you eat Lamprey that was stored frozen before cooking it?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Lamprey only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Lamprey during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked.

Smoked Canned No Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Look at the seafood booklet together to confirm the identity of this fish.

Circle one for yes/no questions.

Q1 Did you eat Shad in 1985?

Yes / No

→ go to next fish

How Much?

Q2 How much Shad did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat/ Fillet with skin	03	
Meat/ Fillet without skin	03	
Other:		
Other:		
Other:		

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Description of "Other":

I am going to ask you now about freshly caught and frozen Lamprey.

Part 1 Fresh Shad

Circle one for yes/no questions.

Q3 Did you eat freshly caught Lamprey (fish that was not stored frozen, or smoked, or canned)?

How Often?



Q4 Did you eat fresh Shad only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q5 How often did you eat fresh Shad during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Shad

Circle one for yes/no questions.

Q6 Did you eat Shad that was stored frozen before cooking it?

Yes / No → go to next part.

↓

How Often?

Q7 Did you eat previously frozen Shad only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Shad during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat/ Fillet with skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Fillet without skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this fish also canned or smoked. Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation

HORSE CLAMS 1 Shellfish 33 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Horse Clams?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many horse clams did you normally eat in one meal at home?
Let me read you the options

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Neck Strips/Fried	18	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Horse Clams

Q3 Did you eat fresh Horse Clams that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Horse Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Horseclams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Horse Clams

Circle one for yes/no questions.

Q6 Did you eat Horse Clams that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Horse Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Horse Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

BUTTER CLAMS 1 Shellfish 34 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Butter Clams?

Yes / No

→ go to next seafood species. Circle one for yes/no questions. **How Much?**

Q2 How much or how many Butter clams did you normally eat in one meal at home? Let me read you the options.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Clam Strips/Fried	20	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Butter Clams

Q3 Did you eat fresh Butter Clams that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Butter Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one. **How Often?**

Q5 How often did you eat fresh Butter Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Butter Clams

Circle one for yes/no questions.

How Often?

Q6 Did you eat Butter Clams that were stored frozen before cooking?

Yes / No

→ go to next part.



Q7 Did you eat previously frozen Butter Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Butter Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

GEODUCKS (DUCKS) 1 Shellfish 35 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Geoducks?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many Geoducks did you normally eat in one meal at home? Let me read you the options.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Neck Strips/Fried	17	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Geoducks

Q3 Did you eat fresh Geoducks that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Geoducks only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Geoducks during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Geoducks

Circle one for yes/no questions.

Q6 Did you eat Geoducks that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Geoducks only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Geoducks during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

MANILA CLAMS/STEAMER 1 Shellfish 36 Look at the seafood booklet together to confirm the identity of this seafood.

Littlenecks

Q1 Did you eat Manila Clams?

Yes / No → go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many Manila Clams did you normally eat in one meal at home? Let me read you the options.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Whole Clams	22	(Food Model or Count of Clams)
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Manila clams

Q3 Did you eat fresh Manila Clams that were not stored frozen, or smoked, or canned?

Yes / No → go to next part.

Q4 Did you eat fresh Manila Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Manila Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Clams		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Manila Clams

Circle one for yes/no questions.

Q6 Did you eat Manila Clams that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Manila Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Manila Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Clams		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

OYSTERS 1

Shellfish 37 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Oysters?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many Oysters did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Whole Oysters	21	(Food Model or Count of Oysters)
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Part 1 Fresh Oysters

Q3 Did you eat fresh Oysters that were not stored, or smoked, or canned?

Yes / No

→ go to next part.

Use this space if you need space to describe "other" meals.

Q4 Did you eat fresh Oysters only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Oysters during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Oysters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Oysters

Circle one for yes/no questions.

Q6 Did you eat Oysters that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Oysters only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Oysters during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Oyster		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

COCKLES 1

Shellfish 38 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Cockles?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many Cockles did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Whole Cockles	19	Food Model or Count of Cockles
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Cockles

Q3 Did you eat fresh Cockles that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Cockles only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Cockles during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Cockles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Cockles

Circle one for yes/no questions.

Q6 Did you eat Cockles that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Cockles only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Cockles during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Cockles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SCALLOPS 1

Shellfish 39 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Scallops?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Much?

