



DIETARY INTAKE FORM (screen 3 of 18)

Response Categories:	>6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost Never (I)
<b>B. [RC 1] FRUITS</b>			
"In the past year, how often on average did you consume..."			
9. Fresh apples or pears; 1 .....	<input type="checkbox"/>		
10. Oranges; 1 .....	<input type="checkbox"/>		
11. Orange or grapefruit juice; small glass .....	<input type="checkbox"/>		
12. Peaches, apricots or plums; 1 fresh or 1/2 c. canned or dried .....	<input type="checkbox"/>		
		13. Bananas; 1 .....	<input type="checkbox"/>
		14. Other fruits; 1 fresh or 1/2 c. canned, including fruit cocktail .....	<input type="checkbox"/>
<b>C. [RC 1] VEGETABLES -- Portion is 1/2 c.</b>			
"In the past year, how often on average did you consume..."			
		15. String beans or green beans; 1/2 c. ....	<input type="checkbox"/>
		16. Broccoli; 1/2 c. ....	<input type="checkbox"/>

DIETARY INTAKE FORM (screen 4 of 18)

Response Categories:	>6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost Never (I)
17. Cabbage, cauliflower, brussels sprouts; 1/2 c. ....	<input type="checkbox"/>		
18. Carrots; 1 whole or 1/2 c. cooked .....	<input type="checkbox"/>		
19. Corn; 1 ear or 1/2 c. ....	<input type="checkbox"/>		
20. Spinach, collards or other greens, but do not include lettuce; 1/2 c. ....	<input type="checkbox"/>		
21. Peas or lima beans; 1/2 c. fresh, frozen or canned .....	<input type="checkbox"/>		
		22. Dark yellow, winter, squash such as acorn, butternut; 1/2 c. ....	<input type="checkbox"/>
		23. Sweet potatoes; 1/2 c. ....	<input type="checkbox"/>
		24. Beans or lentils, dried cooked, or canned, such as pinto, blackeye, baked beans; 1/2 c. ....	<input type="checkbox"/>
		25. Tomatoes; 1, or tomato juice; 4 oz. ....	<input type="checkbox"/>

DIETARY INTAKE FORM (screen 5 of 18)

	Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:		4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
		2-3 per day (C)	2-4 per week (F)	Almost Never (I)

<p>D. [RC 1] MEATS</p> <p>"In the past year, how often on average did you consume..."</p> <p>26. Chicken or turkey, without skin ..... <input type="checkbox"/></p> <p>27. Chicken or turkey, with skin ..... <input type="checkbox"/></p> <p>28. Hamburgers; 1 ..... <input type="checkbox"/></p> <p>29. Hot dogs; 1 ..... <input type="checkbox"/></p>	<p>30. Processed meats: sausage, salami, bologna, etc.; piece or slice ..... <input type="checkbox"/></p> <p>31. Bacon; 2 slices ..... <input type="checkbox"/></p> <p>32. Beef, pork or lamb as a sandwich or mixed dish, stew, casserole, lasagne, or in spaghetti sauce, etc. .... <input type="checkbox"/></p> <p>33. Beef, pork or lamb as a main dish, steak, roast, ham, etc..... <input type="checkbox"/></p> <p>34. Canned tuna fish; 3-4 oz. .... <input type="checkbox"/></p>
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DIETARY INTAKE FORM (screen 6 of 18)

	Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:		4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
		2-3 per day (C)	2-4 per week (F)	Almost Never (I)

<p>35. Dark meat fish, such as salmon, mackerel, swordfish, sardines, bluefish; 3-5 oz. .... <input type="checkbox"/></p> <p>36. Other fish, such as cod, perch, catfish, etc.; 3-5 oz. .... <input type="checkbox"/></p> <p>37. Shrimp, lobster, scallops as a main dish ..... <input type="checkbox"/></p> <p>38. Eggs; 1 ..... <input type="checkbox"/></p>	<p>E. [RC 1] SWEETS, BAKED GOODS, CEREALS</p> <p>"In the past year, how often on average did you consume..."</p> <p>39. Chocolate bars or pieces, such as Hershey's, Plain M &amp; M's, Snickers, Reeses; 1 oz. .... <input type="checkbox"/></p> <p>40. Candy without chocolate; 1 oz..... <input type="checkbox"/></p> <p>41. Pie, homemade from scratch; 1 slice ..... <input type="checkbox"/></p>
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## DIETARY INTAKE FORM (screen 7 of 18)

Response Categories:	>6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost Never (I)
42. Pie, ready-made or from a mix; 1 slice .....	<input type="checkbox"/>		
43. Donut; 1 .....	<input type="checkbox"/>		
44. Biscuits or cornbread; 1 .....	<input type="checkbox"/>		
45. Danish pastry, sweet roll, coffee cake, croissant; 1 .....	<input type="checkbox"/>		
46. Cake or brownie; 1 piece .....	<input type="checkbox"/>		
47. Cookies; 1 .....	<input type="checkbox"/>		
48. Cold breakfast cereal; 1/2 c. ....	<input type="checkbox"/>		
			49. Cooked cereals such as oatmeal, grits, cream of wheat; 1/2 c..... <input type="checkbox"/>
			50. White bread; 1 slice .....
			51. Dark or whole grain bread; 1 slice .....
			F. [RC 1] MISCELLANEOUS
			"In the past year, how often on average did you consume..."
			52. Peanut butter; 1 tbsp .....

