

This questionnaire was developed by Block Dietary Data System (© BDDS, Berkely CA, 510-704-8514) and modified by the University of South Carolina, Arnold School of Public Health, Center for Research in Nutrition and Health Disparities.

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This survey is about all the food you ate over the past week. This includes food eaten anywhere like at home, school, a friend's house, and in restaurants. There are no right or wrong answers. Think about all the foods you ate over the past week and not just what you think you should be eating.

Please, answer the questions by filling the bubbles using a sharp pencil. Do not use a pen. Answer each question as best you can. If you are unsure, estimate what you ate. A guess is better than leaving a blank. Be sure to fill in the bubbles completely. If you make a mistake, just erase the mistake and fill in the correct bubble.

It is best to work on this in a quiet place without taking too many breaks.

If you complete this form at home, you should plan to do it as soon as you get it. If you complete it before your study visit, please bring the form along to your study visit. If you take it with you after your study visit, please have it returned within one week (return by ___/___/___). You should use the envelope provided to return your questionnaire.

Please answer the next few questions before we ask you about specific foods:

Last week, about how many times each day did you eat? (including meals & snacks)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4-5	<input type="radio"/> 6-7	<input type="radio"/> 8-10
Last week, about how many times did you eat school lunch or breakfast?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4-5	<input type="radio"/> 6-7	<input type="radio"/> 8-10
Last week, about how many times did you eat out, including fast food or pizza? (Not including school lunch or breakfast)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4-5	<input type="radio"/> 6-7	<input type="radio"/> 8-10

Now you will go through a list of foods. This form is used by people all over the country so there might be foods listed that you never eat. Don't worry if you have never heard of some of these foods. Feel free to call _____ if you have any questions about foods listed or how to fill out this form.

- For each of the questions, think about whether or not you ate that food.
- Think about all the meals and snacks you had in the last week. These could be foods from anywhere-home, school, vending machines, the mall, or a restaurant.
- You might never eat that food and that is okay. If you did not eat it, fill in the bubble next to "No".
- If you did eat it, think about how often you ate that food over the last week.
 - Fill in the bubble under the number of days you ate that food last week.
 - Think about the amount of that food you ate each time. Mark the usual amount that you ate when you ate that food last week. Use the pictures at the end of this booklet to help you estimate the amount of food you ate.

Here is an example of how to fill out the form. If you ate corn chips two days and tortilla chips one day last week and the amount you ate looked like what is in the picture of the medium bowl, your answer would look like this:

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?	
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day
Last week, did you have any potato chips, corn chips, tortilla chips or popcorn?	<input checked="" type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl? <input type="radio"/> S <input checked="" type="radio"/> M <input type="radio"/> L

First, you will tell us about the breakfast foods you ate last week. Please include times other than breakfast when you eat these foods.

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?		
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day	
BREAKFAST FOODS									
Either at home or at school, did you eat any cold cereal, like corn flakes, frosted flakes or any other kind?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl?	<input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Last week, did you have milk on cereal?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Did you eat any hot cereal, like oatmeal or grits?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl?	<input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Last week, did you eat any eggs, or omelettes including breakfast sandwiches with eggs?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many eggs do usually eat in 1 day?	<input type="radio"/> a bite <input type="radio"/> 1 egg <input type="radio"/> 2 eggs <input type="radio"/> 3 eggs
Did you eat any bacon, sausage, or chorizo including breakfast sandwiches with sausage? (no eggs)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many?	<input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat any breakfast burritos?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many?	<input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat any pancakes, waffles or French toast?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many?	<input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3



Next you will tell us about the fruits that you ate last week.

FRUITS								
Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?	
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day
Last week, did you eat any bananas or plantains?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many do you usually have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Last week, did you eat any apples or pears?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many do you usually have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Last week, did you eat any oranges or tangerines? (Don't count juices)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many do you usually have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat any raisins, fruit roll-ups or dried fruit?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures How much do you usually eat? VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you eat any canned fruit like applesauce, fruit cocktail?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which bowl? <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you eat any grapes or berries?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much do you usually eat? VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you eat any other fruit like fresh peaches, melon, cantaloupe, mango, papaya or persimmon?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much do you usually eat? VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L



949

Now you will tell us about meats and other main dishes that you ate last week. Remember to include foods that you ate at home, summer camp, school, work, vending machines, and restaurants.

