

Multi-Ethnic Study of Atherosclerosis



Participant ID:

idno

Visit Date:

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Acrostic:

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23562



INSTRUCTIONS:

Your eating habits can be important to your health. The questions on this form are about your usual eating habits over the last year. Please follow the directions and complete the questionnaire. Within 4 to 6 weeks, we will send you a report on how your diet compares to guidelines for a healthy diet.

You may work on the questionnaire while waiting in the clinic and return the completed questionnaire to the clinic. Or, you may take it home to complete and mail the questionnaire back to us using the stamped, addressed envelope that we will give to you.

Feel free to take breaks if you are getting tired. If you have any questions, you may call _____ at _____.

Please return the questionnaire within ONE WEEK of today, by _____.

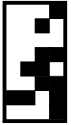
Answer the questions by filling in the bubbles using a pencil. Be sure to fill in the bubbles completely. If you make a mistake, just erase the mistake and fill in the correct bubble.

Like This:



Not Like This:





First, please answer these questions:

How old are you?

Less than 20 50-59

20-29 60-69

30-39 70+

40-49 **AGE**

Are you: 1-Male

2-Female

SEX

How many times per day do you usually eat, including both meals & snacks?

0 1 2 3

4 5 6 7

8 9+ **addqmealsperday1c**

How many times per week do you eat at restaurants for meals, including fast-food and take-out?

0 1 2 3

4 5 6 7

8 9+ **addqeatout1c**

The following pages include a list of foods and a place for you to tell us how often you typically eat the food and whether your usual serving size is small, medium or large.

For each line, fill in the bubble that best describes HOW OFTEN you eat the foods.

Then, fill in the bubble that best describes your USUAL SERVING SIZE. Simply mark "small", "medium", or "large" compared to what seems typical for other men or women about your age.

EXAMPLE: John eats 1 medium-sized banana, 5 days a week.

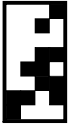
FRUITS AND JUICES												
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Time Per Month	2-3 Times Per Month	1 Time Per Week	2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day	S	M	L
Bananas, plantains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If you don't eat the food, you may leave the serving size blank.

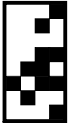
Some ethnic foods, including Chinese and Mexican, are included. If you don't recognize the name of a food, you probably don't eat it and can mark "Rare or Never."

Please include foods that you eat at home and at restaurants, as well as TV dinners and other frozen foods.

No one remembers everything about what they eat. Just relax and answer to the best of your ability. Thank you very much for taking the time to fill out this questionnaire!



FRUITS AND JUICES												
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Fruits Eaten During The Months When They Are In Season												
Peaches, apricots, nectarines, plums	frqpeach1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvpeach1	<input type="radio"/>	svdpeach1c	<input type="radio"/>	<input type="radio"/>
Cantaloupe, mango, papaya	frqcantaloupe1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrcantaloupe1	<input type="radio"/>	svdcantaloupe1c	<input type="radio"/>	<input type="radio"/>
Strawberries, blueberries, other berries	frqstrawberries1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrstrawberries1	<input type="radio"/>	svdstrawberries1c	<input type="radio"/>	<input type="radio"/>
All Other Fruits, Eaten All Year												
Apples, applesauce, pears	frqapple1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvapple1	<input type="radio"/>	svdapple1c	<input type="radio"/>	<input type="radio"/>
Bananas, plantains	frqbanana1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrbanana1	<input type="radio"/>	svdbanana1c	<input type="radio"/>	<input type="radio"/>
Oranges, grapefruit, tangerines, kiwi	frqorange1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrorange1	<input type="radio"/>	svdorange1c	<input type="radio"/>	<input type="radio"/>
Dried fruits including raisins, prunes, figs, apricots	frqdriedfruit1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svdriedfruit1	<input type="radio"/>	svddriedfruit1c	<input type="radio"/>	<input type="radio"/>
Any other fruit (pineapple, persimmon, grapes, other melon, canned peaches, fruit cocktail, etc.)	frqotherfruit1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrotherfruit1	<input type="radio"/>	svdootherfruit1c	<input type="radio"/>	<input type="radio"/>
Fruit Juices												
Orange juice, grapefruit juice	frqorangejuice1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrorangejuice1	<input type="radio"/>	svdorangejuice1c	<input type="radio"/>	<input type="radio"/>
Any other fruit juice (apple, grape, punch, kool-aid, guava juice, etc.)	frqotherjuice1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrotherjuice1	<input type="radio"/>	svdootherjuice1c	<input type="radio"/>	<input type="radio"/>