## DIETARY INTAKE FORM (screen 8 of 18)

Response Categories:	>6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost Never (I)
53. Potato chips or corn chips; small bag or 1 oz. <input type="checkbox"/>			
54. French fried potatoes; 1 serving, 4 oz. .... <input type="checkbox"/>			
55. Nuts; 1 oz. .... <input type="checkbox"/>			
56. Potatoes, mashed; 1 c. or baked; 1 .... <input type="checkbox"/>			
57. Rice; 1/2 c. .... <input type="checkbox"/>			
			58. Spaghetti, noodles or other pasta; 1/2 c. .... <input type="checkbox"/>
			59. Home-fried food, such as any meats, poultry, fish, shrimp, eggs, vegetables, etc.; 1 serving .....
			60. Food fried away from home, such as any fish, chicken, chicken nuggets, etc. ....

DIETARY INTAKE FORM (screen 9 of 18)

	Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:		4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
		2-3 per day (C)	2-4 per week (F)	Almost Never (I)

<p>G. [RC 1] BEVERAGES</p> <p>"In the past year, how often on average did you consume..."</p> <p>61. Coffee, <u>not</u> decaffeinated; 1 c. .... <input type="checkbox"/></p> <p>62. Tea, iced or hot, not including decaf or herbal tea; 1 cup ..... <input type="checkbox"/></p> <p>63. Low calorie soft drinks, such as any diet Coke, diet Pepsi, diet 7-Up; 1 glass ..... <input type="checkbox"/></p>	<p>64. Regular soft drinks, such as Coke, Pepsi, 7-Up, ginger ale; 1 glass ..... <input type="checkbox"/></p> <p>65. Fruit-flavored punch or non-carbonated beverages, such as lemonade, Kool-Aid or Hawaiian Punch; not diet; 1 glass ..... <input type="checkbox"/></p>
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DIETARY INTAKE FORM (screen 10 of 18)

<p>H. OTHER DIETARY ITEMS</p> <p>66. [RC 2] How often do you eat liver; 3-4 oz. serving? ..... 1/week      A</p> <p style="padding-left: 150px;">2-3/month      B</p> <p style="padding-left: 150px;">1/month or less      C</p> <p style="padding-left: 150px;">Never      D</p> <p>67. Are there any other foods that you usually eat at least twice per week such as tortillas, prunes, or avocado? Do not include dry spices nor something that has been listed previously. .... Yes      Y</p> <p style="padding-left: 150px;">No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 50px;"> <p>Go to Item 74, Screen 11</p> </div>	<p>68. Food #1 eaten at least twice per week (enter code and specify food and usual portion size below):... <input style="width: 40px; height: 20px;" type="text"/></p> <p>a. _____</p> <p>69. [RC 3] Frequency for food #1: ..... &gt; 6/day      A</p> <p style="padding-left: 150px;">4-6/day      B</p> <p style="padding-left: 150px;">2-3/day      C</p> <p style="padding-left: 150px;">1/day      D</p> <p style="padding-left: 150px;">5-6/wk      E</p> <p style="padding-left: 150px;">2-4/wk      F</p>
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DIETARY INTAKE FORM (screen 13 of 18)

<p>79. [RC 6] What brand and form of margarine do you usually use at the table?</p> <p>a. Form: ..... None <span style="float: right;">A</span></p> <p style="margin-left: 100px;">Stick <span style="float: right;">B</span></p> <p style="margin-left: 100px;">Tub <span style="float: right;">C</span></p> <p style="margin-left: 100px;">Diet (low calorie) <span style="float: right;">D</span></p> <p style="margin-left: 100px;">Other <span style="float: right;">E</span></p> <p>b. Code number: ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></p> <p>c. Brand: _____</p> <p>80. What kind of cold breakfast cereal do you most often use? (Enter code and specify brand name below): ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></p> <p>a. Brand: _____</p>	<p>81. Are you currently on a special diet? ..... Yes <span style="float: right;">Y</span></p> <p style="margin-left: 100px;">No <span style="float: right;">N</span></p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 50px;">Go to Item 84, Screen 14</div> <p>82. For how many years have you been on it? .. <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></p> <p>83. [RC 7] What type of diet is it? ...</p> <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">Weight Loss</td><td style="text-align: right;">A</td></tr> <tr><td>Low Salt</td><td style="text-align: right;">B</td></tr> <tr><td>Low Cholesterol</td><td style="text-align: right;">C</td></tr> <tr><td>Weight Gain</td><td style="text-align: right;">D</td></tr> <tr><td>Diabetic</td><td style="text-align: right;">E</td></tr> <tr><td>Other</td><td style="text-align: right;">F</td></tr> </table>	Weight Loss	A	Low Salt	B	Low Cholesterol	C	Weight Gain	D	Diabetic	E	Other	F
Weight Loss	A												
Low Salt	B												
Low Cholesterol	C												
Weight Gain	D												
Diabetic	E												
Other	F												

