DIETARY INTAKE FORM

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 "A". 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.

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

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

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 ............... [ ]
### DENTAL INTAKE FORM (screen 1 of 18)

<table>
<thead>
<tr>
<th>Response</th>
<th>&gt;6 per day (A)</th>
<th>1-3 per day (B)</th>
<th>2-3 per day (C)</th>
<th>1-3 per week (D)</th>
<th>2-4 per week (E)</th>
<th>1-3 per month (F)</th>
<th>2-4 per week (G)</th>
<th>Almost Never (I)</th>
</tr>
</thead>
</table>

#### B. [RC 1] FRUITS

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

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

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

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

13. Bananas; 1

14. Other fruits; 1 fresh or 1/2 c. canned, including fruit cocktail

15. String beans or green beans; 1/2 c.

16. Broccoli; 1/2 c.

---

### DENTAL INTAKE FORM (screen 4 of 18)

<table>
<thead>
<tr>
<th>Response</th>
<th>&gt;6 per day (A)</th>
<th>1-3 per day (B)</th>
<th>2-3 per day (C)</th>
<th>1-3 per week (D)</th>
<th>2-4 per week (E)</th>
<th>1-3 per month (F)</th>
<th>2-4 per week (G)</th>
<th>Almost Never (I)</th>
</tr>
</thead>
</table>

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.
<table>
<thead>
<tr>
<th>D. [RC 1] MEATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;In the past year, how often on average did you consume...&quot;</td>
</tr>
<tr>
<td>26. Chicken or turkey, without skin ..................</td>
</tr>
<tr>
<td>27. Chicken or turkey, with skin .....................</td>
</tr>
<tr>
<td>28. Hamburgers; 1 ..........................</td>
</tr>
<tr>
<td>29. Hot dogs; 1 ................................</td>
</tr>
<tr>
<td>30. Processed meats: sausage, salami, bologna, etc.; piece or slice .................</td>
</tr>
<tr>
<td>31. Bacon; 2 slices ..................................</td>
</tr>
<tr>
<td>32. Beef, pork or lamb as a sandwich or mixed dish, stew, casserole, lasagne, or in spaghetti sauce, etc.....................</td>
</tr>
<tr>
<td>33. Beef, pork or lamb as a main dish, steak, roast, ham, etc.........................</td>
</tr>
<tr>
<td>34. Canned tuna fish; 3-4 oz. ........................</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response Categories:</th>
<th>&gt;6 per day (A)</th>
<th>1-6 per day (B)</th>
<th>1-6 per week (C)</th>
<th>1-6 per month (D)</th>
<th>Almost Never (E)</th>
</tr>
</thead>
</table>

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
52. Peanut butter; 1 tbsp
53. Potato chips or corn chips: small bag or 1 oz.
54. French fried potatoes; 1 serving, 4 oz.
55. Nuts; 1 oz.
56. Potatoes, mashed; 1 c. or baked; 1
57. 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.
G. [RC 1] BEVERAGES

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

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 7- up, 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 ............. 

H. OTHER DIETARY ITEMS

66. [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 

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 

No N 

Go to Item 74, Screen 11
DIEIARY INTAKE FORM (screen 11 of 18)

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

71. [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

a. 

72. 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 A
   4-6/day B
   2-3/day C
   1/day D
   5-6/wk E
   2-4/wk F

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

   Eat most of the fat A
   Eat some of the fat B
   Eat as little as possible C
   Don't eat meat D

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

   Real Butter A
   Margarine B
   Vegetable Oil C
   Vegetable Shortening D
   Lard E
   Bacon Grease F
   Not Applicable G
   Unknown H

Go to Item 77

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

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

   Real Butter A
   Margarine B
   Vegetable Oil C
   Vegetable Shortening D
   Lard E
   Bacon Grease F
   Not Applicable G
   Unknown H

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

a. 

DIEIARY INTAKE FORM (screen 12 of 18)

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

   Real Butter A
   Margarine B
   Vegetable Oil C
   Vegetable Shortening D
   Lard E
   Bacon Grease F
   Not Applicable G
   Unknown H

Go to Item 77

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

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

   Real Butter A
   Margarine B
   Vegetable Oil C
   Vegetable Shortening D
   Lard E
   Bacon Grease F
   Not Applicable G
   Unknown H

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

a. 

79. Go to Item 79, Screen 13

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

a. 

81. Go to Item 80, Screen 14

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

a. 

83. Go to Item 81, Screen 15

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

a. 

85. Go to Item 82, Screen 16

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

a. 

87. Go to Item 83, Screen 17

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

a. 

89. Go to Item 84, Screen 18

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

a. 

91. Go to Item 85, Screen 19

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

a. 

93. Go to Item 86, Screen 20

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

a. 