CEREAL AND OTHER BREAKFAST FOODS (please include here even if you eat these foods at times other than breakfast)

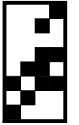
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Eggs, omelettes, huevos rancheros	frqeggs1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srveggs1	<input type="radio"/>	<input type="radio"/>	svdeggs1c	<input type="radio"/>
Sausage, chorizo, scrapple, bacon	frqsausage1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvsausage1	<input type="radio"/>	<input type="radio"/>	svdsausage1c	<input type="radio"/>
Pancakes, waffles, French toast	frqpancake1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvlancake1	<input type="radio"/>	<input type="radio"/>	svdpancake1c	<input type="radio"/>
Oatmeal	frqoatmeal1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvoatmeal1	<input type="radio"/>	<input type="radio"/>	svdoatmeal1c	<input type="radio"/>
Other hot cereal (grits, cream of wheat, mush, congee)	frqhotcereal1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvhotcereal1	<input type="radio"/>	<input type="radio"/>	svdhotcereal1c	<input type="radio"/>
Cold Cereal	frqcoldcereal1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrcoldcereal1	<input type="radio"/>	<input type="radio"/>	svdcoldcereal1c	<input type="radio"/>

If you eat cold cereal, what is the name of the cold cereal that you eat most often?

Clinical use only: cerealbrand

BREADS

White bread or rolls (hamburger buns, bagels, pita, English muffins, etc.)	frqwhitebread1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srwhitebread1	<input type="radio"/>	<input type="radio"/>	svdwhitebread1c	<input type="radio"/>
Dark, whole grain breads or rolls (hamburger buns, bagels, pita, English muffins, etc.)	frqdarkbread1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svdarkbread1	<input type="radio"/>	<input type="radio"/>	svddarkbread1c	<input type="radio"/>
Bran muffins	frqbranmuffin1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svbranmuffin1	<input type="radio"/>	<input type="radio"/>	svdbranmuffin1c	<input type="radio"/>
Biscuits, other muffins, croissants, corn bread, hush puppies	frqbiscuit1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svbiscuit1	<input type="radio"/>	<input type="radio"/>	svdbiscuit1c	<input type="radio"/>
Margarine or mayonnaise on bread or rolls	frqmargarine1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svmargarine1	<input type="radio"/>	<input type="radio"/>	svdmargarine1c	<input type="radio"/>
Butter on bread or rolls	frqbutter1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svbutter1	<input type="radio"/>	<input type="radio"/>	svdbutter1c	<input type="radio"/>



SNACKS

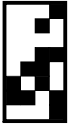
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Potato, corn or tortilla chips	<input type="checkbox"/> frqchips1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers, pretzels, popcorn	<input type="checkbox"/> frqcrackers1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almonds, walnuts, pecans, other nuts	<input type="checkbox"/> frqnuts1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunflower, pinyon, other seeds	<input type="checkbox"/> frqsunflower1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts, peanut butter	<input type="checkbox"/> frqpeanuts1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHEESE, YOGURT

Cottage or ricotta cheese	<input type="checkbox"/> frqcottage1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheddar, American, Chihuahua, Swiss, cream cheese, cheese spreads, any other cheese	<input type="checkbox"/> frqcheddar1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plain yogurt (unflavored)	<input type="checkbox"/> frqplainyogurt1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flavored yogurt	<input type="checkbox"/> frqflavyogurt1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOUPS

Cream soups including chowders, potato and cheese soups	<input type="checkbox"/> frqcreamsoup1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pea, lentil, black bean, potajes soups	<input type="checkbox"/> frqpeasoup1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miso soup or sauce with soybean paste	<input type="checkbox"/> frqmisosoup1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soups including vegetable beef, tomato, egg drop, chicken noodle	<input type="checkbox"/> frqothersoup1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

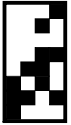


SALADS, VEGETABLES AND BEANS (not including vegetables in mixed dishes - these are included later)

Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Tossed salad with iceberg or light green lettuce	frqlettuce1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvlettuce1	<input type="radio"/>	<input type="radio"/>	svdlettuce1c	<input type="radio"/>
Tossed salad with spinach, romaine or dark greens, cooked spinach, turnip greens, collards	frqspinach1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvspinach1	<input type="radio"/>	<input type="radio"/>	svdspinach1c	<input type="radio"/>
Tomatoes (cooked or raw), tomato juice	frqtomato1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvtomato1	<input type="radio"/>	<input type="radio"/>	svdtomato1c	<input type="radio"/>
Avocado, guacamole	frqavacado1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvavacado1	<input type="radio"/>	<input type="radio"/>	svdavacado1c	<input type="radio"/>
Carrots	frqcarrot1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrcarrot1	<input type="radio"/>	<input type="radio"/>	svdcarrot1c	<input type="radio"/>
Broccoli, cabbage, cauliflower, brussel sprouts, sauerkraut, kimchee	frqbroccoli1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrbroccoli1	<input type="radio"/>	<input type="radio"/>	svdbroccoli1c	<input type="radio"/>
Green beans, peas, snow peas	frqgreenbean1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrgreenbean1	<input type="radio"/>	<input type="radio"/>	svdgreenbean1c	<input type="radio"/>
Corn, hominy	frqhominy1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrhominy1	<input type="radio"/>	<input type="radio"/>	svdhominy1c	<input type="radio"/>
Winter squash, acorn squash	frqsquash1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrsquash1	<input type="radio"/>	<input type="radio"/>	svdsquash1c	<input type="radio"/>
Pinto, black, baked, butter or red beans, pork and beans, black-eyed peas	frqbean1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrbean1	<input type="radio"/>	<input type="radio"/>	svdbean1c	<input type="radio"/>
Any other vegetables including summer squash, zucchini, asparagus, mixed vegetables	frqotherveg1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrotherveg1	<input type="radio"/>	<input type="radio"/>	svdootherveg1c	<input type="radio"/>

RICE AND POTATOES

White, Mexican or sticky rice	frqwhiterice1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrwhiterice1	<input type="radio"/>	<input type="radio"/>	svdwhiterice1c	<input type="radio"/>
Brown or wild rice	frqbrownrice1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrbrownrice1	<input type="radio"/>	<input type="radio"/>	svdbrownrice1c	<input type="radio"/>
Fried rice	frqfriedrice1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfriedrice1	<input type="radio"/>	<input type="radio"/>	svdfriedrice1c	<input type="radio"/>

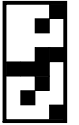


RICE AND POTATOES (Continued)

Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
French fries, fried potatoes, hash browns	frqfries1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfries1	<input type="radio"/>	<input type="radio"/>	svdfries1c	<input type="radio"/>
Boiled, baked, mashed or other potatoes, turnips	frqpotato1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvpotato1	<input type="radio"/>	<input type="radio"/>	svdpotato1c	<input type="radio"/>
Sweet potatoes, yams	frqsweetpotato1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrsweetpotato1	<input type="radio"/>	<input type="radio"/>	svdsweetpotato1c	<input type="radio"/>
Butter, margarine or oil on vegetables, rice or potatoes	frqbutteronveg1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrbutteronveg	<input type="radio"/>	<input type="radio"/>	svdbutteronveg1c	<input type="radio"/>