DIETARY INTAKE FORM (screen 14 of 18)

<p>84. How many teaspoons of sugar do you add to your food daily? Include sugar added to coffee, tea, cereal, etc. .... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></p> <p>85. [RC 8] In cooking vegetables, how often do you add fat such as salt pork, butter, or margarine? .....</p> <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">2-3 times per day</td><td style="text-align: right;">A</td></tr> <tr><td>1 time per day</td><td style="text-align: right;">B</td></tr> <tr><td>5-6 times per week</td><td style="text-align: right;">C</td></tr> <tr><td>2-4 times per week</td><td style="text-align: right;">D</td></tr> <tr><td>1 time per week</td><td style="text-align: right;">E</td></tr> <tr><td>1-3 times per month</td><td style="text-align: right;">F</td></tr> <tr><td>Never</td><td style="text-align: right;">G</td></tr> <tr><td>Unknown</td><td style="text-align: right;">H</td></tr> </table>	2-3 times per day	A	1 time per day	B	5-6 times per week	C	2-4 times per week	D	1 time per week	E	1-3 times per month	F	Never	G	Unknown	H	<p>86. [RC 8] How often is salt or salt-containing seasoning such as garlic salt, onion salt, soy sauce, or Accent added to your food in cooking? .....</p> <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">2-3 times per day</td><td style="text-align: right;">A</td></tr> <tr><td>1 time per day</td><td style="text-align: right;">B</td></tr> <tr><td>5-6 times per week</td><td style="text-align: right;">C</td></tr> <tr><td>2-4 times per week</td><td style="text-align: right;">D</td></tr> <tr><td>1 time per week</td><td style="text-align: right;">E</td></tr> <tr><td>1-3 times per month</td><td style="text-align: right;">F</td></tr> <tr><td>Never</td><td style="text-align: right;">G</td></tr> <tr><td>Unknown</td><td style="text-align: right;">H</td></tr> </table> <p>87. How many shakes of salt do you add to your food at the table every day? .... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/></p>	2-3 times per day	A	1 time per day	B	5-6 times per week	C	2-4 times per week	D	1 time per week	E	1-3 times per month	F	Never	G	Unknown	H
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DIETARY INTAKE FORM (screen 15 of 18)

<p>88. [RC 8] How often do you add catsup, hot sauce, soy or steak sauces to your food? ....</p> <table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">2-3 times per day</td><td style="text-align: right;">A</td></tr> <tr><td style="padding-left: 40px;">1 time per day</td><td style="text-align: right;">B</td></tr> <tr><td style="padding-left: 40px;">5-6 times per week</td><td style="text-align: right;">C</td></tr> <tr><td style="padding-left: 40px;">2-4 times per week</td><td style="text-align: right;">D</td></tr> <tr><td style="padding-left: 40px;">1 time per week</td><td style="text-align: right;">E</td></tr> <tr><td style="padding-left: 40px;">1-3 times per month</td><td style="text-align: right;">F</td></tr> <tr><td style="padding-left: 40px;">Never</td><td style="text-align: right;">G</td></tr> <tr><td style="padding-left: 40px;">Unknown</td><td style="text-align: right;">H</td></tr> </table>	2-3 times per day	A	1 time per day	B	5-6 times per week	C	2-4 times per week	D	1 time per week	E	1-3 times per month	F	Never	G	Unknown	H	<p>89. [RC 8] How often do you eat special low salt foods such as low salt chips, nuts, cheese, or salad dressing? .....</p> <table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">2-3 times per day</td><td style="text-align: right;">A</td></tr> <tr><td style="padding-left: 40px;">1 time per day</td><td style="text-align: right;">B</td></tr> <tr><td style="padding-left: 40px;">5-6 times per week</td><td style="text-align: right;">C</td></tr> <tr><td style="padding-left: 40px;">2-4 times per week</td><td style="text-align: right;">D</td></tr> <tr><td style="padding-left: 40px;">1 time per week</td><td style="text-align: right;">E</td></tr> <tr><td style="padding-left: 40px;">1-3 times per month</td><td style="text-align: right;">F</td></tr> <tr><td style="padding-left: 40px;">Never</td><td style="text-align: right;">G</td></tr> <tr><td style="padding-left: 40px;">Unknown</td><td style="text-align: right;">H</td></tr> </table>	2-3 times per day	A	1 time per day	B	5-6 times per week	C	2-4 times per week	D	1 time per week	E	1-3 times per month	F	Never	G	Unknown	H
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DIETARY INTAKE FORM (screen 16 of 18)