95. Go to Item 87, Screen 21

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

a. 

97. Go to Item 88, Screen 22

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

a. 

99. Go to Item 89, Screen 23

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

a. 

101. Go to Item 90, Screen 24

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

a. 

103. Go to Item 91, Screen 25

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

a. 

105. Go to Item 92, Screen 26

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

a. 

107. Go to Item 93, Screen 27

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

a. 

109. Go to Item 94, Screen 28

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

a. 

111. Go to Item 95, Screen 29

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

a. 

113. Go to Item 96, Screen 30

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

a. 

115. Go to Item 97, Screen 31

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

a. 

117. Go to Item 98, Screen 32

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

a. 

119. Go to Item 99, Screen 33

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

a. 

121. Go to Item 100, Screen 34

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

a. 

123. Go to Item 101, Screen 35

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

a. 

125. Go to Item 102, Screen 36

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

a. 

127. Go to Item 103, Screen 37

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

a. 

129. Go to Item 104, Screen 38

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

a. 

131. Go to Item 105, Screen 39

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

a. 

133. Go to Item 106, Screen 40

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

a. 

135. Go to Item 107, Screen 41

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

a. 

137. Go to Item 108, Screen 42

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

a. 

139. Go to Item 109, Screen 43

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

a. 

141. Go to Item 110, Screen 44
79. [RC 6] What brand and form of margarine do you usually use at the table?
   a. Form: .......................... None A
      Stick B
      Tub C
      Diet (low calorie) D
      Other E
   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: ___________________________

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

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

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? .......
### DIETARY INTAKE FORM (screen 15 of 18)

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

### DIETARY INTAKE FORM (screen 16 of 18)

### I. ALCOHOL

"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."

90. Do you presently drink alcoholic beverages? .......... Yes Y

[Go to Item 96, Screen 17]

91. Have you ever consumed alcoholic beverages? .......... Yes Y

[Go to Item 101, Screen 18]

92. Approximately how many years ago did you stop drinking? ..........

93. For how many years did you drink alcoholic beverages? ..............

94. In the past, which types of alcoholic beverages did you ordinarily drink? (Circle Y or N for each type below)

- 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? ..........  
   (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? ..........  
   (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

100. Were these: (Circle Y or N for each)

   a. Wine?  
      Y  N
   b. Beer?  
      Y  N
   c. Liquor?  
      Y  N

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

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: ......
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 clinician 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 these 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 1/3 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 3-6 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

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>0-6 per day (A)</th>
<th>1-6 per day (B)</th>
<th>1-6 per week (G)</th>
<th>1-3 per month (H)</th>
<th>1-3 per day (C)</th>
<th>2-4 per week (F)</th>
<th>Almost Never (I)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Item includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2%, 1%, 2%, milk; reconstituted non-fat dry milk; cocoa from mix or vending; buttermilk; lowfat or unknown; lowfat chocolate milks; whole; &quot;homogenized&quot;; jersey milk; whole milk cocoa; whole buttermilk; unknown milk</td>
</tr>
<tr>
<td>Whole milk yogurts, regular or frozen, 2% or low fat yogurts, regular or frozen</td>
</tr>
<tr>
<td>All brands, not ice milk (list at end if more than 2/week)</td>
</tr>
<tr>
<td>Any cottage or ricotta cheese including any in recipes; farmer's cheese</td>
</tr>
<tr>
<td>Processed, cheddar and all hard natural cheeses</td>
</tr>
</tbody>
</table>

### 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 

**DAIRY**
**B. [RC 1] FRUITS**

<table>
<thead>
<tr>
<th>Item Includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Includes:</td>
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<tr>
<td>Item Includes:</td>
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</table>

<table>
<thead>
<tr>
<th>Categories:</th>
<th>2-3 per day (C)</th>
<th>1 per week (G)</th>
<th>&gt;6 per day (A)</th>
<th>1 per day (B)</th>
<th>5-6 per week (E)</th>
<th>1-3 per month (H)</th>
<th>Almost Never (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Fresh apples or pears; 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Oranges; 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Orange or grapefruit juice; small glass</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Peaches, apricots or plums; 1 fresh or 1/2 c. canned or dried</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Bananas; 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Other fruits; 1 fresh or 1/2 c. canned, including fruit cocktail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
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**FRUITS**
<table>
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<tr>
<th></th>
<th>Response</th>
<th>Categories:</th>
<th>&gt;6 per day (A)</th>
<th>l per day (D)</th>
<th>l per week (G)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>4-6 per day (B)</td>
<td>1-3 per month (H)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2-3 per day (C)</td>
<td>2-4 per week (F)</td>
<td>Almost Never (I)</td>
</tr>
</tbody>
</table>

