

NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: A 02/25/93

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 2 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 in several stages by appropriately trained persons at the workstations identified for this purpose. If the paper form is used for data collection, data are keyed into the data entry system as soon as possible following its completion. ID number, participant 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 zeros where necessary to fill all boxes. If a number is entered incorrectly on a 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 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.

VITAMIN SURVEY FORM (VITA screen 1 of 12)

Ask questions as written. Use vitamin containers for dosage.

1.a. Do you regularly take multiple vitamins? ..... Yes

Go to Item 2, Screen 2 ..... No

b. How many pills do you take per week? .....

Ask, "Did you bring the container with you?" If the answer is "Yes," copy the manufacturer's name first and brand name second from the label of the container. If the answer is "No," ask, "Do you know what brand you usually take and who the manufacturer is," and enter the manufacturer's name first and brand name second. Enter the brand name exactly as it appears on the container.

c. Manufacturer: \_\_\_\_\_

d. Brand Name: \_\_\_\_\_

e. Enter 4 digit code number from the multiple vitamin code list:.....

VITAMIN SURVEY FORM (VITA screen 2 of 12)

2. Not counting multiple vitamins, do you take any of the following preparations? (Please answer either "Yes" or "No" for each preparation.)

a. Vitamin A, not including Beta-carotene: ..... Yes Y  
 ..... No N

Go to Item 3a, Screen 3

b. Do you take it seasonally or most months? ..... Seasonally S  
 ..... Most months M

c. How many years have you taken it? .....

d. How many pills do you take per week? .....

e. Dose per pill: .....

f. Units: ..... mg. M  
 ..... mcg. C  
 ..... IU I  
 ..... Other O

If other, specify \_\_\_\_\_

VITAMIN SURVEY FORM (VITA screen 3 of 12)

3.a. Vitamin C? ..... Yes Y

Go to Item 4a, Screen 4

..... No N

b. Do you take it seasonally or most months? ..... Seasonally S  
 ..... Most months M

c. How many years have you taken it? .....

d. How many pills do you take per week? .....

e. Dose per pill: .....

f. Units: ..... mg. M  
 ..... mcg. C  
 ..... IU I  
 ..... Other O

If other, specify \_\_\_\_\_

VITAMIN SURVEY FORM (VITA screen 4 of 12)

<p>4.a. Vitamin B<sub>6</sub>? ..... Yes      Y</p> <p style="text-align: right;">..... No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                 Go to Item 5a, Screen 5             </div> <p>b. How many years have you taken it? ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>c. How many pills do you take per week? ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>d. Dose per pill: ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>e. Units: ..... mg.      M</p> <p style="text-align: right;">..... mcg.      C</p> <p style="text-align: right;">..... IU      I</p> <p style="text-align: right;">..... Other      O</p> <p>If other, specify _____</p>
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VITAMIN SURVEY FORM (VITA screen 5 of 12)

<p>5.a. Vitamin E? ..... Yes      Y</p> <p style="text-align: right;">..... No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                 Go to Item 6a, Screen 6             </div> <p>b. How many years have you taken it? ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>c. How many pills do you take per week? ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>d. Dose per pill: ..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>e. Units: ..... mg.      M</p> <p style="text-align: right;">..... mcg.      C</p> <p style="text-align: right;">..... IU      I</p> <p style="text-align: right;">..... Other      O</p> <p>If other, specify _____</p>
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VITAMIN SURVEY FORM (VITA screen 6 of 12)

6.a. Selenium? ..... Yes Y

No N

Go to Item 7a,  
Screen 7

b. How many years  
have you taken it? .....

c. How many pills do  
you take per week? .....

d. Dose per pill: .....

e. Units: ..... mg. M  
mcg. C  
IU I  
Other O

If other, specify \_\_\_\_\_

VITAMIN SURVEY FORM (VITA screen 7 of 12)

7.a. Iron? ..... Yes Y

No N

Go to Item 8a,  
Screen 8

b. How many years  
have you taken it? .....

c. How many pills do  
you take per week? .....

d. Dose per pill: .....

e. Units: ..... mg. M  
mcg. C  
IU I  
Other O

If other, specify \_\_\_\_\_



VITAMIN SURVEY FORM (VITA screen 8 of 12)

