**ONLINE SUPPLEMENTARY MATERIAL**

**Vitamin D Survey**

1. Do you drink milk? Yes\_\_\_\_\_\_\_ NO\_\_\_\_\_

If so, How many times do you drink per day **[ ]** or week **[ ]?**

1. How much time a day do you spend playing or working outside in the sun?
2. 0-1 hour
3. 1-2 hours
4. 2-3 hours
5. 3-4 hours
6. More than 4 hours
7. How often do you spend time outside between the hours of 10am to 4pm?
8. Always
9. Often
10. Sometimes
11. Rarely
12. Never
13. Do you take multivitamins? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 If so, how many do you take in one day **[ ]** or week **[ ]?**

1. When you are outside, how often do you wear a hat?
2. Always
3. Often
4. Sometimes
5. Rarely
6. Never
7. When you are outside, how often do you wear long-sleeve shirt or pants?
8. Always
9. Often
10. Sometimes
11. Rarely
12. Never
13. How often do you use sun-screen when you are outside?
14. Always
15. Often
16. Sometimes
17. Rarely
18. Never

*Adapted from McCarty [18]*