Q2 How much or how many Scallops did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Meat/Muscles	26	Food Model or Count of Muscles
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Scallops

Q3 Did you eat fresh Scallops that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Scallops only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D

ALL

Circle one.

How Often?

Q5 How often did you eat fresh Scallops during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Muscles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Scallops

Circle one for yes/no questions.

Q6 Did you eat Scallops that were stored frozen before cooking?

Yes / No

→ go to next part.



How Often?

Q7 Did you eat previously frozen Scallops only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Scallops during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/ Muscles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

RAZOR CLAMS (JACKKNIFE CLAMS) 1 Shellfish 40 Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Razor Clams?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Razor Clams did you normally eat in one meal at

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Clam Strips/Fried	20	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Part 1 Fresh Razor Clam

Q3 Did you eat fresh Razor Clams that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Razor Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Razor Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Razor Clams

Circle one for yes/no questions.

Q6 Did you eat Razor Clams that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Razor Clams only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Razor Clams during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clam Strips/Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

MUSSELS 1

Shellfish 41

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Mussels?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Mussels did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fritters	16	
Whole Mussels	25	Food Model or Count of Mussels
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Mussels

Q3 Did you eat fresh Mussels that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Mussels only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Mussels during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Mussels		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Mussels

Circle one for yes/no questions.

How Often?

Q6 Did you eat Mussels that were stored frozen before cooking?

Yes / No

→ go to next part.

Q7 Did you eat previously frozen Mussels only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Mussels during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fritters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Mussels		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

ABALONE 1

Shellfish 42

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Abalone?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Abalone did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	31	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Abalone

Q3 Did you eat fresh Abalone that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Abalone only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Abalone during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Abalone

Circle one for yes/no questions.

Q6 Did you eat Abalone that were stored frozen before cooking?

Yes / No

→ go to next part.



How Often?

Q7 Did you eat previously frozen Abalone only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Abalone during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

LIMPETS (CHINA CAPS) 1

Shellfish 43

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Limpets?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Limpets did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	27	Food Model or Count of Limpets
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Part 1 Fresh Limpets

Q3 Did you eat fresh Limpets that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Limpets only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Limpets during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Limpets

Circle one for yes/no questions.

Q6 Did you eat Limpets that were stored frozen before cooking?

Yes / No

→ go to next part.



How Often?

Q7 Did you eat previously frozen Limpets only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Limpets during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

BARNACLES 1

Shellfish 44

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Barnacles?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Barnacles did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	33	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Barnacles

Q3 Did you eat fresh Barnacles that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Barnacles only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Barnacles during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Barnacles

Circle one for yes/no questions.

How Often?

Q6 Did you eat Barnacles that were stored frozen before cooking?

Yes / No

→ go to next part.



Q7 Did you eat previously frozen Barnacles only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Barnacles during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Q1 Did you eat Dungeness Crab?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Dungeness Crabs did you normally eat in one meal at home?
Let me read you the options.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat / no Crab Butter	34	
Meat / with Crab Butter	34	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Part 1 Fresh Dungeness Crab

Use this space if you need space to describe "other" meals.

Q3 Did you eat fresh Dungeness Crabs that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Dungeness Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Dungeness Crab during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat / no Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat / with Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Dungeness Crab Circle one for yes/no questions.

How Often?

Q6 Did you eat Dungeness Crabs that were stored frozen before cooking?

Yes / No → go to next part.

↓

Q7 Did you eat previously frozen Dungeness Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Dungeness Crab during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat / no Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat / with Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Canned Dungeness Crab Circle one for yes/no questions.

Q9 Did you eat canned Dungeness Crab?

Yes / No

→ go to next part.

How Often?

Q1 Did you eat canned Dungeness Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you eat canned Dungeness Crab during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat / no Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat / with Crab Butter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q1 Please tell me if you eat this shellfish also smoked.

Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Q1 Did you eat Red Rock crab?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Red Rock Crabs did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Meat only	34	
Claws	n/a	Count:
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Part 1 Fresh Red Rock Crab

Q3 Did you eat fresh Red Rock Crabs that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Red Rock Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Red Rock Crab during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Meat only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claws		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Red Rock Crab Circle one for yes/no questions.