<p>8.a. Zinc? ..... Yes      Y</p> <p style="text-align: right;">..... No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                 Go to Item 9a, Screen 9             </div> <p>b. How many years have you taken it? ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>c. How many pills do you take per week? ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>d. Dose per pill: ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>e. Units: ..... mg.      M</p> <p style="text-align: right;">..... mcg.      C</p> <p style="text-align: right;">..... IU      I</p> <p style="text-align: right;">..... Other      O</p> <p>If other, specify _____</p>
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VITAMIN SURVEY FORM (VITA screen 9 of 12)

<p>9.a. Calcium? (Include calcium in Dolomite) ..... Yes      Y</p> <p style="text-align: right;">..... No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                 Go to Item 10a, Screen 10             </div> <p>b. How many years have you taken it? ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>c. How many pills do you take per week? ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>d. Dose per pill: ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>e. Units: ..... mg.      M</p> <p style="text-align: right;">..... mcg.      C</p> <p style="text-align: right;">..... IU      I</p> <p style="text-align: right;">..... Other      O</p> <p>If other, specify _____</p>
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VITAMIN SURVEY FORM (VITA screen 10 of 12)

10.a. Beta-carotene? ..... Yes Y

No N  
 Go to Item 11a, Screen 11

b. How many years have you taken it? .....

c. How many pills do you take per week? .....

d. Dose per pill: .....

e. Units: ..... mg. M  
 mcg. C  
 IU I  
 Other O

If other, specify \_\_\_\_\_

VITAMIN SURVEY FORM (VITA screen 11 of 12)

11.a. Fish oil? (Including omega-3 fatty acids, EPA, cod liver oil) ..... Yes Y

No N  
 Go to Item 12a, Screen 12

b. How many years have you taken it? .....

c. Do you take it as pills or teaspoons? ..... pill P  
 teaspoon T

d. How many pills or teaspoons do you take per week? .....



INSTRUCTIONS FOR THE VITAMIN FORM AND QUESTIONNAIRE  
VIT, VERSION A, 02/25/93  
PREPARED 04/05/94

**I. GENERAL INSTRUCTIONS**

The purpose of the VITAMIN SURVEY is to assess the usage of vitamins, minerals, and supplements (and their dose) more completely than the MEDICATION SURVEY does. After all medications (including vitamins) have been recorded and verified on the MEDICATION SURVEY, the same interviewer completes the VITAMIN SURVEY.

VITAMINS, MINERALS, AND SUPPLEMENTS are recorded on the VITAMIN SURVEY FORM even though they were recorded on the MEDICATION SURVEY FORM. The VITAMIN SURVEY FORM is completed regardless of whether the participant brought all medications, but any medication brought in should be available during the interview for reference. The reference period (time frame) for the two surveys is the same, i.e., the two weeks preceding the interview.

The form should be completed based upon the participant's response and the label on the vitamin container, when available. Any contradiction between the participant's response and the label on the vitamin container is resolved in favor of the container. If the participant forgot to bring the container, obtain the information from him/her to the extent that he/she recalls. If he/she agrees to a follow-up contact (Question #3 on the MEDICATION SURVEY FORM), be sure to get what you need to complete the VITAMIN SURVEY FORM during the follow-up interview.

**II. SPECIFIC INSTRUCTIONS**

All questions address CURRENT usage. If asked by the participant, define current as applying to the two weeks preceding the interview.

- 1.a If the participant asks the meaning of "regularly," the response is "At least once a week."

If the participant asks the meaning of "multiple vitamins," the response is: "A preparation containing at least two different vitamins."

Multi-vitamins, in general, are defined as any preparation in which there are two or more vitamins or dietary supplements. Provision has only been made for recording the use of one multi-vitamin. When a participant reports taking more than one multi-vitamin, a selection algorithm is



applied. This often results in the incomplete documentation of compound preparations. Because of the importance of recording as much information as possible on the use of calcium and vitamin A, an exception to the coding rules of multiple vitamins has been made to allow the recording of calcium and vitamins A and D as single preparations, even when they are taken in combination. These new conventions apply regardless of whether or not the participant is taking a multi-vitamin. In other words, calcium + vitamin D is not recorded as a multi-vitamin, but as calcium (in Item 9) and vitamin D (in Item 12.b), even if there are no multi-vitamins. The same process applies to Vitamin A. Vitamin A + D is not recorded as a multi-vitamin, but as Vitamin A (in Item 2) and Vitamin D (in Item 12.b).

