Attachment 6j

Dietary Interview Day 1 Instrument

Attachment 6j: Day 1 Dietary Questionnaire

Form Approved
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Target Group: SPs Birth+

DR1SELECTR	
ASK	All respondents
SELECT ADULT RESPONDENT/PROXY FOR THE DIETARY DAY 1 QUESTIONNAIRE. THIS SHOULD BE THE NAME OF THE PERSON YOU CALLED. IF IT IS NOT THE PERSON YOU CALLED, IF NEEDED ASK: What is your name? IF NICKNAMES OR GENERIC NAMES LIKE “21 YEAR OLD HH MEMBER #X” ARE LISTED IN THE DROPDOWN, YOU CAN ASK QUESTIONS AS NEEDED TO MATCH THE PERSON ON THE PHONE TO A NAME IN THE DROPDOWN. IF THERE ARE DUPLICATES, CHOOSE THE FIRST NAME LISTED. <FILL HOUSEHOLD ROSTER>	
SPANISH	SELECT ADULT RESPONDENT/PROXY FOR THE DIETARY DAY 1 QUESTIONNAIRE. THIS SHOULD BE THE NAME OF THE PERSON YOU CALLED. IF IT IS NOT THE PERSON YOU CALLED, IF NEEDED ASK: ¿Cuál es su nombre? IF NICKNAMES OR GENERIC NAMES LIKE “21 YEAR OLD HH MEMBER #X” ARE LISTED IN THE DROPDOWN, YOU CAN ASK QUESTIONS AS NEEDED TO MATCH THE PERSON ON THE PHONE TO A NAME IN THE DROPDOWN. IF THERE ARE DUPLICATES, CHOOSE THE FIRST NAME LISTED.

	<FILL HOUSEHOLD ROSTER>
QUESTION TYPE	DROPDOWN
FILLS	HH ROSTER FILL: DISPLAY HOUSEHOLD ROSTER MEMBERS WHO ARE 18 YEARS OR OLDER AND INCLUDE ANY PROXY FROM OUTSIDE THE HOUSEHOLD DETERMINED IN THE SP QUESTIONNAIRE OR MDA WHEN SCHEDULING DIETARY
NOTES	FIRST LIST ALL HOUSEHOLD ROSTER MEMBERS WHO ARE >= 18 YEARS OLD (INCLUDING HH MEMBERS WHO ANSWERED DK/RF FOR NAME, BUT REPORTED AN AGE >= 18 YEARS OLD; LABEL NO-NAME HH MEMBER IN LIST AS, E.G., “21 YEAR OLD HH MEMBER #X” OR “18 YEAR OLD HH MEMBER #X”). INCLUDE A LINE BETWEEN THE NAMES ON THE ROSTER AND THESE OTHER ADDITIONS BELOW: IF SPQSELECTR = OUTSIDE THE HH, INCLUDE SPQPRFNM IN THE DROPDOWN. INCLUDE MDA RESPONDENT IF THEY ARE PROXY FOR DIETARY: IF MDADPROXY = 1, INCLUDE NAME FROM MDASLCTR IN THE DROPDOWN INCLUDE PROXY FOR DIETARY APPOINTMENT FROM MDA IF MDA RESPONDENT IS NOT THE DIETARY PROXY: IF MDADPROXY = 2, INCLUDE MDADPRFNM IN THE DROPDOWN. ALSO DISPLAY AN OPTION FOR ‘SOME OTHER PERSON’.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1SELECTR = ‘SOME OTHER PERSON’: GO TO DR1PRXYFNM

DR1PRXYFNM	
ASK	IF DR1SELECTR = ‘SOME OTHER PERSON’
(IF NOT ALREADY KNOWN ASK: What is your name?) ENTER PROXY’S FIRST NAME. _____ ENTER FIRST NAME **[DR1PRXYFNM]** _____	

SPANISH	(IF NOT ALREADY KNOWN ASK: ¿Cuál es su nombre?) ENTER PROXY'S FIRST NAME. _____ ENTER FIRST NAME **[DR1PRXYFNM]** _____
QUESTION TYPE	Textbox
FILLS	
NOTES	DR1PRFNM: ALLOW 50 CHARACTERS,
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1PRXYREL

DR1PRXYREL	
ASK	IF DR1SELECTR = 'SOME OTHER PERSON' OR IF NOT ALREADY KNOWN FROM SPQRELATEM, SPQRELATEA, OR MDADRELATE
(IF NOT ALREADY KNOWN ASK: What is your relationship to <TEXT FILL 1>?) 1. MOTHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 2. FATHER (BIOLOGICAL/ADOPTIVE/STEP/FOSTER) 3. GRANDPARENT (GRANDMOTHER/GRANDFATHER) 4. AUNT/UNCLE 2. DAUGHTER OR SON (BIOLOGICAL/ADOPTIVE/IN-LAW/STEP/FOSTER) 5. BROTHER/SISTER 6. SPOUSE (WIFE/HUSBAND) OR PARTNER 7. OTHER RELATIVE 8. NON-RELATIVE 77. REFUSED 99. DON'T KNOW	
SPANISH	(IF NOT ALREADY KNOWN ASK: ¿Cuál es su relación o parentesco con <TEXT FILL 1>?) 1. MADRE (BIOLÓGICA/ADOPTIVA/MADRASTRA/DE CRIANZA "FOSTER") 2. PADRE (BIOLÓGICO/ADOPTIVO/PADRASTRO/DE CRIANZA "FOSTER") 3. ABUELA(O) 4. TÍA(O) 2. HIJA(O) (BIOLÓGICO(A)/ADOPTIVO/(A)/NUERA/YERNO/HIJASTRA(O)/DE CRIANZA

	"FOSTER") 5. HERMANO(A) 6. CÓNYUGE (ESPOSO(A)) O PAREJA 7. OTRO PARIENTE 8. NO ES PARIENTE 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1PRXYHH

DR1PRXYHH	
ASK	IF DR1SELECTR = 'SOME OTHER PERSON' OR NAME IS NOT PULLED FROM HH ROSTER
(IF NOT ALREADY KNOWN ASK: Do you live in the same household as <TEXT FILL 1>?) 1. YES 2. NO 77. REFUSED 99. DON'T KNOW	
SPANISH	(IF NOT ALREADY KNOWN ASK: ¿Vive usted en el mismo hogar que <TEXT FILL 1>?) 1. YES 2. NO 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	IF DR1PRXYHH = 2, THEN CODE PROXY RESPONDENT NOT AS AN SP
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	

NEXT	IF DR1PRXYHH = 1: DR1PRXYSP ELSE: DR1QBEGIN

DR1PRXYSP	
ASK	IF DR1SELECTR = 'SOME OTHER PERSON' OR NAME IS NOT PULLED FROM HH ROSTER
(IF NOT ALREADY KNOWN ASK: Did you previously complete a health interview about yourself in your home for this same project?) 1. YES 2. NO 77. REFUSED 99. DON'T KNOW	
SPANISH	IF DR1SELECTR = 'SOME OTHER PERSON' OR NAME IS NOT PULLED FROM HH ROSTER (IF NOT ALREADY KNOWN ASK: ¿Completó anteriormente una entrevista de salud sobre usted en su hogar para este mismo proyecto?) 1. YES 2. NO 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	IF DR1PRXYSP = 1, THEN CODE PROXY RESPONDENT AS AN SP IF DR1PRXYSP = 2, THEN CODE PROXY RESPONDENT NOT AS AN SP
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1QBEGIN

DR1QBEGIN	
ASK	All respondents
Thank you for <TEXT FILL 1> continued participation in the National Health and Nutrition Examination Survey or NHANES. This study is sponsored by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. The information collected in this interview helps researchers understand the health and nutrition of people in the United States.	