<p><b>I. ALCOHOL</b></p> <p>"I am going to ask you about wine, beer, and drinks made with hard liquor because these are the three major types of alcoholic beverages."</p> <p>90. Do you presently drink alcoholic beverages? ..... Yes Y</p> <p style="margin-left: 40px;"> <input type="checkbox"/> No N  <span style="border: 1px solid black; padding: 2px;">Go to Item 96, Screen 17</span> </p> <p>91. Have you ever consumed alcoholic beverages? ..... Yes Y</p> <p style="margin-left: 40px;"> <input type="checkbox"/> No N  <span style="border: 1px solid black; padding: 2px;">Go to Item 101, Screen 18</span> </p> <p>92. Approximately how many years ago did you stop drinking? ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>	<p>93. For how many years did you drink alcoholic beverages? ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>94. In the past, which types of alcoholic beverages did you ordinarily drink? (Circle Y or N for each type below)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Wine .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>b. Beer .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>c. Drinks made with hard liquor .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>d. Other .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>e. Specify: <input style="width: 100px; height: 15px;" type="text"/></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	a. Wine .....	Y	N	b. Beer .....	Y	N	c. Drinks made with hard liquor .....	Y	N	d. Other .....	Y	N	e. Specify: <input style="width: 100px; height: 15px;" type="text"/>		
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DIETARY INTAKE FORM (screen 17 of 18)

<p>95. What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages? ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>{One drink means 1 beer or 1 glass of wine or 1 shot of liquor or 1 mixed drink. Record 0 if less than one drink per week.}</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0; width: fit-content;">After completing item 95, go to item 101</div> <p>96. How many glasses of wine do you usually have per week? ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>{4 oz. glasses; round down}</p> <p>97. How many bottles or cans of beer do you usually have per week? ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>{12 oz. bottles or cans; round down}</p>	<p>98. How many drinks of hard liquor do you usually have per week? ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>{1 1/2 oz. shots; round down}</p> <p>99. During the past 24 hours, how many drinks have you had? ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0; width: fit-content;">If "0", go to item 101</div> <p>100. Were these: {Circle Y or N for each}</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Wine? .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>b. Beer? .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>c. Liquor? .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	a. Wine? .....	Y	N	b. Beer? .....	Y	N	c. Liquor? .....	Y	N
	<u>Yes</u>	<u>No</u>											
a. Wine? .....	Y	N											
b. Beer? .....	Y	N											
c. Liquor? .....	Y	N											

DIETARY INTAKE FORM (screen 18 of 18)

<p>J. WEIGHT AT AGE 25</p> <p>101. What was your weight at age 25? (pounds) ..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>K. ADMINISTRATIVE INFORMATION</p> <p>102. Interviewer's opinion of information: ....</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Reliable</td> <td style="width: 20%; text-align: center;">A</td> </tr> <tr> <td>Questionable</td> <td style="text-align: center;">B</td> </tr> <tr> <td>Participant uncooperative</td> <td style="text-align: center;">C</td> </tr> <tr> <td>Participant unable to estimate frequencies</td> <td style="text-align: center;">D</td> </tr> </table>	Reliable	A	Questionable	B	Participant uncooperative	C	Participant unable to estimate frequencies	D	<p>103. Date of data collection: ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p style="text-align: center; margin-left: 100px;">Month                  Day                  Year</p> <p>104. Method of data collection: ..... Computer      C  <span style="margin-left: 100px;">Paper Form      P</span></p> <p>105. Code number of person completing this form: ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p>
Reliable	A								
Questionable	B								
Participant uncooperative	C								
Participant unable to estimate frequencies	D								

DIETARY INTAKE FORM INSTRUCTIONS

## I. GENERAL INSTRUCTIONS

The Dietary Intake Form should be completed during the interview portion of the participant's clinic visit. The interviewer must be certified and should be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

The physical setting should be quiet and private to put the participant at ease. The standard food unit models, help screens, instructions, and participant response cards are readily accessible. The participant's form is checked for completeness of I.D.

Note: The clinic staff receptionist should alert the interviewer in advance if participant is illiterate or has any problem in reading. In those instances, response cards must be read by the interviewer.

Greet the participant cordially. Explain that the purpose of the interview is to obtain information about usual dietary intake, that there will be questions on specific foods and portion sizes, and that you need to find out how often, on average, the specified amount was consumed during the past year. Explain that any difference from the stated portion size must be reported only if it is at least twice as much or half as much. Frequency of consumption will be based on number of times either per day, week or month. State that any foods not mentioned which he/she eats frequently may be added at the end. Assure the participant that he/she should feel free to have instructions repeated or to ask questions.

The interviewer must show an interest in the interview, using a pleasant non-judgmental tone and posture. In introducing the questionnaire the interviewer may use his/her own words but must cover the relevant points. The suggested statement follows:

"Hello (participant's name). My name is           . In this part of the clinic visit we want to obtain information on your usual eating habits. We will go over specific foods by groups. I'll name a food and a portion size and you tell me how often, on average, you ate that during the past year.

If your portion was much different from the amount I say, please tell me if it was at least twice as much, or half as much. We have a few sizes of cups and glasses here for reference.

Here are the choices for "how often" (show RC 1). The choices are number of times a day or week or month. Please respond with the appropriate letter. For example, "once a day" would be "D". If you ate or drank something less than twelve times a year, that would be the same as "less than once a month," which is "I".