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

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, beans; 1/2 c. .......................... □

25. Tomatoes; 1, or tomato juice; 4 oz. .......... □

(Do not include small amounts in mixed dishes)

Item Includes:

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

**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; barbecue; chitterlings; Canadian bacon; souse meat; pigs feet
- Chops, corned beef
- All kinds, about 1/2-2/3 can
- Canned salmon; lake trout; abad; 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
### E. [RC 1] SWEETS, BAKED GOODS, CEREALS

<table>
<thead>
<tr>
<th>Item Includes:</th>
<th>Response</th>
<th>Categories:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average chocolate bar = about 1 oz. Chocolate cream = 1/2 oz. chocolate fudge; chocolate chips; peanut M&amp;M's go with nuts, group F</td>
<td>&gt; 6 per day (A)</td>
<td>2-6 per day (B)</td>
</tr>
<tr>
<td>about 3-4 = 1 oz., hard candies; gum drops; 1 pkg. life savers; not &quot;dietetic&quot;</td>
<td>1 per day (D)</td>
<td>5-6 per week (E)</td>
</tr>
<tr>
<td>any kind or tarts, crust from scratch</td>
<td>1-3 per week (G)</td>
<td>1-3 per month (H)</td>
</tr>
<tr>
<td>any kind or tarts, bakery, mix or frozen dough or restaurant; cheese cake; cream puff; pound cake</td>
<td>2-4 per week (F)</td>
<td>Almost Never (I)</td>
</tr>
</tbody>
</table>

**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
- 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

**SWEETS, BAKED GOODS, CEREALS**
<table>
<thead>
<tr>
<th>Response Categories:</th>
<th>&gt;6 per day (A)</th>
<th>1-6 per day (B)</th>
<th>1-2 per week (C)</th>
<th>1-3 per month (D)</th>
<th>1-6 per week (E)</th>
<th>1-4 per week (F)</th>
<th>Almost Never (G)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. [RC 1] MISCELLANEOUS</td>
<td></td>
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<tr>
<td>52. Peanut butter; 1 tbsp</td>
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<td>0:00:00</td>
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<tr>
<td>53. Potato chips or corn chips; small bag or 1 oz.</td>
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<td>0:00:00</td>
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<tr>
<td>54. French fried potatoes; 1 serving, 4 oz.</td>
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<td>0:00:00</td>
</tr>
<tr>
<td>55. Nuts; 1 oz.</td>
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<td></td>
<td>0:00:00</td>
</tr>
<tr>
<td>56. Potatoes, mashed; 1 c. or baked; 1</td>
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<td></td>
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<td>0:00:00</td>
</tr>
<tr>
<td>57. Rice; 1/2 c.</td>
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<td>0:00:00</td>
</tr>
<tr>
<td>58. Spaghetti, noodles or other pasta; 1/2 c.</td>
<td></td>
<td></td>
<td></td>
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<td>0:00:00</td>
</tr>
<tr>
<td>59. Home-fried food, such as any</td>
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<td></td>
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<td>0:00:00</td>
</tr>
<tr>
<td>60. Food fried away from home, such as any fish, chicken, chicken nuggets, etc.</td>
<td></td>
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<td></td>
<td>0:00:00</td>
</tr>
</tbody>
</table>

**Item includes:**
- any kind
- nachos; 1 oz = about 1 c
- 4 oz = about 1 c
- all nuts, peanuts; mixed; M&M peanut; 1 oz. = about 3 tbsp
- boiled
- white rice; brown rice; wild rice; Rice-a-Roni
- macaroni; fettucini; noodles in lasagne
- any food fried at home except french fries; include sauteed foods
- any deep fried foods; fish sticks; fish patties; Mchuggets; do not include french fries

**MISCELLANEOUS**
**G. [RC 1] BEVERAGES**

<table>
<thead>
<tr>
<th>Item Includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brewhed or instant</td>
</tr>
<tr>
<td>All low calorie or diet carbonated beverages or sodas</td>
</tr>
<tr>
<td>All non-diet carbonated beverages or sodas</td>
</tr>
<tr>
<td>Tang, Hi-C</td>
</tr>
</tbody>
</table>

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**
H. OTHER DIETARY ITEMS

66. [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

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
No N

Go to Item 74, Screen 11

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

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

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

71. [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

H. Other Dietary Items

66. Remove Response Card 1; show participant RC 2. After this item, remove RC 2.

68. Look up food in "FOODS" list. Record 3-digit code number, if given. If it is not given, draw two horizontal lines through the boxes.

69. For the above food, enter frequency using Response Card 3. If the food appears in the list, base frequency on the portion size given in parentheses in that list. If the food does not appear in the "FOODS" list, base frequency on the portion size entered in (a).