DR1QCRDA	
SPANISH ASK	Gracias por <TEXT FILL 1> en la Encuesta Nacional de Examen de la Salud y Nutrición o NHANES, por sus siglas en inglés. Este estudio está patrocinado por el Centro Nacional de Estadísticas de la Salud, parte de los Centros para el Control y la Prevención de Enfermedades. La información recopilada en esta entrevista ayuda a los investigadores científicos a comprender la salud y la nutrición de las personas en los Estados Unidos. PRESS 1 TO CONTINUE
QUESTION TYPE	Text
SPANISH (ENG)	TEXT FILL 1: FILL "your" IF DR1PROXY=4 FILL "[SP's NAME]'s" IF DR1PROXY=(1,2,3)
FILLS (SPA)	TEXT FILL 1: FILL "su participación continua" IF DR1PROXY=4 FILL "la participación continua de [SP's NAME]" IF DR1PROXY=(1,2,3)
QUESTION TYPE	Radio button
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
HELP SCREEN (ENG)	**How long will the recording be kept?** The audio recording will be deleted after three years. You can call our toll free number 800-344-1386 at any time to have your audio recording deleted prior to that time. **Who will have access to my recordings?** Recordings are only used by persons authorized to work on NHANES for reviewing the quality of my work and tools and questionnaires used in the survey.
HELP SCREEN (SPA)	**¿Cuánto tiempo se conservará la grabación?** La grabación de audio se borrará después de tres años. Puede llamar a nuestra línea gratuita al 800-344-1386 en cualquier momento si quiere que la borremos antes. **¿Quién tendrá acceso a mis grabaciones?** Las grabaciones solo son usadas por las personas autorizadas a trabajar en la Encuesta Nacional sobre Salud y Nutrición, con fines de revisar la calidad de mi trabajo, así como las herramientas y cuestionarios que se usan en la encuesta.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1QCRDA = 2: DR1QCRDAN ELSE: DR1QCNSNTA

All respondents
This call may be monitored or recorded for quality assurance purposes. The computer is now recording our conversation. Do I have your permission to continue recording?
1. YES
2. NO
Esta llamada puede ser supervisada o grabada con fines de control de calidad. La computadora está grabando nuestra conversación ahora. ¿Tengo su permiso para seguir grabando?
1. YES
2. NO
DR1QCRDA

DR1QCRDAN	
ASK	IF DR1QCRDA = 2
I will turn off the recording now.	
SPANISH	Apagaré la grabación ahora.
QUESTION TYPE	Instruction
FILLS	
NOTES	STOP RECORDING
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1QCNSNTA

DR1QCNSNTA	
ASK	All respondents

Before we begin, I'd like you to know that participating in this interview is voluntary. <TEXT FILL 1> may choose to skip any question <TEXT FILL 2> don't wish to answer or end the interview at any time without penalty.

This phone interview is about what people in America eat and drink. Researchers need this information to understand the nation's nutritional needs. The data also help policy makers create dietary recommendations to promote health and prevent disease.

<TEXT FILL 1> will be interviewed twice on two different days. In today's interview, we will ask about the foods and beverages <TEXT FILL 3> ate and drank in the last 24 hours, then we will ask about <TEXT FILL 4> use of supplements and antacids. For this interview, <TEXT FILL 2> will use the Food Model Booklet and the Hand Cards provided when this interview was scheduled.

<TEXT FILL 0> This interview will take about 30 to 45 minutes. As a token of appreciation, <TEXT FILL 7> will receive an additional $30 on <TEXT FILL 5> gift card upon completion. <TEXT FILL 1> can receive an additional $30 for completing the second interview.

We are required by federal law to develop and follow strict procedures to protect the confidentiality of <TEXT FILL 4> information and use <TEXT FILL 8> answers only for statistical purposes. Just like the information you have already provided, all the information <TEXT FILL 2> provide during this interview will be confidential.

Do you have any questions before we continue?

[INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT]

<TEXT FILL 6>?

1. YES
2. NO

SPANISH	Antes de comenzar, me gustaría que supiera que la participación en esta entrevista es voluntaria. <TEXT FILL 1> puede dejar de contestar cualquier pregunta si <TEXT FILL 2> no desea(n) responder o detener la entrevista en cualquier momento sin penalización. Esta entrevista telefónica es sobre lo que las personas comen y beben en los Estados Unidos. Los investigadores científicos necesitan esta información para comprender las necesidades nutricionales del país. Los datos también ayudan a los legisladores a crear recomendaciones nutricionales para promover la salud y prevenir enfermedades. <TEXT FILL 1> será entrevistado(a) dos veces en dos días diferentes. En la entrevista de hoy preguntaremos sobre los alimentos y bebidas que <TEXT FILL 3> comió y bebió en las últimas 24 horas. Luego le preguntaremos sobre los suplementos y antiácidos que usa <TEXT FILL 4>. Para esta entrevista, <TEXT FILL 2> utilizará(n) el folleto del modelo de alimentos y las tarjetas proporcionadas cuando se programó esta entrevista. <TEXT FILL 0> Esta entrevista tomará entre 30 y 45 minutos. Como muestra de agradecimiento, <TEXT FILL 7> recibirá $30 dólares adicionales en <TEXT FILL 5> al finalizar. <TEXT FILL 1> puede recibir $30 dólares adicionales por completar la segunda entrevista. Las leyes federales nos obligan a elaborar y seguir procedimientos estrictos para proteger la confidencialidad de <TEXT FILL 9> y a usar sus respuestas solo con fines estadísticos. Al igual que la información que ya ha proporcionado, toda la información que <TEXT FILL 2> proporcione durante esta entrevista será confidencial. ¿Tiene alguna pregunta antes de continuar? [INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT] <TEXT FILL 6>? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 0: FILL “We will also ask about knowledge, attitudes, and beliefs related to food choices.” IF DR1PROXY=4. TEXT FILL 1: FILL “[SP NAME]” IF DR1PROXY=(2,3). FILL “You” IF DR1PROXY=(1,4). TEXT FILL 2: FILL “they” IF DR1PROXY=(2,3). FILL “you” IF DR1PROXY=(1,4). TEXT FILL 3: “you” IF DR1PROXY=4. FILL “[SP NAME]” IF DR1PROXY=(1,2,3). TEXT FILL 4: “your” IF DR1PROXY=4. FILL “[SP NAME]’s” IF DR1PROXY=(1,2,3).

	TEXT FILL 5: “your” IF DR1PROXY=4. FILL “their” IF DR1PROXY=(2,3). FILL “[SP NAME]’s” IF DR1PROXY=1. TEXT FILL 6: FILL “Do we have your permission to interview [SP Name]” IF DR1PROXY=(2,3). FILL “Do you agree to proceed with the interview” IF DR1PROXY=(1,4). TEXT FILL 7: FILL “[SP NAME]” IF DR1PROXY=(2,3). FILL “you” IF DR1PROXY=(1,4). TEXT FILL 8: FILL “their” IF DR1PROXY=(2,3). FILL ‘your’ IF DR1PROXY=(1,4).