CHINESE FOOD AND TOFU

Oriental noodles with meat (saimen, ramen, wonton mein)	frqnoodles1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvnoodles1	<input type="radio"/>	<input type="radio"/>	svdnoodles1c	<input type="radio"/>
Chinese dumplings, spring roll, dim sum (not fried), Chinese bun with meat, sausage and vegetables	frqdumplings1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrdumplings	<input type="radio"/>	<input type="radio"/>	svddumplings1c	<input type="radio"/>
Chow mein	frqchowmein1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrchowmein1	<input type="radio"/>	<input type="radio"/>	svdchowmein1c	<input type="radio"/>
Stir-fried beef, pork or chicken with vegetables, including beef broccoli	frqstirfrdbeef1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrstirfrdbeef1	<input type="radio"/>	<input type="radio"/>	svdstirfrdbeef1c	<input type="radio"/>
Stir-fried shrimp or fish with vegetables	frqstirfrdshrimp1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrstirfrdshrimp1	<input type="radio"/>	<input type="radio"/>	svdstirfrdshrimp1c	<input type="radio"/>
Stir-fried tofu or tempeh with vegetables	frqstirfrdtofu1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrstirfrdtofu1	<input type="radio"/>	<input type="radio"/>	svdstirfrdtofu1c	<input type="radio"/>
Stir-fried vegetables (no meat)	frqstirfrdveg1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrstirfrdveg1	<input type="radio"/>	<input type="radio"/>	svdstirfrdveg1c	<input type="radio"/>

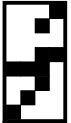


MEXICAN FOOD

Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Burritos or quesadillas with no meat	frqburrito1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrburrito1			svdburrito1c	
Burritos, quesadillas or fajitas with meat, poultry or seafood	frqmburrito1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrmburrito1			svdmburrito1c	
Enchiladas, tamales, tacos or nachos with no meat	frqenchilada1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvenchilada1			svdenchilada1c	
Enchiladas, tamales, tacos or nachos with meat, poultry or seafood	frqmenchilada1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvmenchilada1			svdmenchilada1c	
Picadillo, carne quisada, menudo	frqpicaadillo1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvpicadillo1			svdpicadillo1c	
Arroz con pollo	frqarrozpollo1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvarrozpollo1			svdarrozpollo1c	
Chile with meat and beans	frqmchile1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvmchile1			svdmchile1c	
Red chile con carne with meat	frqredchile1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svredchile1			svdredchile1c	
Green chile con carne with meat	frqgreenchile1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrgreenchile1			svdgreenchile1c	
Refried beans as a side dish	frqfriedbeans1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfriedbeans1			svdfriedbeans1c	
Salsa, pico de gallo	frqsalsa1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrsalsa1			svdsalsa1c	
Flour or corn tortilla on the side	frqtortilla1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrtortilla1			svdtortilla1c	

NOODLES, CASSEROLES, ITALIAN SPAGHETTI AND PIZZA

Pasta with cream sauce or cheese (no meat), including macaroni and cheese, quiche, pesto	frqcreampasta1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrcreampasta1	<input type="radio"/>		svdcreampasta1c	
Pasta with cream sauce, cheese and meat, poultry or seafood, including tuna noodle casserole	frqmeatpasta1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrmeatpasta1	<input type="radio"/>		svdmeatpasta1c	



NOODLES, CASSEROLES, ITALIAN SPAGHETTI AND PIZZA (Continued)

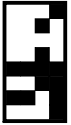
Type of Food	Average Last Year								Your Serving Size			
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Pasta with tomato sauce (no meat), including spaghetti and lasagna	frqtomatopasta1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrtomatopasta1		svdtomatopasta1c		
Pasta with tomato sauce and meat, poultry or seafood, including spaghetti and lasagna	frqmtomatopasta1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrmtomatopasta1		svdmtomatopasta1c		
Pizza	frqpizza1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvpizza1		svdpizza1c		