70-71. Repeat above procedure for food #2. If none, skip to item 74. (Use "Next Field" key on computer.)
72. 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 A
    4-6/day B
    2-3/day C
    1/day D
    5-6/wk E
    2-4/wk F

74. [RC 4] What do you do with the visible fat on your meat? ......
    Eat most of the fat A
    Eat some of the fat B
    Eat as little as possible C
    Don't eat meat D

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

    Real Butter A
    Margarine B
    Vegetable Oil C
    Vegetable Shortening D
    Lard E
    Bacon Grease F
    Not Applicable G
    Unknown H

76. Enter code and specify brand and form below: .............. []

   a. ____________________________

72-73. Repeat above procedure for food #3. If none, skip to item 74. (Use "Next Field" key on computer.)

74. The question refers to visible fat on steaks, roasts, etc. Use Response Card 4, and remove it after this question.

75. Ask for the most often used, showing Response Card 5. If A, E, F, G, or H, skip to item 77.

76. If "Margarine" was answered above, record the 3-digit code found in the "Margarine" listing. If "Vegetable Oil" or "Vegetable Shortening", record the code found in the "Cooking Oils" listing. If no code is given, draw two horizontal lines through the boxes.

   a. Record the brand name of the oil, shortening, or margarine. If margarine, also record the form (tub, stick, diet, squeeze, etc.).
77. [RC 5] What kind of fat do you usually use for baking? ......

- Real Butter
- Margarine
- Vegetable Oil
- Vegetable Shortening
- Lard
- Bacon Grease
- Not Applicable
- Unknown

Go to Item 79, Screen 13

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?

a. Form: ................. None A

- Stick B
- Tub C
- Diet (low calorie) D
- Other E

Go to Item 80

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: ____________________________

79. Note that the question refers to margarine used at the table. Obtain both brand name and form.

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? . . .


     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. 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)
- 1-6 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. 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. 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)
I. ALCOHOL

"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."

90. Do you presently drink alcoholic beverages? ................. Yes Y

Go to Item 96, Screen 17

No N

91. Have you ever consumed alcoholic beverages? ................. Yes Y

Go to Item 101, Screen 18

No N

92. Approximately how many years ago did you stop drinking? .................

93. For how many years did you drink alcoholic beverages? .................

I. Alcohol

Frequency of alcohol consumption is determined as usual weekly intake. The serving sizes are different for beer, wine, and hard liquor. The definition of serving size, while consistent for measuring both present and past intake, is made more precise for present intake. This is done because recent intake is recalled better than past intake, and is probably more important for the ARIC study questions. For past intake serving sizes are defined as "one beer", "one glass of wine", and "one shot of liquor or one mixed drink". For present intake serving sizes are "12 oz. bottles or cans of beer", "4 oz. glasses of wine", and "1 and 1/2 oz. shots of hard liquor". For the final questions, which relate to the most recent 24 hours, the more precise definition of serving size is used.

90. If the participant asks, or if the answer is not explicit, "presently" is defined as within the last 6 months.

91. If the response is "No", skip to item 101. If the response is "Yes", continue with Question 92 to determine past alcohol consumption.

92. Record the response in years, rounding 1/2 down. For example, "1-1/2 years" would be recorded as 1 year. "About a half a year ago" would be recorded as "0". If the participant stopped more than once, record the years since the most recent stopping. For example, if the participant says: "The last time I quit was two years ago. The first time I quit was twenty years ago," the response would be recorded as "2". If not known, draw 2 horizontal lines through the boxes.

93. For those who have quit more than one time, record the total number of drinking years combined. Include in the total years that were "light" drinking years. If not known, draw 2 horizontal lines through the boxes.
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: ________________ ________________ ________________ ________________

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

How many glasses of wine do you usually have per week? (4 oz. glasses; round down) ________________

96. How many bottles or cans of beer do you usually have per week? (12 oz. bottles or cans; round down) ________________

97. How many drinks of hard liquor do you usually have per week? (1 1/2 oz. shots; round down) ________________

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

If "0", go to item 101

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.

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.

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. 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

<table>
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<tr>
<th>MULTIPLE OF AMOUNT</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
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<tbody>
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<td>2X</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
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<td>I</td>
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FREQUENCY CONVERSION FOR SEASONAL INTAKE

<table>
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<tr>
<th>SEASON LENGTH</th>
<th>1 time/week</th>
<th>2 times/week</th>
<th>3 times/week</th>
<th>4-5 times/week</th>
<th>1 time/day</th>
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</thead>
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<td>2 mo.</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>G</td>
</tr>
<tr>
<td>3 mo.</td>
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<tr>
<td>4 mo.</td>
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<td>H</td>
<td>G</td>
<td>G</td>
<td>F</td>
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