



DIETARY INTAKE FORM

ID NUMBER: CONTACT YEAR: FORM CODE: DTI VERSION: B 01/24/90

LAST NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503

INSTRUCTIONS:

This form is completed during the interview portion of the participant's visit. ID Number, Name and Contact Year are entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly on the paper form, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle or write in the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

The Dietary Intake Form is being administered in Visit 2 to a small sample of cohort participants. Please confirm that this participant has been correctly identified for this interview.

"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."

DIETARY INTAKE FORM (DTIB screen 1 of 15)

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)

[RC 1] DAIRY FOODS

In the past year, how often on average did you consume..."

- Skim or low fat milk; 8 oz. glass
- Whole milk; 8 oz. glass
- Yogurt; 1 c.
- 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

DIETARY INTAKE FORM (DTIB screen 2 of 15)

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)

[RC 1] FRUITS

In the past year, how often on average did you consume..."

- Fresh apples or pears; 1
- Oranges; 1
- Orange or grapefruit juice; small glass
- 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
- C. [RC 1] VEGETABLES -- Portion is 1/2 c.
"In the past year, how often on average did you consume..."
- 15. String beans or green beans; 1/2 c.
- 16. Broccoli; 1/2 c.

DIETARY INTAKE FORM (DTIB screen 3 of 15)

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>7. Cabbage, cauliflower, brussels sprouts; 1/2 c. <input type="checkbox"/></p> <p>3. Carrots; 1 whole or 1/2 c. cooked <input type="checkbox"/></p> <p>9. Corn; 1 ear or 1/2 c. <input type="checkbox"/></p> <p>1. Spinach, collards or other greens, but do not include lettuce; 1/2 c. <input type="checkbox"/></p> <p>1. Peas or lima beans; 1/2 c. fresh, frozen or canned <input type="checkbox"/></p>	<p>22. Dark yellow, winter, squash such as acorn, butternut; 1/2 c. <input type="checkbox"/></p> <p>23. Sweet potatoes; 1/2 c. <input type="checkbox"/></p> <p>24. Beans or lentils; dried cooked, or canned, such as pinto, blackeye, baked beans; 1/2 c. <input type="checkbox"/></p> <p>25. Tomatoes; 1, or tomato juice; 4 oz. <input type="checkbox"/></p>
--	---

DIETARY INTAKE FORM (DTIB screen 4 of 15)

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>[RC 1] MEATS</p> <p>"In the past year, how often on average did you consume..."</p> <p>5. Chicken or turkey, without skin <input type="checkbox"/></p> <p>7. Chicken or turkey, with skin <input type="checkbox"/></p> <p>8. Hamburgers; 1 <input type="checkbox"/></p> <p>9. 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>
---	---

DIETARY INTAKE FORM (DTIB screen 5 of 15)

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)

- Dark meat fish, such as salmon, mackerel, swordfish, sardines, bluefish; 3-5 oz.
- Other fish, such as cod, perch, catfish, etc.; 3-5 oz.
- Shrimp, lobster, scallops as a main dish
- Eggs; 1

- E. [RC 1] SWEETS, BAKED GOODS, CEREALS
- "In the past year, how often on average did you consume..."
- 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

DIETARY INTAKE FORM (DTIB screen 6 of 15)

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)

- Pie, ready-made or from a mix; 1 slice
- Donut; 1
- Biscuits or cornbread; 1
- Danish pastry, sweet roll, coffee cake, croissant; 1
- Cake or brownie; 1 piece
- Cookies; 1
- 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
- F. [RC 1] MISCELLANEOUS
- "In the past year, how often on average did you consume..."
- 52. Peanut butter; 1 tbsp

DIETARY INTAKE FORM (DTIB screen 7 of 15)

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)

- 3. Potato chips or corn chips; small bag or 1 oz.
- 4. French fried potatoes; 1 serving, 4 oz.
- 5. Nuts; 1 oz.
- 6. Potatoes, mashed; 1 c. or baked; 1
- 7. Rice; 1/2 c.

- 58. Spaghetti, noodles or other pasta; 1/2 c. [
- 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 (DTIB screen 8 of 15)

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)

i. [RC 1] BEVERAGES

"In the past year, how often on average did you consume..."