MEATS and other main dishes								
Type of Food	Yes or No	How many days last week? If Yes	How many days last week?					Usual amount eaten in one day?
			1 Day	2 Days	3-4 Days	5-6 Days	Every Day	
Last week, did you eat any hamburgers, cheeseburgers, meat loaf or carne asada?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you have any tacos, burritos, or enchiladas with meat or chicken?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat any sandwiches with beef, like hot pockets, or meatball subs?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat any beef steak, roast beef, or beef in frozen dinners?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures How much? VS S M L
Did you eat any dishes like beef & noodles, pot pie, hamburger helper, stew, . . . ?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much? VS S M L
Last week, did you eat any pork chops or BBQ ribs?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much? VS S M L
Did you eat any fried chicken, including chicken nuggets, chicken sandwich, or chicken wings?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces? (2 = 6 nuggets) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Did you eat any other kind of chicken, like chicken and gravy, arroz con pollo, chicken salad, or in frozen dinners?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much? VS S M L
Did you eat any fried fish sandwiches or fish sticks?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many sandwiches? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4



949

MEATS and other main dishes (Continued)

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days	
Did you eat any other fish like tuna fish, shrimp or salmon, including tuna sandwiches?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> How much? VS S M L
Did you eat any stir-fried beef, pork, chicken, fish, or tofu with vegetables?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> How much? VS S M L
Did you eat any stir-fried vegetables, <u>without</u> any meat or tofu?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures How much? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> VS S M L
Did you eat spaghetti, ravioli or lasagna with tomato sauce, including spaghetti?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> How much? VS S M L
Did you eat any macaroni & cheese, cheese quesadillas, or chile relleno?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> How much? VS S M L
Did you eat any pizza, or pizza pockets?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1/2 1 2 3
Did you eat any hot dogs or corn dogs?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1/2 1 2 3
Did you have a peanut butter sandwich?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many on those days? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1/2 1 2 3
Did you eat any lunch meat like spam, vienna sausage, bologna, or sliced ham, either on a sandwich or by itself? (Remember lunchables)	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices of lunch meat? <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1/2 1 2 3



949

Now you will tell us about soups, breads, and cheeses that you ate last week. Remember to include foods that you ate at home, at summer camp, school, work, vending machines and restaurants.

SOUP, BREAD & CHEESE														
Type of Food	Yes or No	How many days last week? If Yes	How many days last week?					Usual amount eaten in one day?						
			1 Day	2 Days	3-4 Days	5-6 Days	Every Day							
Did you eat any vegetable soup, vegetable beef soup, or tomato soup?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl?	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you eat any Oriental noodles, like ramen noodles, saimin or won ton mein?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl?	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have any bread or toast, yeast bread, or taro bread? (Please include sandwiches)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+	<input type="radio"/>	<input type="radio"/>
Last week, did you eat any hamburger buns, hot dog buns, or bagels either alone or as a sandwich?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day?	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
Last week, did you eat any cinnamon buns, biscuits, fry bread, corn bread, or bean bread?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+	<input type="radio"/>	<input type="radio"/>
Did you have any tortillas last week? (not including tortillas as part of burritos or tacos)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+	<input type="radio"/>	<input type="radio"/>
Did you have any sliced cheese, cubed cheese, Cheese Whiz, (including grilled cheese sandwiches)?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices of cheese?	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
Did you eat any yogurt?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many containers a day?	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
Did you have any peanuts or other nuts or seeds?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much in a day?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>



949

Now you will tell us about the vegetables that you ate last week. Remember to include foods that you ate at home, summer camp, school, work, from vending machines, or restaurants.

VEGETABLES												
Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?					
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days					Every Day	
Last week, did you eat any green salad?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl?	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Did you have green beans, or string beans?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Did you eat any baked beans, chili with beans, kidney beans, pork & beans or any other kind of beans? (not including refried beans)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Did you eat refried beans (as a side dish)?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Did you eat any corn, corn on the cob, or chicos?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which plate How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Last week, did you eat any tomatoes? (Don't include tomato sauce)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many?	<input type="radio"/> A little	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Did you eat any greens, including spinach, mustard greens, or turnip greens, or collards?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Did you eat any broccoli?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much?	<input type="radio"/> VS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L

VEGETABLES (Continued)

Type of Food	Yes or No	How many days last week?						Usual amount eaten in one day?				
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days	Every Day					
Did you eat any cauliflower, cabbage, Brussels sprouts, or kimchee?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
Did you eat any coleslaw?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
Did you eat any carrots, either raw or cooked?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
Did you eat any other vegetables, like peas, squash, peppers, or okra?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
When you eat cooked vegetables, about how often are these fried vegetables?												
<input type="radio"/> Seldom or never <input type="radio"/> Sometimes <input type="radio"/> Almost always												
Did you eat any sweet potatoes, or sweet potato pie?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
Did you eat any French fries, fried potatoes, Tater Tots, or hush puppies?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				
Did you have any other kind of potatoes, like baked, boiled, or mashed?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Which plate?	VS	S	M	L
								How much?				