FILLS (SPA)	TEXT FILL 0: FILL “También le preguntaremos sobre su conocimiento, actitudes y creencias referentes a las preferencias de alimentos.” IF DR1PROXY=4. TEXT FILL 1: FILL “[SP NAME]” IF DR1PROXY=(2,3). FILL “Usted” IF DR1PROXY=(1,4). TEXT FILL 2: FILL “él/ella” IF DR1PROXY=(2,3). FILL “usted” IF DR1PROXY=(1,4). TEXT FILL 3: “usted” IF DR1PROXY=4. FILL “[SP NAME]” IF DR1PROXY=(1,2,3). TEXT FILL 4: “usted” IF DR1PROXY=4. FILL “[SP NAME]” IF DR1PROXY=(1,2,3). TEXT FILL 5: “su tarjeta de regalo” IF DR1PROXY=4. FILL “la tarjeta de regalo de él/ella” IF DR1PROXY=(2,3). FILL “la tarjeta de regalo de [SP NAME]” IF DR1PROXY=1. TEXT FILL 6: FILL “¿Tenemos su permiso para entrevistar a [SP NAME]?” IF DR1PROXY=(2,3). FILL “¿Acepta continuar con la entrevista?" IF DR1PROXY=(1,4). TEXT FILL 7: FILL “[SP NAME]” IF DR1PROXY=(2,3). FILL “usted” IF DR1PROXY=(1,4). TEXT FILL 8: FILL “BLANK” IF DR1PROXY=(2,3). FILL ‘BLANK’ IF DR1PROXY=(1,4). TEXT FILL 9: “su información” IF DR1PROXY=4. FILL “la información de [SP NAME]” IF DR1PROXY=(1,2,3).
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1QCNSNTA=2; DR1SSTS ELSE: DR1QADD

DR1QADD	
ASK	ALL RESPONDENTS
Next, I would like to verify your street address. What is your full address? [RECORD STREET ADDRESS ({Address1} {Address2} {City} {State} {ZIP})]	
SPANISH	A continuación, me gustaría verificar su dirección postal. ¿Cuál es su dirección completa? [RECORD STREET ADDRESS ({Address1} {Address2} {City} {State} {ZIP})]
QUESTION TYPE	text
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	FOR CITY AND STATE: ONLY ALLOW CHARACTERS, NO NUMERALS ALLOWED. FOR ZIP CODE: REQUIRE 5 NUMERALS.
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1QCNSNTA = 1 AND SP IS 6-17 YRS OLD: DR1QCNSNTB; ELSE: LAUNCH AMPM

DR1QCNSNTB	
ASK	SPs 6-17 YEARS OLD IF DR1QCNSNTA = 1
INTERVIEWER ASK TO SPEAK WITH SP IF THEY ARE NOT ALREADY ON THE PHONE Thank you for being a part of the National Health and Nutrition Examination Survey (NHANES). This study is conducted by the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention. We collect information from interviews like this to learn about the health and nutrition of people in the United States. Your parent or legal guardian said it is okay for me to interview you <TEXT FILL 1>. PRESS 1 TO CONTINUE.	
SPANISH	INTERVIEWER ASK TO SPEAK WITH SP IF THEY ARE NOT ALREADY ON THE PHONE Gracias por ser parte de la Encuesta Nacional de Examen de la Salud y Nutrición (NHANES, por sus siglas en inglés). Este estudio está patrocinado por el Centro Nacional de Estadísticas de la Salud, parte de los Centros para el Control y la Prevención de Enfermedades. Recopilamos información de entrevistas como esta para conocer la salud y la nutrición de las personas en los Estados Unidos. Uno de tus padres o tutor legal dijo que está bien que te entreviste <TEXT FILL 1>. PRESS 1 TO CONTINUE.
QUESTION TYPE	Text
FILLS (ENG)	TEXT FILL 1: FILL “and record our conversation” IF DS1QCRDA = 1
FILLS (SPA)	TEXT FILL 1: FILL “y grabe nuestra conversación” IF DS1QCRDA = 1
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1QRCRDB

DR1QCRDB	
ASK	IF SP 6-17 YEARS OLD
If you're okay with it, we would like to record our interview to help with training and making sure the data is accurate. Do I have your permission to record our interview? 1. YES 2. NO	
SPANISH	Si estás de acuerdo, nos gustaría grabar la entrevista para ayudar con la capacitación y asegurarnos de que los datos sean precisos. ¿Tengo tu permiso para grabar nuestra entrevista? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1QCRDB = 2: DR1QCRDBN ELSE: DR1QASSENT

DR1QCRDBN	
ASK	IF DR1QCRDB = 2
I will turn off the recording now.	

SPANISH	Apagaré la grabación ahora.
QUESTION TYPE	Instruction
FILLS	
NOTES	STOP RECORDING
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1QASSENT

DR1QASSENT	
ASK	IF SP AGE IS 6-17 YEARS OLD

Before we begin, I'd like you to know you don't have to answer any questions you don't want to and can stop the interview at any time if you wish. It's up to you!

This phone interview will help us learn what people in America eat and drink. Researchers need this information to understand what our bodies need to stay healthy and prevent diseases.

We will interview you twice, with a week in between each session. In today's interview, we'll ask you about the food and drinks you had in the last 24 hours, and also if you took any dietary supplements. For this interview, you will use the Food Model Booklet and the Hand Cards we gave your family when this interview was scheduled.

The interview will take about 30 minutes. As a way to say thank you, you will receive $30 on your gift card when we finish. You can receive an additional $30 for completing the second interview.

We have to follow strict rules by law to keep your information private and only use it for statistics. Just like the information you've already given, everything you say during this interview will be kept confidential.

Do you have any questions before we continue?

[INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT.]

Are you ready to continue with the interview?

1. YES
2. NO

SPANISH	Antes de empezar, me gustaría que supieras que no tienes que responder ninguna pregunta si no lo deseas y que puedes detener la entrevista en cualquier momento. ¡Es tu decisión! Esta entrevista telefónica nos ayudará a saber qué comen y beben las personas en los Estados Unidos. Los investigadores científicos necesitan esta información para comprender qué necesita nuestro cuerpo para mantenerse sano y prevenir enfermedades. Te entrevistaremos dos veces, con una semana de diferencia entre cada sesión. En la entrevista de hoy te preguntaremos sobre los alimentos y bebidas que has consumido en las últimas 24 horas, y también si has tomado algún suplemento nutricional. Para esta entrevista, usarás el folleto del modelo de alimentos y las tarjetas proporcionadas cuando se programó esta entrevista. Esta entrevista tomará unos 30 minutos. Para darte las gracias, recibirás $30 dólares en tu tarjeta de regalo cuando terminemos. Puedes recibir $30 dólares adicionales por completar la segunda entrevista. Tenemos que seguir reglas estrictas por ley para mantener tu información confidencial y usarla solo con fines estadísticos. Al igual que la información que ya has proporcionado, todo lo que digas durante esta entrevista se mantendrá confidencial. ¿Tienes alguna pregunta antes de continuar? [INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT.] ¿Estás listo(a) para continuar con la entrevista? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1QASSENT in {1}: LAUNCH AMPM ELSE: DR1SSTS

DR1SSTS	
ASK	All Respondents
DAY 1 DIETARY RECALL SECTION STATUS: 1. COMPLETE 2. PARTIAL 3. NOT DONE	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	IF [REC340- ARE YOU CURRENTLY ON A SPECIAL DIET & REC345- WHAT KIND OF DIET ARE YOU ON] ≠ MISSING, AUTOFILL DR1SSTS= “1, COMPLETE”. GO TO END OF SECTION. ELSE IF [FIRST AMPM Q EVERYONE ELIGIBLE TO ANSWER] ≠ MISSING, AUTOFILL DR1SSTS = “2, PARTIAL”. ELSE, DR1SSTS = “3, NOT DONE”. IF AMPM CONSENT = NO OR AMPM ASSENT = NO, AUTOFILL DR1SSTS = “3, NOT DONE”, AND DR1SCMT = “2, REFUSAL”. IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL DR1SSTS = “3, NOT DONE”, AND DR1SCMT = “7, LANGUAGE BARRIER”.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1SSTS = 1: DR1SREVIEW ELSE: DR1SCMT

DR1SCMT	
ASK	IF DR1SSTS = (2, 3)
DAY 1 DIETARY RECALL SECTION STATUS COMMENT: SELECT COMMENT CODE 1 SAFETY EXCLUSION 2 SP REFUSAL 3 NO TIME 4 NO TIME - SP WITH OTHER HH MEMBER 5 NO TIME - CAME LATE/LEFT EARLY 6 PHYSICAL LIMITATION 7 LANGUAGE BARRIER 8 COMMUNICATION PROBLEM 9 SP UNABLE TO COMPLY 10 EQUIPMENT FAILURE 11 SP ILL/EMERGENCY 12 FAINTING EPISODE 13 EXCLUSION DUE TO CONDITIONS AFFECTING DATA INTERPRETATION 14 NO SUITABLE VEIN 15 VEIN COLLAPSED 16 PRE-TEST DATA UNAVAILABLE 17 STAFF UNAVAILABLE 18 UNABLE TO REACH THE RESPONDENT 19 UNABLE TO SCHEDULE/RESCHEDULE 90 OTHER, SPECIFY	
SPANISH	N/A
QUESTION TYPE	Radio Button
FILLS	
NOTES	COMMENT CODE LIST NEEDS TO BE USED FOR MEC AND DIETARY SO KEEP NUMBERING AS IS FOR ANALYSIS. FOR DIETARY ONLY SHOW (2, 6, 7, 8, 10, 11, 18, 19, 90) ON SCREEN. ELSE, SUPPRESS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1SCMT = 90: DR1SCOT ELSE: DR1SREVIEW