- 1. Coffee, not decaffeinated; 1 c.
- 2. Tea, iced or hot, not including decaf or herbal tea; 1 cup
- 3. 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 [

DIETARY INTAKE FORM (DTIB screen 9 of 15)

OTHER DIETARY ITEMS

[RC 2] How often do you eat liver; 3-4 oz. serving? 1/week A
 2-3/month B
 1/month or less C
 Never D

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

No N
 Go to Item 74, Screen 10

68. Food #1 eaten at least twice per week (enter code and specify food and usual portion size below):...

a. _____

69. [RC 3] Frequency for food #1: > 6/day
 4-6/day
 2-3/day
 1/day
 5-6/wk
 2-4/wk

DIETARY INTAKE FORM (DTIB screen 10 of 15)

Food #2 eaten at least twice per week (enter code and specify food and usual portion size below):...

[RC 3] Frequency for food #2: > 6/day A
 4-6/day B
 2-3/day C
 1/day D
 5-6/wk E
 2-4/wk F

Food #3 eaten at least twice per week (enter code and specify food and usual portion size below):...

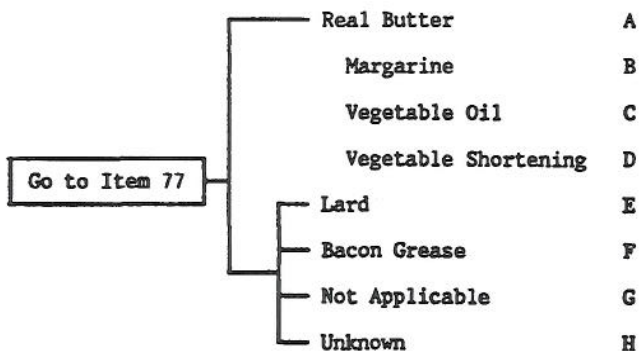
73. [RC 3] Frequency for food #3: > 6/day
 4-6/day
 2-3/day
 1/day
 5-6/wk
 2-4/wk

74. [RC 4] What do you do with the visible fat on your meat?

- Eat most of the fat
- Eat some of the fat
- Eat as little as possible
- Don't eat meat

DIETARY INTAKE FORM (DTIB screen 11 of 15)

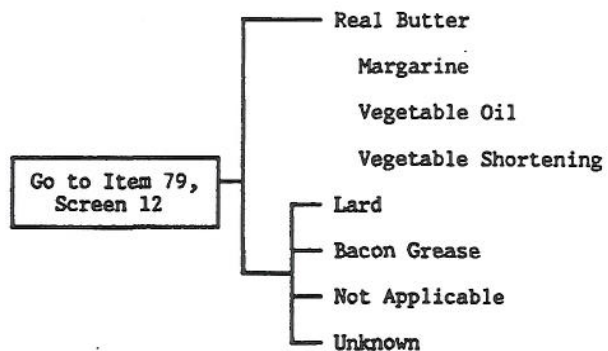
5. [RC 5] What kind of fat do you usually use for frying and sauteing foods at home, excluding "Pam"-type spray?



6. Enter code and specify brand and form below:

a. _____

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

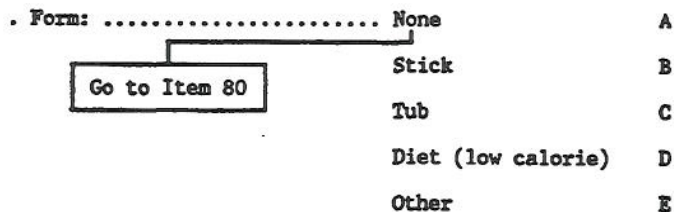


78. Enter code and specify brand and form below:

a. _____

DIETARY INTAKE FORM (DTIB screen 12 of 15)

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



Code number:

Brands: _____

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

Brands: _____

81. Are you currently on a special diet? Yes



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

83. [RC 7] What type of diet is it? ...

- Weight Loss
- Low Salt
- Low Cholesterol
- Weight Gain
- Diabetic
- Other

DIETARY INTAKE FORM (DTIB screen 13 of 15)

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

- [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

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
- 1 time per day
- 5-6 times per week
- 2-4 times per week
- 1 time per week
- 1-3 times per month
- Never
- Unknown

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

DIETARY INTAKE FORM (DTIB screen 14 of 15)

- [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
 - 1 time per day
 - 5-6 times per week
 - 2-4 times per week
 - 1 time per week
 - 1-3 times per month
 - Never
 - Unknown