OTHER MIXED DISHES

Meat, chicken or turkey stew, pot pie or empanada	frqmeatstew1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvmeatstew1		svdmeatstew1c		
Fish stew or seafood gumbo, paella	frqfishstew1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvfishstew1		svdfishstew1c		
Chicken salad, tuna salad or egg salad	frqchickensalad1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvchickensalad1		svdchickensalad1c		
Pasta salad, macaroni salad, potato salad, cole slaw	frqpastasalad1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvpastasalad1		svdpastasalad1c		

MEAT AND POULTRY (not including meats in the mixed dishes listed above)

Hamburger, cheeseburger, meat loaf, hash	frqhamburger1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvhamburger1		svdhamburger1c		
Beef, pork or lamb steaks, roasts, barbeque or ribs	frqsteak1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvsteak1		svdsteak1c		
Ham hocks, pigs' feet, chicharones	frqhocks1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvhocks1		svdhocks1c		
Ham, hot dogs, bologna, salami, other lunch meats	frqham1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvham1		svdham1c		
Roasted, broiled, baked or ground chicken or turkey	frqroastchicken1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvroastchicken1		svdroastchicken1c		



MEAT AND POULTRY (Continued)

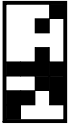
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Fried chicken	frqfriedchicken1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfriedchicken1		svdfriedchicken1c		
Liver including chicken livers, other organ meats	frqliver1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrliver1		svdliver1c		
Gravies made with meat or poultry drippings	frqgravy1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvgravy1		svdgravy1c		

FISH (not including fish in the mixed dishes listed above)

Fried fish or fish sandwich, fried shrimp, calamari	frqfriedfish1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfriedfish1		svdfriedfish1c		
Shrimp, lobster, crab, oysters, mussels (not fried)	frqshrimp1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrshrimp1		svdshrimp1c		
Tuna, salmon, sardines (including sashimi or sushi)	frqtuna1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrtuna1		svdtuna1c		
Other broiled, steamed, baked or raw fish (trout, sole, halibut, poke, grouper)	frqboiledfish1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	srvboiledfish1		svdboiledfish1c		

SWEETS

Sugar, jelly, jam, molasses on bread or cereal	frqjelly1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrjelly1		svdjelly1c		
Regular ice cream	frqicecream1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svricecream1		svdicecream1c		
Frozen yogurt, low-fat ice cream, ice milk, sherbert	frqfrozenyogurt1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrfrozenyogurt1		svdfrozenyogurt1c		
Dessert made with tofu	frqtodudessert1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrtodudessert1		svdtodudessert1c		
White doughnuts, cookies, cakes, pastries, Pop Tarts, Chinese desserts, Mexican desserts	frqwhitedonuts1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svrwhitedonuts1		svdwhitedonuts1c		



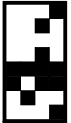
SWEETS (Continued)

Type of Food	Average Last Year									Your Serving Size			
	Rare or Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L	
Chocolate doughnuts, cookies, cakes, brownies or candy	<input type="text" value="frqchocdonuts1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdchocdonuts1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pies	<input type="text" value="frqpie1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdpielc"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pudding, custard, flan	<input type="text" value="frqpudding1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdpielc"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other candy including hard candy, licorice, other candy bars	<input type="text" value="frqcandy1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdcandy1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Beverages

Notice that you can report up to 6 or more per day of any item in the beverage list. When you answer these questions about milk, include **ONLY** beverages; **DO NOT** include milk that you use on your cereal.