DR1SCOT	
ASK	IF DR1SCMT = 90
DAY 1 DIETARY RECALL SECTION STATUS COMMENT, OTHER SPECIFIED: TEXTBOX [200 CHARACTERS]	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1SREVIEW

DR1SREVIEW	
ASK	IF DR1SSTS = ANY
DAY 1 DIETARY RECALL SECTION STATUS REVIEW END OF AMPM. DAY 1 DIETARY RECALL SECTION STATUS: <TEXT FILL 1> PRESS 1 TO SAVE AMPM.	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	TEXT FILL 1: FILL SECTION STATUS CODE AS “COMPLETE” OR “PARTIAL” OR “NOT DONE” BASED ON DEFINTIONS IN DR1SSTS
NOTES	WILL NOT BE ABLE TO GO BACK AND EDIT THIS SECTION ONCE SAVED
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DS1SINTRO

DIETARY SUPPLEMENTS AND ANTACIDS QUESTIONS

AFTER AMPM

DS1SINTRO	
ASK	All respondents
The next questions are about <TEXT FILL 1> use of dietary supplements during the **past 30 days**. Please look at card DS-1 which lists some examples of different types of dietary supplements. <TEXT FILL 2> used or taken **any vitamins, minerals, herbals or other dietary supplements** in the **past 30 days**? Include any prescription and over the counter supplements. DIETARY SUPPLEMENTS HAND CARD DS-1 HELP AVAILABLE 1. YES	

2. NO
7. REFUSED
9. DON'T KNOW

SPANISH	Las siguientes preguntas son sobre los suplementos nutricionales que <TEXT FILL 1> usó durante los **últimos 30 días**. Mire la tarjeta DS-1, que enumera algunos ejemplos de diferentes tipos de suplementos nutricionales. ¿Ha usado o tomado <TEXT FILL 2> **vitaminas, minerales, hierbas u otros suplementos nutricionales** en los **últimos 30 días**? Incluya cualquier suplemento recetado y los que se venden sin receta médica. DIETARY SUPPLEMENTS HAND CARD DS-1 HELP AVAILABLE 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF DR1PROXY=4 ELSE, FILL "[SP NAME]'s TEXT FILL 2: FILL "Have you" IF DR1PROXY=4 ELSE, FILL "Has [SP NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF DR1PROXY=4 ELSE, FILL "[SP NAME] TEXT FILL 2: FILL "usted" IF DR1PROXY=4 ELSE, FILL " [SP NAME]"
NOTES	
HELP SCREEN (ENG)	"Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, probiotics, amino acids, performance enhancers, botanicals and plant extracts used as dietary supplements. Include products that are taken orally. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements."
HELP SCREEN (SPA)	"Suplementos nutricionales (vitaminas/minerales): Estos suplementos suelen etiquetarse como "suplementos nutricionales" y se usan como complementos de alimentos y bebidas. Incluyen vitaminas, minerales, productos antiácidos/suplementos de calcio, suplementos de fibra, probióticos, aminoácidos, potenciadores del rendimiento, productos botánicos y extractos de plantas. Incluya productos que se toman por la boca. No incluya bebidas como tés o cremas para la piel. Las bebidas que sustituyen las comidas, las bebidas para mejorar el rendimiento y para bajar de peso, y las barras alimenticias se consideran alimentos, no suplementos nutricionales".
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ005

NEXT	IF DS1SINTRO = 1: DS1SCONTR ELSE: DS1AINTRO

DS1SCONTR	
ASK	IF DS1SINTRO = 1
{I will start with the first dietary supplement that <TEXT FILL 1> used or took in the **past 30 days**.} Do you have the container available for this dietary supplement? [READ IF NECESSARY: I will wait while you locate the container.] [INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE".] 1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE	
SPANISH	{Comenzaré con el primer suplemento nutricional que <TEXT FILL 1> usó o tomó en los **últimos 30 días**.} ¿Tiene disponible el envase de este suplemento nutricional? [RED IF NECESSARY: Esperaré mientras encuentra el envase]. [INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE".] 1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE FILL "[NAME OF SP]".
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE FILL "[NAME OF SP]".
NOTES (ENG)	THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH SUPPLEMENT REPORTED BY THE RESPONDENT. ONLY DISPLAY "I will start with the first dietary supplement that {you/SP} used or took in the **past 30 days**." ON THE FIRST ITERATION OF THE LOOP. PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
NOTES (SPA)	THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH SUPPLEMENT REPORTED BY THE RESPONDENT. ONLY DISPLAY "Comenzaré con el primer suplemento nutricional que {usted/SP} usó o tomó en los **últimos 30 días**." ON THE FIRST ITERATION OF THE LOOP. PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	SAQ010
NEXT	DS1SLABEL

DS1SLABEL	
ASK	IF DS1SINTRO=1

<TEXT FILL 1>

[INTERVIEWER INSTRUCTION: <TEXT FILL 2>]

[PROBES: Record the name. Use name probes.

Multivitamin and/or Multimineral:
- What is the brand name?
- Did it also include minerals like iron, zinc, or calcium?
- Was it iron only?
- Was it a special type? <TEXT FILL 3>

Single/double nutrient:
- What is the brand name?
- How much (ingredient name) was in it? (Or what was the strength of X?)

Other supplement type:
- Please describe the label name or type of supplement <TEXT FILL 4>
- What is the brand name?**]**

_____
ENTER SUPPLEMENT NAME

REFUSED..... 7
DON'T KNOW..... 9

SPANISH

<TEXT FILL 1>

[INTERVIEWER INSTRUCTION: <TEXT FILL 2>]

[PROBES: Record the name. Use name probes.

Multivitaminas o multiminerales:
- ¿Cuál es el nombre de la marca?
- ¿También incluía minerales como hierro, zinc o calcio?
- ¿Era solo hierro?
- ¿Era de un tipo especial? <TEXT FILL 3>

Nutriente simple/doble:
- ¿Cuál es el nombre de la marca?
- ¿Qué cantidad de (nombre del ingrediente) contenía? (¿O cuál era la potencia de X?)

Otro tipo de suplemento:
- Describa el nombre de la etiqueta o el tipo de suplemento <TEXT FILL 4> **.**
- ¿Cuál es el nombre de la marca?**]**