VEGETABLES (Continued)

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?	
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day
Did you eat any steamed rice, brown rice, or Musubi?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L How much?
Did you eat any fried rice?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? <input type="radio"/> VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L How much?

Now you will tell us about the condiments that you used on or with foods that you ate last week.

CONDIMENTS

	Yes or No	How many days last week?						
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day
Did you eat any gravy, like on mashed potatoes or on rice?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you have any Ketchup, salsa, or barbecue sauce?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you use ranch dressing or other salad dressing, either on salads or on any other food?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Do you use any margarine or butter, like on bread, pancakes, on potatoes, or vegetables? <input type="radio"/> Seldom or never <input type="radio"/> Sometimes <input type="radio"/> Almost always or always								
Do you add fatback, bacon, ham hocks, lard, or vegetable oil to your vegetables, beans, or bread? <input type="radio"/> Seldom or never <input type="radio"/> Sometimes <input type="radio"/> Almost always or always <input type="radio"/> Don't know								

Now you will tell us about snacks and sweets that you ate last week. Remember to include foods that you ate at home, summer camp, school, work, vending machines, and restaurants.

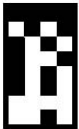
SNACKS & SWEETS

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?	
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day
Last week, did you have any potato chips, corn chips, tortilla chips or popcorn?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl? <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you eat any crackers or pretzels, including snack crackers like Goldfish, Graham or Nab crackers?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which plate? How much in a whole day? <input type="radio"/> VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you have any cracker sandwiches with cheese or peanut butter?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you have any sports bars, or protein bars like Power bars?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you eat Granola bars, breakfast bars, oatmeal raisin bars, or pop tarts?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you have any nachos with cheese?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl? <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you have any ice cream, ice cream bars or frozen yogurt?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See picture Which bowl? <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you have any cookies?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-4 <input type="radio"/> 5+
Did you have any doughnuts?	<input type="radio"/> Yes <input type="radio"/> No	How many days? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many did you have in 1 day? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-4 <input type="radio"/> 5+



SWEETS & SNACKS (Continued)

Type of Food	Yes or No	How many days last week? If Yes	How many days last week?					Usual amount eaten in one day?
			1 Day	2 Days	3-4 Days	5-6 Days	Every Day	
Did you have any cakes, cupcakes, tasty cake, Ho-Ho's, Twinkies or Little Debbie cakes?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces did you have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you have any pie or turnovers?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces did you have in 1 day? <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Did you have any pudding?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	See pictures Which bowl? How much ? <input type="radio"/> VS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
Did you have any chocolate candy, like candy bars, Hugs, M&M?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bars? <input type="radio"/> 1 small <input type="radio"/> 1 medium <input type="radio"/> 1 large <input type="radio"/> 2 large
Did you have any other candy, like Gummy bears, Starburst, Skittles?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many packages? <input type="radio"/> 1/4 <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2



949

Now you will tell us about beverages you drank last week. Remember to include foods that you ate at home, summer camp, school, work, vending machines, and restaurants.

BEVERAGES								
Type of Food	Yes or No	How many days last week? If Yes	How many days last week?					Usual amount eaten in one day?
			1 Day	2 Days	3-4 Days	5-6 Days	Every Day	
With breakfast, did you drink any milk? (don't include milk on cereal)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
At home or at school, did you drink any milk with <u>lunch</u> ?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Last week, did you drink any milk with <u>dinner or a snack</u> ?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Now tell me about the kind of milk you usually drink at home

Whole milk
 Reduced-fat (2% milk)
 Low-fat (1% milk)
 Non-fat (skim milk)
 Lactaid milk
 Rice milk
 Soy milk
 Don't know

When you drink milk, about how often is it chocolate milk?

Never/ almost never
 Sometimes
 Most of the time/ always



949

BEVERAGES (Continued)

Type of Food	Yes or No	How many days last week?					Usual amount eaten in one day?					
		If Yes	1 Day	2 Days	3-4 Days	5-6 Days		Every Day				
Did you drink any liquid meals like Slimfast?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles or cans in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Last week, did you drink any sodas like coke, Sprite, etc.? (Don't count diet soda)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink diet soda or unsweetened mineral water?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink any Kool-Aid or Gatorade?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink any Sunny Delight, Hi-C, Hawaiian Punch, or Ocean Spray?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses or juice boxes in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink any real orange juice? (Don't count orange sodas)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink any other real fruit juices like apple juice or grape juice? (Remember juice boxes)	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Did you drink any sweet tea or coffee with sugar?	<input type="radio"/> Yes <input type="radio"/> No	How many days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups in 1 day?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

We might have missed some of the foods that you often eat. Please write down any other food that you ate 5 or more days last week. Examples of these foods include Spam Musubi, Chinese dumpling, spring rolls or egg rolls, plate lunch, bento, loco moco, frugal, game like venison or rabbit, shellfish, red chile con carne, posole, sushi, or anything else that you ate every day or almost every day last week.