Q6 Did you eat Red Rock Crabs that were stored frozen before cooking?

Yes / No → go to next part.

How Often?

Q7 Did you eat previously frozen Red Rock Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL Circle one.

Q8 How often did you eat previously frozen Red Rock Crab during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Meat only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claws		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Canned Red Rock Crab Circle one for yes/no questions.

Q9 Did you eat canned Red Rock Crabs?

Yes / No

→ go to next part.

How Often?

Q1 Did you eat canned Red Rock Crab only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you eat canned Red Rock Crab during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Meat only		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claws		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q1 Please tell me if you eat this shellfish also smoked. Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SHRIMP 1

Shellfish 47

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Shrimp?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Shrimp did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	23	
Soup/Chowder/Stew	11	
Boiled	23	
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Shrimp

Q3 Did you eat fresh Shrimp that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Shrimp only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Shrimp during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Shrimp

Circle one for yes/no questions.

Q6 Did you eat Shrimp that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Shrimp only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Shrimp during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

CRAYFISH (CRAW DADDIES) 1

Shellfish 48

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Crayfish?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Crayfish did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	23	
Soup/Chowder/Stew	11	
Boiled		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Crayfish

Q3 Did you eat fresh Crayfish that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Crayfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Crayfish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Crayfish

Circle one for yes/no questions.

Q6 Did you eat Crayfish that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Crayfish only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Crayfish during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SQUID 1

Shellfish 49

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Squid?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Squid did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	24	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Squid

Q3 Did you eat fresh Squid that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Squid only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Squid during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Squid

Circle one for yes/no questions.

Q6 Did you eat Squid that were stored frozen before cooking?

Yes / No

→ go to next part.



How Often?

Q7 Did you eat previously frozen Squid only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Squid during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Squid

Circle one for yes/no questions.

Q9 Did you eat smoked Squid?

Yes / No

→ go to next part.

How Often?

Q1 Did you eat smoked Squid only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you eat smoked Squid during the months that you told me?
You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this also canned.

Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

OCTOPUS (DEVIL FISH) 1

Shellfish 50

Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Octopus?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Octopus did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	24	
Soup/Chowder/Stew	11	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Octopus

Q3 Did you eat fresh Octopus that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Octopus only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Octopus during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Octopus

Circle one for yes/no questions.

How Often?

Q6 Did you eat Octopus that were stored frozen before cooking?

Yes / No

→ go to next part.



Q7 Did you eat previously frozen Octopus only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Octopus during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 Smoked Octopus

Circle one for yes/no questions.

Q9 Did you eat smoked Octopus?

Yes / No

→ go to next part.

How Often?

Q1 Did you eat smoked Octopus only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q1 How often did you eat smoked Octopus during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup/Chowder/Stew		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Q1 Please tell me if you eat this also canned. Yes / No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

SEA URCHIN (SQWI'TSI, squeetsee) 1 Shellfish **1** Look at the seafood booklet together to confirm the identity of this seafood.

Q1 Did you eat Sea Urchin?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Sea Urchins did you normally eat in one meal at home?

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

	Food Model #	Amount (1/2, 1, 2, etc.)
Raw	28	
Other:		
Other:		
Other:		

Description of "Other":

Use this space if you need space to describe "other" meals.

Part 1 Fresh Sea Urchin

Q3 Did you eat fresh Sea Urchin that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Sea Urchin only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Sea Urchin during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Raw		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sea Urchin

Circle one for yes/no questions.

Q6 Did you eat Sea Urchins that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Sea Urchins only during certain months of the year, or all year around? Tell me the months you ate this or say all

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Sea Urchins during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Raw		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Q1 Did you eat Sea Cucumber?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Sea Cucumbers did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	29	
Other:		
Other:		
Other:		

Description of "Other":

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Part 1 Fresh Sea Cucumber

Q3 Did you eat fresh Sea Cucumbers that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Sea Cucumber only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Sea Cucumber during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Sea Cucumber

Circle one for yes/no questions.