_____
ENTER SUPPLEMENT NAME

REFUSED..... 7
DON'T KNOW..... 9

QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL “Can you please look at the container and read to me all the words on the front label?” IF DS1CONTR=1 FILL: “What is the name of the supplement you took?” IF DS1CONTR=2 AND SP IS RESPONDENT FILL: “What is the name of the supplement [NAME OF SP] took?” IF DS1CONTR=2 AND SP IS NOT RESPONDENT TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL” IF DS1CONTR=1 FILL: “PROBE IF THE RESPONDENT DOESN’T HAVE THE CONTAINER.” IF DS1CONTR=2 TEXT FILL 3: FILL “(chewable, complete, with iron, with extra C)” IF SP IS UNDER 12 YEARS OLD ELSE, FILL: “(silver, women’s, men’s, prenatal, liquid)” TEXT FILL 4: FILL “(fluoride)” IF SP IS UNDER 12 YEARS OLD ELSE, TEXT FILL 4 IS EMPTY
FILLS (SPA)	TEXT FILL 1: FILL “¿Puede mirar el envase y leerme todas las palabras en la etiqueta de adelante?” IF DS1CONTR=1 FILL: “¿Cómo se llama el suplemento que tomó?” IF DS1CONTR=2 AND SP IS RESPONDENT FILL: “¿Cómo se llama el suplemento que [SP NAME] tomó?” IF DS1CONTR=2 AND SP IS NOT RESPONDENT TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL” IF DS1CONTR=1 FILL: “PROBE IF THE RESPONDENT DOESN’T HAVE THE CONTAINER.” IF DS1CONTR=2 TEXT FILL 3: FILL “(masticable, completo, con hierro, con extra C)” IF SP IS UNDER 12 YEARS OLD ELSE, FILL: “(para personas mayores (silver), para mujeres, para hombres, prenatal, líquido)” TEXT FILL 4: FILL “(fluoruro)” IF SP IS UNDER 12 YEARS OLD ELSE, TEXT FILL 4 IS EMPTY
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS1SINTRO = NO OR DS1SOTHER = NO.
HELP SCREEN	
HARD CHECK	SUPPLEMENT NAME SHOULD BE ENTERED ERROR MESSAGE IF SUPPLEMENT NAME LEFT BLANK ON FIRST LOOP: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER “NO” TO DS1SINTRO.” ERROR MESSAGE IF SUPPLEMENT NAME LEFT BLANK ON SUBSEQUENT LOOPS: “YOU MUST COLLECT INFORMATION FOR A SUPPLEMENT OR BACK UP AND ANSWER “NO” TO DS1SOTHER”
SOFT CHECK	

VERSION NOTES	SAQ015
NEXT	DS1SDAYS

DS1SDAYS	
ASK	IF DS1SINTRO=1
In the **past 30 days**, on how many days did <TEXT FILL 1> take <TEXT FILL 2>? |___|___| ENTER NUMBER OF DAYS FROM 1-30 REFUSED..... 7 DON'T KNOW..... 9	
SPANISH	En los **últimos 30 días**, ¿durante cuántos días tomó <TEXT FILL 1> <TEXT FILL 2>? |___|___| ENTER NUMBER OF DAYS FROM 1-30 REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL “you” IF SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE TO DS1SLABEL.
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE TO DS1SLABEL.
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	ONLY ALLOW 1-30, IF OUTSIDE RANGE SHOW HARD CHECK MESSAGE: "INPUT INVALID. VALUE NOT IN RANGE 1-30"
SOFT CHECK	
VERSION NOTES	SAQ020
NEXT	DS1SQTY

DS1SQTY	
ASK	IF DS1SINTRO=1

On those days that <TEXT FILL 1> used or took <TEXT FILL 2>, how much did <TEXT FILL 3> usually take on a single day?

_____
ENTER QUANTITY

REFUSED..... 7
DON'T KNOW..... 9

SPANISH	En esos días que <TEXT FILL 1> usó o tomó <TEXT FILL 2>, ¿cuánto usó o tomó <TEXT FILL 3> normalmente en un solo día? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE TO DS1SLABEL TEXT FILL 3: FILL “you” IF THE SP IS THE RESPONDENT FILL: “he” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE FILL: “she” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE FILL: “they” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE TO DS1SLABEL TEXT FILL 3: FILL “usted” IF THE SP IS THE RESPONDENT FILL: “él” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE FILL: “ella” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE FILL: “esta persona” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS1SINTRO IF THIS IS THE FIRST SUPPLEMENT OR TO DS1SOTHER IF ADDITIONAL SUPPLEMENT.” IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: “NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150.”
SOFT CHECK	QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: “YOU SAID <TEXT FILL 3> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”
VERSION NOTES	SAQ025Q
NEXT	DS1SUNIT

DS1SUNIT	
ASK	IF DS1SINTRO=1

Was it a tablet, capsule, pill, caplet, soft gel, or something else?

[SELECT FORM/UNIT]

35. TABLET(S)
36. CAPSULE(S)
37. PILL(S)
38. CAPLET(S)
39. SOFTGEL(S)/GELCAP(S)
40. VEGICAP(S)
1. CHEWABLE TABLET(S)
2. DROPPER(S)
3. DROP(S)
5. INJECTION(S)/SHOT(S)
6. LOZENGE(S)/COUGH DROP(S)
7. MILLILITER(S)
11. TABLESPOON(S)
12. TEASPOON(S)
13. WAFER(S)
15. CAN(S)
16. GRAM(S)
17. DOT(S)
18. CUP(S)
19. SPRAY(S)/SQUIRT(S)
20. CHEW(S)/GUMMIE(S)
21. SCOOP(S)
23. CAPFUL(S)
27. OUNCE(S)
28. PACKAGE(S)/PACKET(S)
29. VIAL(S)
30. GUMBALL(S)
91. OTHER FORM (SPECIFY)
77. REFUSED
99. DON'T KNOW

SPANISH	¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto? **[SELECT FORM/UNIT]** 35. TABLETA(S) 36. CÁPSULA(S) 37. PASTILLA(S) 38. COMPRIMIDO(S) 39. CÁPSULA(S) BLANDA(S)/CÁPSULA(S) DE GEL 40. CÁPSULA(S) VEGETARIANA(S) 1. TABLETA(S) MASTICABLE(S) 2. CUENTAGOTA(S)/ GOTEROS 3. GOTA(S) 5. INYECCIÓN(ES) 6. PASTILLA(S) PARA CHUPAR/PASTILLA(S) PARA LA TOS 7. MILILITRO(S) 11. CUCHARADA(S) 12. CUCHARADITA(S) 13. OBLEA(S) 15. LATA(S) 16. GRAMO(S) 17. PUNTO(S) 18. TAZA(S) 19. AEROSOL(ES)/CHORRO(S) 20. MASTICABLE(S)/GOMITA(S) 21. PALA(S) O “SCOOP(S)” 23. TAPA(S) 27. ONZA(S) 28. PAQUETE(S)/SOBRE(S) 29. FRASCO(S) PEQUEÑO(S) 30. GUMBOLA(S)/ BOLAS DE CHICLE 91. OTHER FORM (SPECIFY) 77. REFUSED 99. DON’T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS1SUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION	SAQ025U

NOTES	
NEXT	IF DS1SUNIT = 28: DS1SPACKAG IF DS1SUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS1SLIQPW IF DS1SUNIT = 91: DS1SUNITO ELSE: DS1SYESTR

DS1SPACKAG	
ASK	IF DS1SUNIT = 28
<TEXT FILL 1> take an entire packet of <TEXT FILL 2> each time? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿ Toma <TEXT FILL 1> un sobre completo de <TEXT FILL 2> cada vez? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF SP IS THE RESPONDENT ELSE, FILL "Does [SP's NAME]" TEXT FILL 2: FILL RESPONSE TO DS1SLABEL.
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]" TEXT FILL 2: FILL RESPONSE TO DS1SLABEL.
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ030
NEXT	DS1SYESTR

DS1SLIQPW	
ASK	IF DS1SUNIT = 7, 11, 12, 15, 16, 18, 21, 23 OR 27
Was that a liquid or a powder? 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Era un líquido o un polvo? 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ035
NEXT	DS1SYESTR

DS1SYESTR	
ASK	IF DS1SINTRO=1
Did <TEXT FILL 1> take this supplement yesterday <TEXT FILL 2>, (between midnight and midnight)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tomó <TEXT FILL 1 este suplemento ayer <TEXT FILL 2> (entre medianoche y medianoche)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL: "[SP's NAME] TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL: "[SP's NAME] TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQNew1
NEXT	IF DS1SYESTR = 1: DS1SYESTRQ ELSE: DS1SOTHER

DS1SYESTRQ	
ASK	IF DS1SYESTR = 1
Between midnight and midnight, how much did <TEXT FILL 1> take? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9	
SPANISH	Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1>? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN	
HARD CHECK	IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS1SYESTR.” IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: “NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150.”
SOFT CHECK	QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: “YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”
VERSION NOTES	SAQNew2
NEXT	DS1SOTHER