Type of Food	Average Last Year									Your Serving Size			
	Rare or Never	1-3 Per Mo.	1 Per Wk.	2-4 Per Wk.	5-6 Per Wk.	1 Per Day	2-3 Per Day	4-5 Per Day	6+ Per Day	S	M	L	
Whole milk and beverages made with whole milk including cafe latte, cafe au lait	<input type="text" value="frqwholemilk1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdwholemilk1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2% milk and beverages made with 2% milk including cafe latte, cafe au lait	<input type="text" value="frqmilk2pct1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdmilk2pct1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skim milk, 1% or buttermilk, or beverages made with these including cafe latte, cafe au lait	<input type="text" value="frqskimmilk1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdskimmilk1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweetened condensed milk	<input type="text" value="frqsweetmilk1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdsweetmilk1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy milk	<input type="text" value="frqsoymilk1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdsoymilk1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular soft drinks, soda, sweetened mineral water (not diet), non-alcoholic beer	<input type="text" value="frqsoda1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="svdsoda1c"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Beverages (Continued)												
Type of Food	Average Last Year									Your Serving Size		
	Rare or Never	1-3 Per Mo.	1 Per Wk.	2-4 Per Wk.	5-6 Per Wk.	1 Per Day	2-3 Per Day	4-5 Per Day	6+ Per Day	S	M	L
Diet soft drinks, unsweetened mineral water	frqdietsoda1			○	○	○	○	○	○	svdietsoda1	svddietsoda1c	
Instant breakfast, Ensure, Slimfast	frqinstant1			○	○	○	○	○	○	svinstant1	svdinstant1c	
Hot chocolate	frqcocoa1			○	○	○	○	○	○	svcocoa1	svdcocoa1c	
Coffee (regular or decaffeinated) not including latte, cafe au lait	frqcoffee1			○	○	○	○	○	○	svcoffee1	svdcoffee1c	
Herbal tea	frqherbaltea1			○	○	○	○	○	○	svherbaltea1	svdherbaltea1c	
Black or green tea	frqblacktea1			○	○	○	○	○	○	svblacktea1	svdblacktea1c	
Milk in coffee or tea (not including cafe latte, cafe au lait)	frqmilkcoffeetea1			○	○	○	○	○	○	svmilkcoffeetea1	svdmilkcoffeetea1c	
Cream, half-and-half or non-dairy creamer in coffee or tea	frqcreamcoffeetea1			○	○	○	○	○	○	svcreamcoffeetea1	svdcreamcoffeetea1c	
Sugar or honey in coffee or tea (not including artificial sweeteners)	frqsugarcoffeetea1			○	○	○	○	○	○	svsugarcoffeetea1	svdsugarcoffeetea1c	
Wine	frqwine1			○	○	○	○	○	○	svwine1	svdwine1c	
Beer	frqbeer1			○	○	○	○	○	○	svbeer1	svdbeer1c	
Liquor or mixed drinks	frqliquor1			○	○	○	○	○	○	svliquor1	svdliquor1c	

The next few questions will help us understand the kind of food you eat. If you never eat the food, please mark "I Do Not Eat The Food".

23562

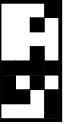


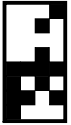
	I Do Not Eat The Food	SELDOM or NEVER	SOMETIMES	OFTEN or ALWAYS
How often do you eat the skin on chicken?	addqskinchic1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat the fat on meat?	addqfatmeat1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat ground beef, how often is it lean or extra lean ground beef?	addqleanmeat1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you add salt to food at the table?	addqaddsalt1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat fresh fruit (not including oranges or bananas), how often do you eat the peel?	addqeatpeel1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat potatoes, how often do you eat the skin?	addqeatskin1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat salads, how often do you use either diet salad dressing or no salad dressing?	addqdietsalad1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drink juice, how often do you drink calcium-fortified juice?	addqcalciumfort1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drink juice, how often do you drink Vitamin C-fortified juice?	addqvitcfort1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not all dark or wheat breads are 100% whole grain. If you eat dark or wheat bread or rolls, how often is it 100% whole grain?	addqwholegrain1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued:

	I Do Not Eat The Food	SELDOM or NEVER	SOMETIMES	OFTEN or ALWAYS
If you eat hot dogs, bologna or other lunch meats, how often are they low-fat?	addqflunchmeat1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat snacks such as chips or popcorn, how often are they low-fat?	addqfchips1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat bacon or sausage, how often is it low-fat?	addqfbacon1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat cheese, how often is it low-fat cheese?	addqfcheese1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat yogurt, how often is it low-fat yogurt?	addqfyogurt1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat cookies or cake, how often are they low-fat cookies or cake?	addqfcake1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23562





The next few questions are about using fat in cooking. If someone else does the cooking, please answer to the best of your knowledge.