It is important that your reply be brief in order to save time, but we want you to be as accurate as possible. If we miss food items that you usually eat often, we will list those at the end. Feel free to ask questions or have me repeat instructions if I am not being clear.

First, the dairy group: In the past year, how often on average did you consume...?"

Make sure that the appropriate response card, as indicated on the form, is given to the participant. Remove response cards for questions that do not call for them.

All interviewers must be consistent in reading the Food and Amounts list to the participant. Read the questions clearly, using the exact wording on the form. It is imperative that there be no exclusions or inclusions in reading the food list. Do not add any interpretations.

For Sections A through G, these instructions list items that may be included for each category. Refer to them only if the participant asks if he/she should include certain food items. For example, the participant may ask if skim or low fat milk includes cocoa mix. By referring to these instructions, the interviewer can see that it does.

Periodically the interviewer may have to reiterate the comment "on average, the number of times in the past year", or may remind the participant of the stated portion size.

Problem items should be recorded in the note log. Resolution of these items will be handled by a nutritionist.

Enter frequency of intake in the appropriate column utilizing the help screen for portion/frequency conversions (this table appears at the end of these instructions). For example, the portion size for ice cream is 1/2 cup. If the participant reports a portion of 1 cup, 2-4 times per week, the interviewer calls up the portion/frequency help screen and finds the 2X Row in the Multiple of the Amount column. The interviewer reads across to the 2-4 Week column to obtain the adjusted frequency. The adjusted frequency is entered as 5-6 per week, or "E". If the amount is 3X or more, calculate the adjusted frequency or record the information in a note log and calculate later.

If the participant reports a seasonal intake of a food item which would total to more than 12 times per year, the average frequency must be calculated for the year (or the help screen for seasonal intake can be used). For example, if peaches are eaten only in season, but two peaches are eaten every week for three months, the frequency would be calculated as follows: 2 peaches x 4 weeks x 3 months = 24 divided by 12 (months in year) = 2 per month. The seasonal intake help screen is reprinted at the end of these instructions.

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

A. [RC 1] DAIRY FOODS

- 1. Skim or low fat milk; 8 oz. glass .....
- 2. Whole milk; 8 oz. glass .....
- 3. Yogurt; 1 c. ....
- 4. Ice cream; 1/2 c. ....
- 5. Cottage cheese or ricotta cheese; 1/2 c .....
- 6. Other cheeses, plain or as part  
of a dish; 1 slice or serving.....
- 7. Margarine or a margarine/butter blend;  
pats added to food or bread .....
- 8. Butter; pats added to food or bread .....

Item includes:

1/2%, 1%, 2%, milk; reconstituted non-fat dry milk; cocoa from mix or vending; buttermilk-- lowfat or unknown; lowfat chocolate milks

whole; "homogenized"; jersey milk; whole milk cocoa; whole buttermilk; unknown milk

whole milk yogurts, regular or frozen, 2% or low fat yogurts, regular or frozen

all brands, not ice milk (list at end if more than 2/week)

any cottage or ricotta cheese including any in recipes; farmer's cheese

processed, cheddar and all hard natural cheeses

at table

at table

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

B. [RC 1] FRUITS

- 9. Fresh apples or pears; 1 .....
- 10. Oranges; 1 .....
- 11. Orange or grapefruit juice; small glass .....
- 12. Peaches, apricots or plums;  
1 fresh or 1/2 c. canned or dried .....
- 13. Bananas; 1 .....
- 14. Other fruits; 1 fresh or 1/2 c.  
canned, including fruit cocktail .....

Item Includes:

4 to 6 ounce glass

nectarines

cantaloupe; grapefruit; strawberries; papaya;  
raspberries; raisins; grapes; pineapple; kiwi

FRUITS

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

C. [RC 1] VEGETABLES -- Portion is 1/2 c.

(do not include small amounts in mixed dishes)

Item Includes:

- 15. String beans or green beans; 1/2 c. ....
- 16. Broccoli; 1/2 c. ....
- 17. Cabbage, cauliflower, brussels sprouts; 1/2 c.
- 18. Carrots; 1 whole or 1/2 c. cooked .....
- 19. Corn; 1 ear or 1/2 c. ....
- 20. Spinach, collards or other greens,  
but do not include lettuce; 1/2 c. ....
- 21. Peas or lima beans; 1/2 c.  
fresh, frozen or canned .....
- 22. Dark yellow, winter, squash such  
as acorn, butternut; 1/2 c. ....
- 23. Sweet potatoes; 1/2 c. ....
- 24. Beans or lentils, dried cooked, or  
canned, such as pinto, blackeye,  
baked beans; 1/2 c. ....
- 25. Tomatoes; 1, or tomato juice; 4 oz. ....

