

SUPPLEMENT

Survey Questions:

1. Do you have a food intolerance?
2. If so to which of the following foods?
[Wheat, protein, soy, fish, shellfish, eggs, beans, apple, nectarine, white peaches, persimmon, tamarillo, watermelon, boysenberry, figs, mango, pear, asparagus, artichokes, sugar snap peas, fruit juices, high-fructose corn syrup, honey, chicory, garlic, leek, onion, barley, rye, chickpeas, legume, lentils, pistachios, cashews, peanuts, mushrooms, mannitol, sugar-free foods, cauliflower, lychee, blackberries, apricots, flour, pasta, plum, beer, wine, salami, pork, fried foods, fatty foods, alcohol, coffee, tea, soda, other response with a blank to write-in an answer]
3. Do you take prescription medications?
4. What is your age?
5. What is your gender?
6. What is your race?
7. Are you Hispanic or Latino?
8. Which number comes after 5 and before 7?
9. What state do you currently live in?
10. Which continent were you born on?