	Average Last Year								
	Less Than 1 Per Wk.	1-2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+ Per Day
How often is fat or oil used in cooking the foods you eat? For example in sauteing, stir frying or frying eggs, meat or vegetables?	frqfatoi1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	svdfatoi1c	

What kind of fat or oil is usually used in cooking? (You may select two fats used in sauteing, stir frying or frying food)

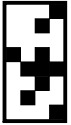
- Don't know
 Pam or no oil
- Soft margarine (tub or liquid)
 Olive oil
- Stick margarine or shortening
 Canola oil
- Butter
 Coconut oil
- Lard, fatback, bacon fat, fat from animal
 Other oil (such as sunflower, corn, sesame, sunflower or safflower)

If you eat refried beans or pinto beans, what kind of oil or fat is used in cooking the beans? (You may select two choices)

- Don't know / Don't eat beans
 Pam or no oil
- Soft margarine (tub or liquid)
 Olive oil
- Stick margarine or shortening
 Canola oil
- Butter
 Coconut oil
- Lard, fatback, bacon fat, fat from animal
 Other oil (such as sunflower, corn, sesame, sunflower or safflower)

What kind of fat do you usually add to vegetables, potatoes, etc. *at the table*? (You may select two choices)

- Don't add fat
 Half butter, half margarine
 Coconut oil
- Soft margarine (tub or liquid)
 Lard, fatback, bacon fat
 Other oil (such as sunflower, corn, sunflower or safflower)
- Stick margarine or shortening
 Olive oil
 Sour cream
- Butter
 Canola oil



The next few questions are about your usual dietary intake over the past year.

	Average Last Year								
	Less Than 1 Per Wk.	1-2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+ Per Day
Not counting salads, potatoes, or mixed dishes, about how often do you eat vegetables?	<input type="text" value="addqrb_cocon1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often do you eat cold cereal?	<input type="text" value="addqrb_cocon1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not counting juices, how often do you eat fruit?	<input type="text" value="addqrb_cocon1"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other food that you eat **at least once a week** that you have not seen listed in the previous pages? No Yes

List:

Is there anything else that you would like to tell us about your eating habits? No Yes

Clinical Use Only:

EDITOR: Review form for completeness and consistency, complete missing items and obtain clarifications.

- Comments? (1) -None **addqdietcomments1**
 (2) -Yes, no review needed
 (3) -Yes, Diet Data Center review needed (questionable accuracy, etc.)

Comments: _____

Is review by Diet Data Center required for coding food items? No Yes

Date of Editing
 Month / Day / Year

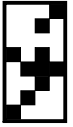
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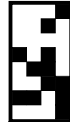
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Editor's Initials

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D	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
E	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
F	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
G	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
H	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
I	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
J	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
K	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
L	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
M	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
N	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
O	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
P	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Q	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
R	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
S	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
T	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
U	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
V	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
W	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
X	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Y	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Z	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

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SECTION D. VITAMINS, MINERALS, OTHER NUTRITIONAL SUPPLEMENTS

Do you take any vitamins, minerals, or other supplements at least once a month?

- No — Thank you very much. This is the end of the medication interview.
- Yes supvitamin1

If yes, complete the following two questions on this worksheet.
Use supplement coding form attached for scanning.

Participant ID:

Visit Date:

		/			/				
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Acrostic:

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1. Do you take any of these supplements once per week or more?

- No supvitmoreoneperweek1
- Yes If yes, complete the following worksheet.

Worksheet:

Multi-Vitamins: (List name and brand)	# Pills per week	Duration # of months/years
_____	_____	_____
_____	_____	_____

Single Supplements: (List name and brand)	# Pills per week	Dose	Duration # of months/ye
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Either now, or before scanning, code these on supplement coding pages as "1/week or more." For EACH NUTRIENT, code # pills/week, total dose of the nutrient, and duration of use. Xerox the label if you need to record dose information later. Call the Diet Assessment Center if you have questions.