DS1SOTHER	
ASK	IF DS1SINTRO=1
During the **past 30 days**, did <TEXT FILL 1> take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements. DIETARY SUPPLEMENTS HAND CARD DS-1 HELP AVAILABLE [INTERVIEWER INSTRUCTION: IF NO, REVIEW THE SUPPLEMENTS ON THE GRID WITH RESPONDENT AND MARK “2” IF THERE ARE NO MORE SUPPLEMENTS TO ENTER.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW	
SPANISH	Durante los **últimos 30 días**, ¿ tomó <TEXT FILL 1> otras vitaminas, minerales, hierbas u otros suplementos nutricionales? Incluya cualquier suplemento nutricional recetado y los que se venden sin receta médica. DIETARY SUPPLEMENTS HAND CARD DS-1 HELP AVAILABLE [INTERVIEWER INSTRUCTION: IF NO, REVIEW THE SUPPLEMENTS ON THE GRID WITH RESPONDENT AND MARK “2” IF THERE ARE NO MORE SUPPLEMENTS TO ENTER.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE FILL “[SP’s NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE FILL “[SP’s NAME]”
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1SCONTR, DS1SLABEL, DS1SDAYS, DS1SQTY, DS1SUNIT, DS1SPACKAG, DS1SLIQPW, DS1SYESTR, DS1SYESTRQ, DS1SOTHER
HELP SCREEN (ENG)	Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, probiotics, amino acids, performance enhancers, botanicals and plant extracts used as dietary supplements. Include products that are taken orally. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.
HELP SCREEN (SPA)	Suplementos nutricionales (vitaminas/minerales): Estos suplementos suelen etiquetarse como “suplementos nutricionales” y se usan como complementos de alimentos y bebidas. Incluyen vitaminas, minerales, productos antiácidos/suplementos de calcio, suplementos de fibra,

	probióticos, aminoácidos, potenciadores del rendimiento, productos botánicos y extractos de plantas. Incluyen productos que se toman por la boca. No incluyen bebidas como tés o cremas para la piel. Las bebidas que sustituyen las comidas, las bebidas para mejorar el rendimiento y la pérdida de peso, y las barras alimenticias se consideran alimentos, no suplementos nutricionales.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ040
NEXT	IF DS1SOTHER = 1: DS1SCONTR FOR THE NEXT SUPPLEMENT ELSE: DS1AINTRO

DS1AINTRO	
ASK	All respondents
The next questions are about <TEXT FILL 1> use of non-prescription antacids. Please look at card DS-2. <TEXT FILL 2> used or taken any nonprescription antacids in the past 30 days? DIETARY ANTACIDS HAND CARD DS-2 HELP AVAILABLE 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Las siguientes preguntas son sobre los antiácidos que <TEXT FILL 1> que se venden sin receta médica. Mire la tarjeta DS-2. ¿ Ha usado o tomado <TEXT FILL 2> algún antiácido que se vende sin receta médica en los últimos 30 días? DIETARY ANTACIDS HAND CARD DS-2 HELP AVAILABLE 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT ELSE, FILL: "[SP's NAME]'s" TEXT FILL 2: FILL "Have you" IF THE SP IS THE RESPONDENT ELSE FILL "Has [SP's NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted usa" IF THE SP IS THE RESPONDENT ELSE, FILL: "usa [SP's NAME]" TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT ELSE FILL "[SP's NAME]"
NOTES	
HELP SCREEN (ENG)	Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system. The past 30 days: Counting from yesterday to 30 days back.
HELP SCREEN (SPA)	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	SAQ045
NEXT	IF DS1AINTRO = 1: DS1ACONTR ELSE: DS1SSTS

DS1ACONTR	
ASK	IF DS1AINTRO = 1
{I will start with the first antacid that <TEXT FILL 1> used or took in the **past 30 days**.} Do you have the container available for this antacid? [READ IF NECESSARY: I will wait while you locate the container]. [INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE."] 1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE	
SPANISH	{Comenzaré con el primer antiácido que <TEXT FILL 1 usó o tomó en los **últimos 30 días**}. ¿Tiene disponible el envase de este antiácido? [READ IF NECESSARY: Esperaré mientras encuentra el envase]. [INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE."] 1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"
NOTES (ENG)	THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH ANTACID ENDORSED BY THE RESPONDENT. ONLY DISPLAY "I will start with the first antacid that {you/SP} used or took in the **past 30 days**." ON THE FIRST ITERATION OF THE LOOP. PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
NOTES (SPA)	THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH ANTACID ENDORSED BY THE RESPONDENT. ONLY DISPLAY "Comenzaré con el primer antiácido que {usted/SP} usó o tomó en los **últimos 30 días.**" ON THE FIRST ITERATION OF THE LOOP. PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ050
NEXT	DS1ALABEL

DS1ALABEL	
ASK	IF DS1AINTRO=1
<TEXT FILL 1> [INTERVIEWER INSTRUCTION: <TEXT FILL 2>] **[PROBES:** What is the brand name? Was it extra strength, regular strength, ultra-strength, maximum strength?**]** _____ ENTER ANTACID NAME REFUSED ..... 7 DON'T KNOW 9	
SPANISH	<TEXT FILL 1> [INTERVIEWER INSTRUCTION: <TEXT FILL 2>] **[PROBES:** ¿Cuál es el nombre de la marca? ¿Fue de potencia extrafuerte, de potencia regular, de potencia ultra fuerte o de potencia máxima?**]** _____ ENTER ANTACID NAME REFUSED ..... 7 DON'T KNOW 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "Can you please look at the container and read to me all the words on the front label?" IF DS1ACONTR=1 FILL, "Which antacid did you use or take in the **past 30 days**?" IF DS1ACONTR=2 AND THE SP IS THE RESPONDENT FILL, "Which antacid did [SP's NAME] use or take in the **past 30 days**?" IF DS1ACONTR=2 AND THE SP IS NOT THE RESPONDENT TEXT FILL 2: FILL "PROBE IF THE RESPONDENT IS HAVING TROUBLE READING THE PRODUCT LABEL" IF DS1ACONTR=1 FILL "PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER" IF DS1ACONTR=2
FILLS (SPA)	TEXT FILL 1: FILL "¿Puede mirar el envase y leerme todas las palabras en la etiqueta de adelante?" IF DS1ACONTR=1 FILL, "¿Qué antiácido usó o tomó en los **últimos 30 días**?" IF DS1ACONTR=2 AND THE SP IS THE RESPONDENT FILL, "¿Qué antiácido usó o tomó [SP's NAME] en los **últimos 30 días**?" IF DS1ACONTR=2 AND THE SP IS NOT THE RESPONDENT TEXT FILL 2: FILL "PROBE IF THE RESPONDENT IS HAVING TROUBLE READING THE PRODUCT LABEL" IF DS1ACONTR=1

	FILL “PROBE IF THE RESPONDENT DOESN’T HAVE THE CONTAINER” IF DS1ACONTR=2
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS1AINTRO = NO OR DS1AOTHER = NO.
HELP SCREEN	
HARD CHECK	ANTACID NAME SHOULD BE ENTERED ERROR MESSAGE IF ANTACID NAME LEFT BLANK ON FIRST LOOP: “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER “NO” TO DS1AINTRO.” ERROR MESSAGE IF ANTACID NAME LEFT BLANK ON SUBSEQUENT LOOPS: “YOU MUST COLLECT INFORMATION FOR AN ANTACID OR BACK UP AND ANSWER “NO” TO DS1AOTHER.”
SOFT CHECK	
VERSION NOTES	SAQ055
NEXT	DS1ANAME