1. _____ 5-6 days Every day

2. _____ 5-6 days Every day

3. _____ 5-6 days Every day

Last week did you take any vitamin pills, such as one-a-day, vitamin C, or any other? Yes No

Last week, did you take any herbal supplements like ginseng, echinachea, or any other? Yes No

Last week, did you use any protein supplements like protein powder, creatine, or glutamine? Yes No

How often do you eat food that is sold as a special "low-fat" food, such as low-fat chips, low-fat ice cream, low-fat cookies, low-fat lunch meats, or low-fat salad dressing? Seldom or never
 Sometimes
 Almost always or always
 Don't know

Last week, did you eat any cold cereal? Yes No

IF YES →

Please write down the name of the cereal you eat most often.

Where did you spend most of your time during the weekdays last week? In school On vacation
 At camp Other (specify)
 At work

Was what you ate last week fairly typical for you, for what you were doing last week? Yes No

If NO →

Would you say you ate:

A lot more A little more A little less A lot less

What made last week different from most other weeks?

Sick Trying a new diet Other (specify)

Is there anything else that you would like us to know about the foods that you eat? Yes No

If YES →

THANK YOU VERY MUCH FOR FILLING OUT THIS QUESTIONNAIRE!

FOR CLINIC USE ONLY

Patient ID
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Sub-site	Sequential ID				

Acrostic

Date
Completed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year						

Editor
ID

Mode of
Administration

Self Interviewer Both

Edit
Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year						

Language

English Spanish Both

DAC review
needed for
coding

Yes No

Comments

Yes No

DIET ASSESSMENT CENTER USE ONLY

DAC Review
Complete

Yes

DAC Staff
ID

Extra
Food Code

DAC Review
Complete Date

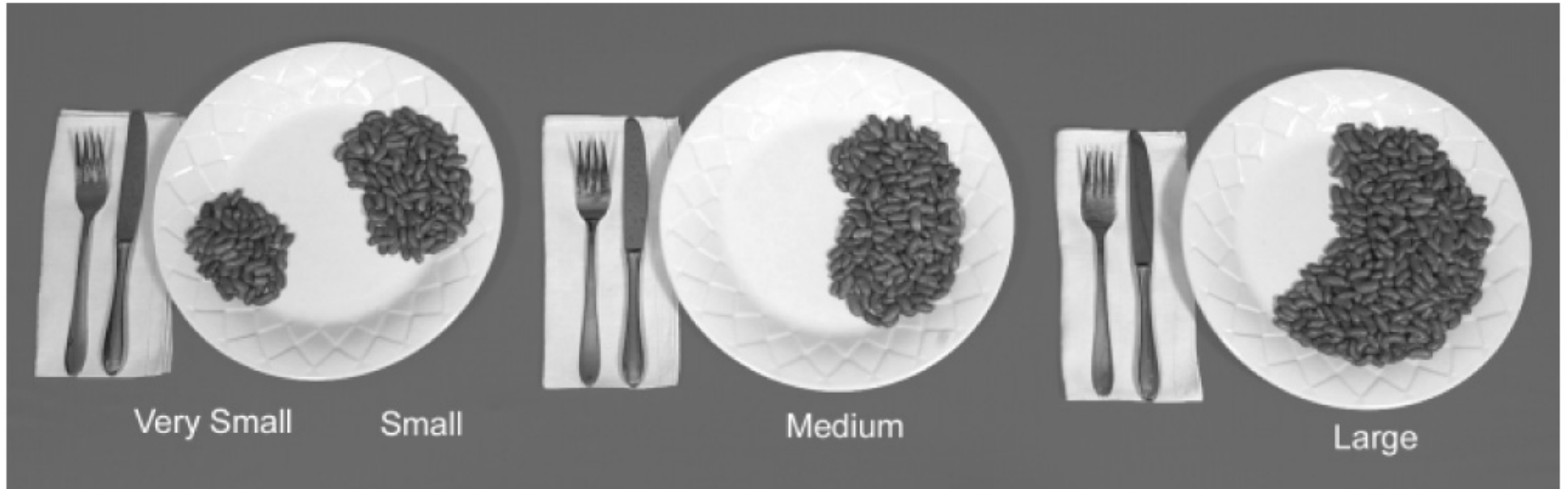
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year						

Cold Cereal
Code

Extra
Food Code

Extra
Food Cereal

Which Plate?



Which Bowl?