**SUMMARY OF ALGORITHM FOR RECORDING THE USE OF CALCIUM + D,  
VITAMIN A + D, AND MULTIPLE VITAMINS**

<u>VITAMIN/MINERAL PREPARATIONS</u>	<u>MULTI- VITAMIN ITEM 1</u>	<u>VIT.A ITEM 2</u>	<u>CALCIUM ITEM 9</u>	<u>VIT. D ITEM 12.B</u>
A + D, No multi-vitamin	NO	YES	NO	YES
Ca + D, No multi-vitamin	NO	NO	YES	YES
A + D, Ca + D, No multi-vit.	NO	YES	YES	YES
A + D, $\geq 1$ multi-vitamin	YES	YES	NO	YES
Ca + D, $\geq 1$ multi-vitamin	YES	NO	YES	YES
A + D, Ca + D, $\geq 1$ multi-vit.	YES	YES	YES	YES
A + D, Ca, No multi-vitamin*	NO	YES	YES	YES
CA + D, A, No multi-vitamin*	NO	YES	YES	YES

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\*It is important to note that Item 2 for Vitamin A applies to either single preparation or Vitamin A + Vitamin D compounds. Likewise, Item 9 can be used for either single preparation calcium or calcium + Vitamin D compounds.

- 1.b Pills are used as synonyms with tablets and capsules. The number of pills refers to current usage (see above). If the number has varied over the past 2 weeks, ask for the estimate of the typical average week. A week includes all seven days, including the weekend. Except for vitamin A + D and calcium + vitamin D (see Item 1.a), if a participant is taking more than one multiple vitamin preparation, record the one most frequently used. If all are equally used, record the one containing the largest number of vitamins. In the unlikely event that a preparation is taken in a liquid form, enter '00' and record as much information as possible in items 1c and 1d. Use a notelog if necessary to record information on the weekly dose. After determining the average number of multiple vitamins taken during a week, ask the participant "Did you bring the container(s) with you?" If the answer is YES, copy the manufacturer's name first and brand name second from the label on the container.
- 1.c The manufacturer's name refers to the name of the drug company (e.g. "Squibb," "Nature Made," "CVS").
- 1.d The brand name refers to the vitamin description on the label (e.g. "Centrum," "Mega-2000," "B-Complex + C," "Supplement with Calcium, Iron and Zinc.").

Example:

- 1.c Manufacturer: Schiff  
 1.d Brand Name: Mega high II

- 1.e The goal of Question 1e is to assign a four-digit code for the specific multiple vitamin preparation recorded in Question 1c using the ARIC multiple vitamin code list.

The multiple vitamin code list is sorted alphabetically. Each preparation usually appears twice in the code list: (1) by manufacturer's name first and brand name second (e.g. Nature Made B-complex + C); (2) by brand name first and manufacturer's name in parenthesis second (e.g. B-complex + C (Nature Made)). Therefore, an appropriate code can be found by searching for the manufacturer's name or the brand name.

Assign an appropriate code to Question 1e based upon the following rules:

1. If you can find a code that matches the particular manufacturer's name and brand name, enter the four digit code including leading zeros. For example, "3585" is the appropriate code for "Nature Made



- B-complex + C."
2. If a manufacturer's name is available but a brand name is not, use the manufacturer's generic multiple vitamin code (e.g. 0083 for Nature Made). If you cannot find the manufacturer's generic code, enter a code "0199."
  3. If a manufacturer's name is missing but a brand name is available, choose the code that matches the brand name. If there is more than one code for the brand name, choose one of them.
  4. If the manufacturer's name and the brand name are complete but you cannot find the matching code, enter code "0199."
  5. If a non-skipped response to Question 1c is missing or incomprehensible, enter two horizontal lines, "====."

## Examples:

<u>Manufacturer</u>	<u>Brand Name</u>	<u>Code</u>	<u>Rule #</u>
Squibb	Theragram M	0138	(1)
Thompson	Unknown	0142	(2)
Unknown	B-50	3159	(3)
Super Health	Multiformula	0199	(4)
Missing	Missing	====	(5)

Please note that the following codes are legal: "====" (for missing or incomprehensible response); code numbers between 0001 and 3686 and 9999. Please do not enter illegal codes such as "120," "0000," "000A," "0," and "O."

Questions 2-12 are for preparations containing only a single vitamin. Preparations containing two or more vitamins should be recorded as multiple vitamins. A preparation containing a single vitamin plus some other non-vitamin non-mineral component (e.g., flavoring) should be recorded as a single vitamin.