DS1ANAME	
ASK	IF DS1AINTRO=1
What is the name of the antacid <TEXT FILL 1> took? **[PROBES:** What is the brand name? Was it extra strength, regular strength, ultra-strength, maximum strength?**]** **[IF ANTACID NOT ON LIST, TYPE** "**Product not on list"**]** _____ ENTER ANTACID NAME FROM LIST OR ENTER "**PRODUCT NOT ON LIST" REFUSED..... 7 DON'T KNOW..... 9	
SPANISH	¿Cómo se llama el antiácido que tomó <TEXT FILL 1>? **[PROBES:** ¿Cuál es el nombre de la marca? ¿Fue de potencia extrafuerte, regular, ultra fuerte o de potencia máxima?**]** **[IF ANTACID NOT ON LIST, TYPE** "**Product not on list"**]** _____ ENTER ANTACID NAME FROM LIST OR ENTER "**PRODUCT NOT ON LIST" REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"
NOTES	ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE: DRUG TYPE {3} [DS1ATYPE] GENERIC NAME {60} [DS1AGENAME] THERAPEUTIC CLASS CODE {6} [DS1ACODE] GENERIC FLAG {1} [DS1AGENERC] THERE IS NO NEED TO DISPLAY THIS INFORMATION. PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ060
NEXT	DS1ADAYS

DS1ADAYS	
ASK	IF DS1AINTRO=1

In the **past 30 days**, on how many days did <TEXT FILL 1> take <TEXT FILL 2>?

|___|___|
ENTER NUMBER OF DAYS FROM 1-30

REFUSED..... 7
DON'T KNOW..... 9

SPANISH	En los **últimos 30 días**, ¿durante cuántos días tomó <TEXT FILL 1> <TEXT FILL 2>? |___|___| ENTER NUMBER OF DAYS FROM 1-30 REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Numeric
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: IF DS1ANAME=PRODUCT NOT ON LIST, FILL RESPONSE TO DS1ALABEL ELSE, FILL RESPONSE TO DS1ANAME
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: IF DS1ANAME=PRODUCT NOT ON LIST, FILL RESPONSE TO DS1ALABEL ELSE, FILL RESPONSE TO DS1ANAME
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	ONLY ALLOW 1-30, IF OUTSIDE RANGE SHOW HARD CHECK MESSAGE: "INPUT INVALID. VALUE NOT IN RANGE 1-30"
SOFT CHECK	
VERSION NOTES	SAQ065
NEXT	DS1AQTY

DS1AQTY	
ASK	IF DS1AINTRO=1
On those days that <TEXT FILL 1> used or took <TEXT FILL 2>, how much did <TEXT FILL 3> usually take on a single day? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9	
SPANISH	En esos días que <TEXT FILL 1> usó o tomó <TEXT FILL 2>, ¿cuánto tomaba normalmente en un día? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE FROM DS1ALABEL OR DS1ANAME TEXT FILL3: FILL “you” IF THE SP IS THE RESPONDENT FILL “he” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE FILL “she” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE FILL “they” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]” TEXT FILL 2: FILL RESPONSE FROM DS1ALABEL OR DS1ANAME TEXT FILL3: FILL “BLANK” IF THE SP IS THE RESPONDENT FILL “BLANK” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE FILL “BLANK” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE FILL “BLANK” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT

	OR BACK UP AND ANSWER “NO” TO DS1AINTRO IF IS WAS THE FIRST ANTACID OR TO DS1AOTHER IF ADDITIONAL ANTACID.” IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: “NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150.”
SOFT CHECK	QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: “YOU SAID <TEXT FILL 3> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”
VERSION NOTES	SAQ070Q
NEXT	DS1AUNIT

DS1AUNIT	
ASK	IF DS1AINTRO=1

Was it a tablet, capsule, pill, caplet, soft gel, or something else?

[SELECT FORM/UNIT]

35. TABLET(S)
36. CAPSULE(S)
37. PILL(S)
38. CAPLET(S)
39. SOFTGEL(S)/GELCAP(S)
40. VEGICAP(S)
1. CHEWABLE TABLET(S)
2. DROPPER(S)
3. DROP(S)
5. INJECTION(S)/SHOT(S)
6. LOZENGE(S)/COUGH DROP(S)
7. MILLILITER(S)
11. TABLESPOON(S)
12. TEASPOON(S)
13. WAFER(S)
15. CAN(S)
16. GRAM(S)
17. DOT(S)
18. CUP(S)
19. SPRAY(S)/SQUIRT(S)
20. CHEW(S)/GUMMIE(S)
21. SCOOP(S)
23. CAPFUL(S)
27. OUNCE(S)
28. PACKAGE(S)/PACKET(S)
29. VIAL(S)
30. GUMBALL(S)
91. OTHER FORM (SPECIFY)
77. REFUSED
99. DON'T KNOW

SPANISH	¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto? **[SELECT FORM/UNIT]** 35. TABLETA(S) 36. CÁPSULA(S) 37. PASTILLA(S) 38. COMPRIMIDO(S) 39. CÁPSULA(S) BLANDA(S)/CÁPSULA(S) DE GEL 40. CÁPSULA(S) VEGETARIANA(S) 1. TABLETA(S) MASTICABLE(S) 2. CUENTAGOTA(S)/ GOTEROS 3. GOTA(S) 5. INYECCIÓN(ES)

	6. PASTILLA(S) PARA CHUPAR/PASTILLA(S) PARA LA TOS 7. MILILITRO(S) 11. CUCHARADA(S) 12. CUCHARADITA(S) 13. OBLEA(S) 15. LATA(S) 16. GRAMO(S) 17. PUNTO(S) 18. TAZA(S) 19. AEROSOL(ES)/CHORRO(S) 20. MASTICABLE(S)/GOMITA(S) 21. PALA(S) O “SCOOP(S)” 23. TAPA(S) 27. ONZA(S) 28. PAQUETE(S)/SOBRE(S) 29. FRASCO(S) 30. GUMBOLA(S)/ BOLA DE CHICLE 91. OTHER FORM (SPECIFY) 77. REFUSED 99. DON’T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS1AUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ070U
NEXT	IF DS1AUNIT = 28: DS1APACKAG IF DS1AUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS1ALIQPW IF DS1AUNIT = 91: DS1AUNITO ELSE: DS1AYESTR

DS1APACKAG	
ASK	IF DS1AUNIT = 28
<TEXT FILL 1> take an entire packet each time? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Toma <TEXT FILL 1> un sobre completo todas las veces? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Do you" IF THE SP IS THE RESPONDENT ELSE FILL "Does [SP's NAME]"
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE FILL "[SP's NAME]"
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ075
NEXT	DS1AYESTR

DS1ALIQPW	
ASK	IF DS1AUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27
Was that a liquid or a powder? 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Era un líquido o un polvo? 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ080
NEXT	DS1AYESTR

DS1AYESTR	
ASK	IF DS1AINTRO=1
Did <TEXT FILL 1> take this antacid yesterday <TEXT FILL 2>, (between midnight and midnight)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tomó <TEXT FILL 1> este antiácido ayer, <TEXT FILL 2> (entre medianoche y medianoche)? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]" TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF COMPLETING ON WEDNESDAY, FILL WITH "TUESDAY")
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]" TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF COMPLETING ON WEDNESDAY, FILL WITH "TUESDAY")
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQNew3
NEXT	IF DS1AYESTR = 1: DS1AYESTRQ ELSE: DS1AOTHER

DS1AYESTRQ	
ASK	IF DS1AYESTR = 1
Between midnight and midnight, how much did <TEXT FILL 1> take? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9	
SPANISH	Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1>? _____ ENTER QUANTITY REFUSED..... 7 DON'T KNOW..... 9
QUESTION TYPE	Textbox
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN	
HARD CHECK	IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS1AYESTR.” IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: “NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150.”
SOFT CHECK	QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: “YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?”
VERSION NOTES	SAQNew4
NEXT	DS1AOTHER

DS1AOTHER	
ASK	IF DS1AINTRO=1
During the **past 30 days**, did <TEXT FILL 1> take any other antacids? DIETARY ANTACIDS HAND CARD DS-2 HELP AVAILABLE [INTERVIEWER INSTRUCTION: IF NO, REVIEW THE ANTACIDS ON THE GRID WITH RESPONDENT AND MARK “2” IF THERE ARE NO MORE ANTACIDS TO ENTER.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW	
SPANISH	Durante los **últimos 30 días**, ¿<TEXT FILL 1> tomó cualquier otro antiácido? DIETARY ANTACIDS HAND CARD DS-2 HELP AVAILABLE [INTERVIEWER INSTRUCTION: IF NO, REVIEW THE ANTACIDS ON THE GRID WITH RESPONDENT AND MARK “2” IF THERE ARE NO MORE ANTACIDS TO ENTER.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL “you” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
FILLS (SPA)	TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”
NOTES	PRESENT THE FOLLOWING ITEMS IN A GRID: DS1ACONTR, DS1ALABEL, DS1ANAME, DS1ADAYS, DS1AQTY, DS1AUNIT, DS1APACKAG, DS1ALIQPW, DS1AYESTR, DS1AYESTRQ, DS1AOTHER
HELP SCREEN (ENG)	“Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system. The past 30 days: From yesterday, 30 days back.”
HELP SCREEN (SPA)	“Antiácido: Un agente que neutraliza la acidez o reduce la producción de ácido, especialmente en el sistema digestivo. Durante los últimos 30 días: 30 días atrás a partir de ayer”.