- frozen or fresh; wax beans; fava beans
- raw or cooked
- raw or cooked; coleslaw; sauerkraut
- raw or cooked
- fresh, frozen or canned; niblets, cream style,  
cob
- raw or cooked; beet greens, chard, kale, mustard  
greens, turnip greens; romaine
- mixed vegetables (peas, carrots, corn and limas),  
frozen or canned butter beans; not dried limas
- hubbard, danish, buttercup, delicious,  
crookneck
- pumpkin, yams, fresh or canned
- red; brown; navy; northern; kidney; blackeye;  
garbanzo; split peas; refried beans; dried limas
- fresh or canned tomatoes; V-8 juice

VEGETABLES

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

D. [RC 1] MEATS

- 26. Chicken or turkey, without skin .....
- 27. Chicken or turkey, with skin .....
- 28. Hamburgers; 1 .....
- 29. Hot dogs; 1 .....
- 30. Processed meats: sausage, salami,  
bologna, etc.; piece or slice .....
- 31. Bacon; 2 slices .....
- 32. Beef, pork or lamb as a sandwich or  
mixed dish, stew, casserole, lasagne, or  
in spaghetti sauce, etc. ....
- 33. Beef, pork or lamb as a main dish,  
steak, roast, ham, etc.....
- 34. Canned tuna fish; 3-4 oz. ....
- 35. Dark meat fish, such as salmon, mackerel,  
swordfish, sardines, bluefish; 3-5 oz. ....
- 36. Other fish, such as cod,  
perch, catfish, etc.; 3-5 oz. ....
- 37. Shrimp, lobster, scallops as a main dish .....
- 38. Eggs; 1 .....

Item Includes:

- cornish hen; pheasant
- cornish hen; turkey roll; pheasant
- any ground beef in patty form
- not chicken-type
- cold cuts; luncheon meats, packaged or canned;  
tongue; (liver spread goes with liver)
- not Canadian style: Canadian bacon is coded in  
next category
- hot dish; meat pies; pizza; meatloaf; meatball;  
barbeque; chitterlings; Canadian bacon; souse  
meat; pigs feet
- chops, corned beef
- all kinds, about 1/2-2/3 can
- canned salmon; lake trout; shad; herring; fresh  
tuna; capelin; dogfish; eel; halibut; sablefish;  
Atlantic sturgeon; Arctic char; lake whitefish
- orange roughy; grouper; walleye; crappie;  
whiting; unknown
- clams; oysters; crab
- boiled; poached; fried; scrambled; omelettes;  
egg salad; quiche; not egg substitutes such as  
Egg Beaters

MEATS

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

E. [RC 1] SWEETS, BAKED GOODS, CEREALS

- 39. Chocolate bars or pieces, such as Hershey's, Plain M & M's, Snickers, Reeses; 1 oz. ....
- 40. Candy without chocolate; 1 oz.....
- 41. Pie, homemade from scratch; 1 slice .....
- 42. Pie, ready-made or from a mix; 1 slice .....
- 43. Donut; 1 .....
- 44. Biscuits or cornbread; 1 .....
- 45. Danish pastry, sweet roll, coffee cake, croissant; 1 .....
- 46. Cake or brownie; 1 piece .....
- 47. Cookies; 1 .....
- 48. Cold breakfast cereal; 1/2 c. ....
- 49. Cooked cereals such as oatmeal, grits, cream of wheat; 1/2 c.....
- 50. White bread; 1 slice .....
- 51. Dark or whole grain bread; 1 slice .....

Item Includes:

Average bar = about 1 oz. Chocolate cream = 1/2 oz. chocolate fudge; chocolate chips; peanut M&M's go with nuts, group F

about 3-4 = 1 oz., hard candies; gum drops; 1 pkg. life savers; not "dietetic"

any kind or tarts, crust from scratch

any kind or tarts, bakery, mix or frozen dough or restaurant; cheese cake; cream puff; pound cake

all kinds

cupcake; all cakes and bars

all ready-to-eat; wheat germ

all cooked cereals

French; Italian; raisin; 1/2 bagel; 1/2 white English muffin; average dinner roll; 1/2 frankfurter roll; 1/2 hamburger bun; pita bread; matzoh 4" x 6"

whole wheat; mixed grain; rye or pumpernickel; 2 graham cracker squares (2 1/2") 3 rye wafers (2" X 3")

Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

F. [RC 1] MISCELLANEOUS

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>52. Peanut butter; 1 tbsp ..... <input type="checkbox"/></p> <p>53. Potato chips or corn chips; small bag or 1 oz. <input type="checkbox"/></p> <p>54. French fried potatoes; 1 serving, 4 oz. .... <input type="checkbox"/></p> <p>55. Nuts; 1 oz. .... <input type="checkbox"/></p> <p>56. Potatoes, mashed; 1 c. or baked; 1 ..... <input type="checkbox"/></p> <p>57. Rice; 1/2 c. .... <input type="checkbox"/></p> <p>58. Spaghetti, noodles or other pasta; 1/2 c. .... <input type="checkbox"/></p> <p>59. Home-fried food, such as any meats, poultry, fish, shrimp, eggs, vegetables, etc.; 1 serving ..... <input type="checkbox"/></p> <p>60. Food fried away from home, such as any fish, chicken, chicken nuggets, etc. .... <input type="checkbox"/></p> | <p><u>Item Includes:</u></p> <p>any kind</p> <p>nachos; 1 oz = about 1 c</p> <p>4 oz = about 1 c</p> <p>all nuts, peanuts; mixed; M&amp;M peanut; 1 oz. = about 3 tbsp</p> <p>boiled</p> <p>white rice; brown rice; wild rice; Rice-a-Roni</p> <p>macaroni; fettucini; noodles in lasagne</p> <p>any food fried at home except french fries; include sauteed foods</p> <p>any deep fried foods; fish sticks; fish patties; McNuggets; do not include french fries</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MISCELLANEOUS



Response	>6 per day (A)	1 per day (D)	1 per week (G)
Categories:	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost Never (I)

G. [RC 1] BEVERAGES

- 61. Coffee, not decaffeinated; 1 c. ....
  