Q6 Did you eat Sea Cucumbers that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Sea Cucumbers only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Sea Cucumbers during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Q1 Did you eat Moon Snail?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Moon Snails did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	30	
Other:		
Other:		
Other:		

Description of "Other":

Read all the options to the respondent before filling out the table. If the respondent answers "other", please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe "other" meals.

Part 1 Fresh Moon Snail

Q3 Did you eat fresh Moon Snails that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Moon Snails only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Moon Snails during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Moon Snail

Circle one for yes/no questions.

Q6 Did you eat Moon Snails that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Moon Snail only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Moon Snail during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

Q1 Did you eat Chiton?

Yes / No

→ go to next seafood species. Circle one for yes/no questions.

How Often?

Q2 How much or how many Chitons did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Fried	32	
Other:		
Other:		
Other:		

Description of “Other”:

Read all the options to the respondent before filling out the table. If the respondent answers “other”, please fill in a description and use the food model that comes the closest.

Use this space if you need space to describe “other” meals.

Part 1 Fresh Chiton

Q3 Did you eat fresh Chitons that were not stored frozen, or smoked, or canned?

Yes / No

→ go to next part.

Q4 Did you eat fresh Chiton only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

How Often?

Q5 How often did you eat fresh Chiton during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 Frozen Chiton

Circle one for yes/no questions.

Q6 Did you eat Chiton that were stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat previously frozen Chiton only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat previously frozen Chiton during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Fried		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

Q9 Please tell me if you eat this shellfish also canned or smoked.

Smoked Canned No

Circle one.

Fill in an extra sheet if the respondent used an additional preservation method.

OTHER? 1

Q1 Did you eat other seafood – finfish or shellfish – that was not on this list?

Yes / No

→ Go to Finish. Circle one for yes/no questions.

How Often?

Q1 If yes, what was it?

Description of "Other":

Q2 How much or how many of this did you normally eat in one meal at home?

	Food Model #	Amount (1/2, 1, 2, etc.)
Other:		
Other:		
Other:		

Part 1 Fresh

Q3 Did you this eat fresh, not stored frozen for a longer time?

Yes / No

→ go to next part.

Use this space if you need space to describe "other" meals.

Q4 Did you this eat fresh only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D

ALL

Circle one.

How Often?

Q5 How often did you eat this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Fresh

	Times per	Day	Week	Month	Year
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER 2

Part 2 Frozen _____

Circle one for yes/no questions.

Q6 Did you eat this after it was stored frozen before cooking?

Yes / No

→ go to next part.

How Often?

Q7 Did you eat this frozen only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D ALL

Circle one.

Q8 How often did you eat this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Frozen

	Times per	Day	Week	Month	Year
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER 3

Part 3 Smoked _____ *Circle one for yes/no questions.*

Q9 Did you eat this smoked?

Yes / No

→ go to next part.

How Often?

Q1 Did you eat this smoked only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D

ALL

Circle one.

Q1 How often did you eat this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Smoked

	Times per	Day	Week	Month	Year
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER 4

Part 4 Canned _____ Circle one for yes/no questions.

Did you eat this canned?

Yes / No

Go to Finish!

How Often?

Did you eat this canned only during certain months of the year, or all year around? Tell me the months you ate this or say all year.

J F M A M J J A S O N D

ALL

Circle one.

How often did you eat this during the months that you told me? You can tell me the times per day, per week, per month, or per year.

Canned

	Times per	Day	Week	Month	Year
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5 More?

Are there any more seafood – finfish or shellfish—that were not on this list?

Yes / No

Go to Finish!

There are more sheets like this loose in your package. Fill out as many as you need!!!

F FINISH

We are almost finished now. Thank you very much for taking part in this survey. This survey is important for the protection of our tribal resources.

We would appreciate your signing on the bottom of the consent form that the interview took place. I will then place the form in an envelope separate from the questionnaire. It will remain confidential and will be destroyed after the study is completed.

(Present form for signature and place in envelope.)

(Hand over the honorarium check. Have the recipient sign the receipt book.)

Again, thank you very much. The Lummi Natural Resources Department appreciates your help with this study.

(Record time the interview ended on the log. Hand in the consent form in the sealed envelope to the study manager [Monika Lange] together with the questionnaire and interview log. Thank you!)