2. Do you take any of these supplements < 1/week?

- No
- Yes

If yes, list names of supplements from bottle, including specific brand. *For multi-vitamins, list each nutrient.

Either now, or before scanning, code each nutrient on supplement coding pages as 1-3/month. No further information is needed. Xerox the label if you need to record specific nutrients later.

CONFIRM BOTTLES OF NUTRITIONAL SUPPLEMENTS.

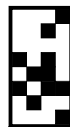
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<i>Probe: "Do you take any other vitamins?"</i>	Complete for all supplements taken:		Complete <u>only</u> for items taken at least once per week:				
	1-3/ Month	1 / Week or More	Dose			Duration of Use	
			# Pills/ Week	Dose/Pill		#	Months or Years
Vitamin A (not Beta-carotene)	supdurvita1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IU	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Beta-carotene	supdurbcarotene1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IU	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
B1 (Thiamin)	supdurvitb11	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
B2 (Riboflavin)	supdurvitb21	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
B6	supdurvitb61	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mcg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
B12	supdurvitb121	<input type="radio"/>	<input type="text"/>	supvitb121c	mcg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Vitamin C	supdurvitc1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Vitamin E	supdurvite1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IU	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Folate	supdurfolate1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mcg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Lutein	supdurlutien1	<input type="radio"/>	<input type="text"/>	suplutien1c	mcg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs
Niacin	supdurniacin1	<input type="radio"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo <input type="radio"/> yrs

CONFIRM BOTTLES OF NUTRITIONAL SUPPLEMENTS.

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<i>Probe: "Do you take any other minerals such as?" (List)</i>	Complete for all supplements taken:		Complete <u>only</u> for items taken at least once per week:						
	1-3/ Month	1 / Week or More	Dose			Duration of Use			
			# Pills/ Week	Dose/Pill	mg	#	Months or Years		
Calcium or dolomite, Tums	supdurcalcium1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Chromium	supdurchromium1	<input type="radio"/>	<input type="text"/>	supchromium1c	<input type="text"/>	mcg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Iron	supduriron1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Magnesium	supdurmagnesium1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Potassium	supdurpotassium1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Selenium	supdurseelenium1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mcg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
Zinc	supdurzinc1	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs

Cod liver oil, other fish oils or omega-3 fatty acids	supdurcodoil1	<input type="radio"/>	<input type="text"/>	supcodoil1c	<input type="text"/>	mg	<input type="text"/>	<input type="radio"/> mo	<input type="radio"/> yrs
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CONFIRM BOTTLES OF NUTRITIONAL SUPPLEMENTS.

<i>Probe: "Do you take any other supplements?" (List)</i>	Complete for all supplements taken:	
	1-3/ Month	1 / Week or More
Brewer's yeast	supbrewers1	<input type="radio"/>
Creatine	supcreatine1	<input type="radio"/>
Coenzyme Q	supcoenzyme1	<input type="radio"/>
DHEA	supDHEA1	<input type="radio"/>
Echinacea	supechinacea1	<input type="radio"/>
Ginseng, Ginseng tea	supginseng1	<input type="radio"/>
Ginkgo	supginkgo1	<input type="radio"/>
Glucosamine/Chondroitin	supglucosamine1	<input type="radio"/>
Kelp	supkelp1	<input type="radio"/>
Melatonin	supmelatonin1	<input type="radio"/>
Metamucil	supmetamucil1	<input type="radio"/>
Other fiber supplements (Citracil)	supotherfiber1	<input type="radio"/>
Primrose oil	supprimrose1	<input type="radio"/>
Saw Palmetto	supsawpalmetto1	<input type="radio"/>
St. John's Wort	supstjohn1	<input type="radio"/>

Probe: "Do you take any other supplements at least once per week that I have not mentioned?"

Specify: No Yes