- 62. Tea, iced or hot, not including decaf or herbal tea; 1 cup .....
  
- 63. Low calorie soft drinks, such as any diet Coke, diet Pepsi, diet 7-Up; 1 glass .....
  
- 64. Regular soft drinks, such as Coke, Pepsi, 7-Up, ginger ale; 1 glass .....
  
- 65. Fruit-flavored punch or non-carbonated beverages, such as lemonade, Kool-Aid or Hawaiian Punch; not diet; 1 glass .....

Item Includes:

brewed or instant

all low calorie or diet carbonated beverages or sodas

all non-diet carbonated beverages or sodas

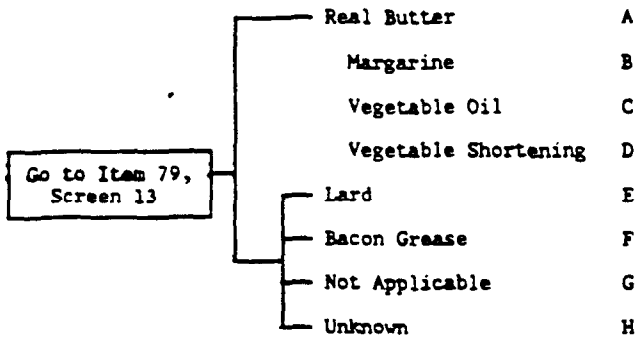
Tang, Hi-C

BEVERAGES





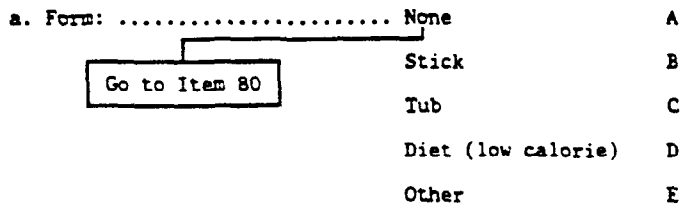
77. [RC 5] What kind of fat do you usually use for baking? .....



78. Enter code and specify brand and form below: .....

a. \_\_\_\_\_

79. [RC 6] What brand and form of margarine do you usually use at the table?



b. Code number: .....

c. Brand: \_\_\_\_\_

80. What kind of cold breakfast cereal do you most often use? (Enter code and specify brand name below): .....

a. Brand: \_\_\_\_\_

77-78. Complete as in items 75 and 76 above.

79. Note that the question refers to margarine used at the table. Obtain both brand name and form. Use Response Card 6, removing it after this item.

b. Record 3-digit code number found in "MARGARINE" list. If none given, draw two horizontal lines through the boxes.

c. Record the brand name of the margarine.

80. Look up the brand name in the "CEREALS" list, and enter the 3-digit code found there. If none is given, draw two horizontal lines through the boxes.

a. Record the brand name of the cereal.

81. Are you currently on a special diet? . . . Yes Y

No N

Go to Item 84,  
Screen 14

82. For how many years have you been on it? ..

83. [RC 7] What type of diet is it? ...
- Weight Loss A
  - Low Salt B
  - Low Cholesterol C
  - Weight Gain D
  - Diabetic E
  - Other F

84. How many teaspoons of sugar do you add to your food daily? Include sugar added to coffee, tea, cereal, etc. ....

85. [RC 8] In cooking vegetables, how often do you add fat such as salt pork, butter, or margarine? .....
- 2-3 times per day A
  - 1 time per day B
  - 5-6 times per week C
  - 2-4 times per week D
  - 1 time per week E
  - 1-3 times per month F
  - Never G
  - Unknown H

82. The question refers to the current diet only.

83. Use Response Card 7, removing it after this item.

84. Note 1 tablespoon = 3 teaspoons.

85. Show the participant Response Card 8 for items 85, 86, 88, and 89.

86. [RC 8] How often is salt or salt-containing seasoning such as garlic salt, onion salt, soy sauce, or Accent added to your food in cooking? .....

- 2-3 times per day      A
- 1 time per day        B
- 5-6 times per week    C
- 2-4 times per week    D
- 1 time per week        E
- 1-3 times per month    F
- Never                    G
- Unknown                H

87. How many shakes of salt do you add to your food at the table every day? ....

88. [RC 8] How often do you add catsup, hot sauce, soy or steak sauces to your food? ....