When a participant is repeatedly asked whether a vitamin, mineral or supplement (items 2 through 12) is being taken, the participant may volunteer that he/she does not take any such preparations. If this occurs, indicate - politely - that you have to ask all of these questions without changing the order, and that it will take very little time to complete the rest of the questionnaire. If a participant asks for clarification of a name, or is unsure that he/she is taking the supplement on a regular basis, record NO.

"Vitamin Name" (2a - 11a)

Some vitamin A-labeled preparations contain beta-carotene as the active ingredient. If the term beta-carotene is mentioned anywhere on the label, record "NO" for vitamin A, and fill out questions 10a-e (beta-carotene) instead.

"Do you take it seasonally or most months?" (2b, 3b)

If the participant asks the meaning of "seasonally" the response is "No more than 3 months per year.": To take a preparation seasonally does not require that the vitamin preparation be taken continuously during 3 months.

"How many years have you taken it" (2c, 3c, 4b - 11b)

These questions apply to the total number of years that a participant has taken a specified preparation. "Years" are counted as calendar years, not by adding the number of months a preparation has been taken during a calendar year. If a preparation has been taken seasonally, count a full calendar year regardless of the length of time the preparation was taken during the year. Round down to full years and zero fill when necessary (e.g., 01 year, 07 years, 12 years).

"How many pills do you take per week?" (2d, 3d, 4c - 10c)

Ask the participant 'How many pills do you take per week?' In questions 2 through 11, pills are used as synonyms for tablets and capsules. If the number per week varies, ask for an estimate of the typical average per week. If the preparation is taken seasonally, this average should reflect the dose per week during the time the preparation is taken. In the unlikely event that the number of pills per week exceeds 100, record '99'. If the preparation is taken less than once per week, e.g., every other week, record '00'.

"Dose per pill" you take it as pills, teaspoons, or other liquid measures?" (2e, 3e, 4d - 10d)

If a container is available, transcribe the concentration from the label by recording the number of mg/mcg/IU, or other units contained in one pill (or tablet, capsule). Example: the label indicates that each capsule contains 100 IU of Vitamin E. In this case, '00100' is recorded under dose per pill (Item 5.d).

9. In addition to Calcium tablets, Dolomite products and some antacids (e.g. "TUMS," "Rolaids," "Chooz," "Alka-Seltzer")



contain calcium. Check ingredient list of Dolomite and antacids and if you find calcium as an ingredient, report daily calcium dose including those from Dolomite and antacids.

The dose of a single vitamin or mineral, in general, is based on what is printed on the label. Calcium, iron and zinc preparations, however, often contain both the biologically available (elemental) and unavailable (bound) forms of these ingredients and their printed doses can be misleading. Because of the importance of quantifying the amount of biologically available calcium, iron or zinc in a product, the labels of these products must be examined more closely to see if a distinction is made between the total amount and the biologically available dose. The biologically available amount of calcium, iron or zinc is recorded on the vitamin survey, if it is printed on the label. For example, if the label reads "500 mg of (elemental) calcium from 1250 mg calcium carbonate", the dose of calcium is recorded as 500 in Item 9.d. If the label reads 1250 mg calcium carbonate, and there is no mention of how much of the calcium is biologically available, the dose is recorded as 1250 mg in Item 9.d.

Recording the dose of calcium in an antacid pill is handled differently. The elemental dose of calcium is rarely recorded on the label of an antacid. Therefore, when the only source of calcium is an antacid, the dose per pill is recorded as 200 mg (i.e., 00200 in Item 9.d and mg in Item 9.e). If the participant reports taking both calcium pills and antacids which contain calcium, restrict the data collection of Item 9 to the calcium pill.

11. There are many fish oil preparations. If any of the following preparations is mentioned as an ingredient, record the preparation as fish oil: omega-3; EPA; MaxEPA; MEGA-EPA; CARDIOEPA; eicosapentaenoic acid; marine oil; marine lipid; cod liver oil; fish oil. If more than one fish oil preparation is taken, record the information on the one used most frequently. If all are equally used, record the one with the highest concentration of fish oils.
12. Participants who do not take a supplement may not be familiar with the name. If the participant asks for clarification of a name, or is unsure that s/he is taking the supplement on a regular basis, record "No". Respond to such inquiries in a polite manner but do not attempt to clarify composition, brand names, or equivalent supplements in this item.

13. Enter the date on which the participant completed the Vitamin Survey Form. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1993, would be entered as:

0	5	1	0	3	1	9	3
month		day		year			

14. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."
15. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.