- 2-3 times per day      A
- 1 time per day        B
- 5-6 times per week    C
- 2-4 times per week    D
- 1 time per week        E
- 1-3 times per month    F
- Never                    G
- Unknown                H

89. [RC 8] How often do you eat special low salt foods such as low salt chips, nuts, cheese, or salad dressing? .....

- 2-3 times per day      A
- 1 time per day        B
- 5-6 times per week    C
- 2-4 times per week    D
- 1 time per week        E
- 1-3 times per month    F
- Never                    G
- Unknown                H

86. Include hot sauces.

88. At table.



94. In the past, which types of alcoholic beverages did you ordinarily drink? (Circle Y or N for each type below)
- |                                       | Yes | No |
|---------------------------------------|-----|----|
| a. Wine .....                         | Y   | N  |
| b. Beer .....                         | Y   | N  |
| c. Drinks made with hard liquor ..... | Y   | N  |
| d. Other .....                        | Y   | N  |

e. Specify: 

--	--	--	--	--	--	--	--	--	--

95. What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages? 

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(One drink means 1 beer or 1 glass of wine or 1 shot of liquor or 1 mixed drink. Record 0 if less than one drink per week.)

After completing item 95, go to item 101

96. How many glasses of wine do you usually have per week? 

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{4 oz. glasses; round down}

97. How many bottles or cans of beer do you usually have per week? 

--	--

  
{12 oz. bottles or cans; round down}

98. How many drinks of hard liquor do you usually have per week? 

--	--

  
{1 1/2 oz. shots; round down}

99. During the past 24 hours, how many drinks have you had? 

--	--

If "0", go to item 101

94. The interviewer reads each type (wine, beer and drinks made with hard liquor) and allows the respondent to answer with "Yes" or "No" to each. The respondent can answer "Yes" to more than one. "Wine" includes wine coolers, cordials, and "sweet wines". "Liquor" includes liqueurs.

95. The definition of "drinks" in terms of serving size should be clear to the participant. Indicate that "per week" should include weekends. If the respondent used to drink more than one type of beverage, record the appropriate total (e.g., record "5" if the participant drank three beers and two glasses of wine per week). If not known, draw 2 horizontal lines through the boxes.

96-98. These questions are asked only if the participant answered "Yes" to Question 90. The serving sizes of wine, beer and hard liquor must be clear to the participant. For example, after asking: "How many glasses of wine do you usually have per week?", indicate that you are referring to 4 oz. glasses, and that "per week" includes the weekends. If the participant answers in terms of drinks per month, divide by four to derive the weekly intake. If the number of drinks is "half a drink" or less, record "0". If the number of drinks is more than 99 record as "99". "Wine" includes wine coolers, cordials, and "sweet wines". "Liquor" includes liqueurs. If not known, draw 2 horizontal lines through the boxes.

99. The definition of "drinks" should be clear to the participant. If the participant asks, or the interviewer thinks that the serving sizes are no longer clear to him/her, read the serving size definitions given in items 96-98. If not known, draw 2 horizontal lines through the boxes.



100. Were these: (Circle Y or N for each)
- |                  | <u>Yes</u> | <u>No</u> |
|------------------|------------|-----------|
| a. Wine? .....   | Y          | N         |
| b. Beer? .....   | Y          | N         |
| c. Liquor? ..... | Y          | N         |

J. WEIGHT AT AGE 25

101. What was your weight at age 25? (pounds) .....

K. ADMINISTRATIVE INFORMATION

102. Interviewer's opinion of information: ....
- |                                            |   |
|--------------------------------------------|---|
| Reliable                                   | A |
| Questionable                               | B |
| Participant uncooperative                  | C |
| Participant unable to estimate frequencies | D |

103. Date of data collection: ...   -   -

Month                      Day                      Year

104. Method of data collection: ..... Computer      C  
                                                                          Paper Form      P

105. Code number of person completing this form: ...

100. Ask the participant slowly and in sequence if he/she had wine, beer or liquor, and allow the participant to answer "Yes" or "No" for each type. "Wine" includes wine coolers, cordials, and "sweet wines". "Liquor" includes liqueurs.

J. Weight At Age 25

101. Help the participant estimate his/her weight at 25 by recalling associated life events. If not known, draw 2 horizontal lines through the boxes.

K. Administrative Information

102. Evaluate the quality of the interview, emphasizing the dietary portion.

103. Record the date on which the interview took place.

104. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

105. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.

CONVERSION OF NONSTANDARD PORTION SIZES TO FREQUENCIES

MULTIPLE OF AMOUNT	FREQUENCY								
	A > 6 per day	B 4-6 per day	C 2-3 per day	D 1 per day	E 5-6 per wk	F 2-4 per wk	G 1 per wk	H 1-3 per mo	I Almost never
2X	A	A	B	C	D	E	F	H	I
0.5X	B	C	D	F	F	G	H	I	I

FREQUENCY CONVERSION FOR SEASONAL INTAKE

FREQUENCY

SEASON LENGTH	1 time /week	2 times /week	3 times /week	4-5 times /week	1 time /day
2 mo.	I	H	H	H	G
3 mo.	H	H	H	G	G
4 mo.	H	H	G	G	F