HARD CHECK	
SOFT CHECK	
VERSION NOTES	SAQ085
NEXT	IF DS1AOTHER = 1: DS1ACONTR FOR NEXT ANTACID ELSE: DS1SSTS

DS1SSTS	
ASK	All Respondents
DAY 1 DIETARY SUPPLEMENT SECTION STATUS: 1. COMPLETE 2. PARTIAL 3. NOT DONE	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	IF DS1AINTRO IN (2, 7, 9), AUTOFILL DS1SSTS= “1, COMPLETE”. GO TO END OF SECTION. ELSE IF DS1AOTHER IN (2, 7, 9), AUTOFILL DS1SSTS= “1, COMPLETE”. GO TO END OF SECTION. ELSE IF DS1SINTRO ≠ MISSING, AUTOFILL DS1SSTS = “2, PARTIAL”. ELSE, DS1SSTS = “3, NOT DONE”. IF DR1QCNSNTA = 2 OR DR1QASSENT = 2, AUTOFILL DS1SSTS = “3, NOT DONE”, AND DS1SCMT = “2, REFUSAL”. IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL DS1SSTS = “3, NOT DONE”, AND DS1SCMT = “7, LANGUAGE BARRIER”.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DS1SSTS = 1: DS1SREVIEW ELSE: DS1SCMT

DS1SCMT	
ASK	IF DS1SSTS = (2, 3)
DAY 1 DIETARY SUPPLEMENT SECTION STATUS COMMENT: SELECT COMMENT CODE 1 SAFETY EXCLUSION 2 SP REFUSAL 3 NO TIME 4 NO TIME - SP WITH OTHER HH MEMBER 5 NO TIME - CAME LATE/LEFT EARLY 6 PHYSICAL LIMITATION 7 LANGUAGE BARRIER 8 COMMUNICATION PROBLEM 9 SP UNABLE TO COMPLY 10 EQUIPMENT FAILURE 11 SP ILL/EMERGENCY 12 FAINTING EPISODE 13 EXCLUSION DUE TO CONDITIONS AFFECTING DATA INTERPRETATION 14 NO SUITABLE VEIN 15 VEIN COLLAPSED 16 PRE-TEST DATA UNAVAILABLE 17 STAFF UNAVAILABLE 18 UNABLE TO REACH THE RESPONDENT 19 UNABLE TO SCHEDULE/RESCHEDULE 90 OTHER, SPECIFY	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	COMMENT CODE LIST NEEDS TO BE USED FOR MEC AND DIETARY SO KEEP NUMBERING AS IS FOR ANALYSIS. FOR DIETARY ONLY SHOW (2, 6, 7, 8, 10, 11, 18, 19, 90) ON SCREEN. ELSE, SUPPRESS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DS1SCMT = 90: DS1SCOT ELSE: DS1SREVIEW

DS1SCOT	
ASK	IF DS1SCMT = 90
DAY 1 DIETARY SUPPLEMENT SECTION STATUS COMMENT, OTHER SPECIFIED: TEXTBOX [200 CHARACTERS]	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DS1SREVIEW

DS1SREVIEW	
ASK	IF DS1SSTS = ANY
DAY 1 DIETARY SUPPLEMENTS/ANTACIDS SECTION STATUS REVIEW END OF SUPPLEMENTS/ANTACIDS. DAY 1 SUPPLEMENTS/ANTACIDS SECTION STATUS: <TEXT FILL 1> PRESS 1 TO SAVE DAY 1 SUPPLEMENTS/ANTACIDS.	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	TEXT FILL 1: FILL SECTION STATUS CODE AS “COMPLETE” OR “PARTIAL” OR “NOT DONE” BASED ON DEFINTIONS IN DS1SSTS
NOTES	WILL NOT BE ABLE TO GO BACK AND EDIT THIS SECTION ONCE SAVED
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1RFISH

DAY 1 POST-RECALL QUESTIONS

Target Group: SPs Birth+

The following items will no longer be included in this part of the Dietary Instrument as they are now included in the AMPM portion of the interview.

Was the amount of food that {you/NAME} ate yesterday much more than usual, usual, or much less than usual?

How often {do you/does NAME} add ordinary salt or sea salt to {your/his/her} food at the table? Is it rarely, occasionally, or very often? (Do not include lite salt or salt substitute.)

How often is ordinary salt or sea salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?

{Are you/Is NAME} currently on any kind of diet, either to lose weight or for some other health-related reason?

What kind of diet {are you/is NAME} on? [READ AS NEEDED: Is it a weight loss or low calorie diet; low fat or cholesterol diet; low salt or sodium diet; diabetic diet; or another type of diet?]

DR1RFISH	
ASK	IF SP >= 1 YEAR OLD
Please look at the list of fish on card DR-1. DIETARY POST RECALL HAND CARD DR-1. During the past 30 days, did <TEXT FILL 1> eat any types of fish listed on this card? Include fresh, frozen, canned, pouch, dried, and any foods that had fish in them such as sandwiches, soups, or salads. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Mire la lista de pescados en la tarjeta DR-1. DIETARY POST RECALL HAND CARD DR-1. Durante los últimos 30 días, ¿ comió <TEXT FILL 1> algún tipo de pescado en la lista de esta tarjeta? Incluya alimentos frescos, congelados, enlatados, en bolsas, secos y cualquier alimento que contenga pescado, como sándwiches, sopas o ensaladas. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DRQ.361 NHANES 1999
NEXT	IF DR1RFISH = 1: DR1RFISHTP ELSE: DR1RSHEL

DR1RFISHTP	
ASK	IF DR1RFISH = 1

During the past 30 days, which types of fish did <TEXT FILL 1> eat and how many times did <TEXT FILL 1> eat them?

1. BREADED FISH PRODUCTS
2. SUSHI WITH FISH OR SHELLFISH
3. TUNA
4. ANCHOVY
5. BASS
6. CATFISH
7. COD
8. FLOUNDER
9. HALIBUT
10. HADDOCK
11. MACKEREL
12. PANGASIUS
13. PERCH
14. PIKE
15. PLAICE
16. POLLOCK
17. POMPANO
18. PORGY
19. SALMON
20. SARDINES
21. SEA BASS
22. SHARK
23. SNAPPER
24. SWORDFISH
25. TROUT
26. WALLEYE
27. OTHER TYPE OF FISH
28. UNKNOWN TYPE OF FISH
29. DON'T KNOW
30. REFUSED

[INTERVIEWER INSTRUCTION: CHECK EACH TYPE OF FISH THE RESPONDENT REPORTS EATING, AND THEN ASK AND RECORD THE NUMBER OF TIMES EACH TYPE WAS EATEN.]

SPANISH	En los últimos 30 días, ¿qué tipos de pescado comió <TEXT FILL 1> y cuántas veces los comió? 1. PRODUCTOS DE PESCADO EMPANADOS 2. SUSHI CON PESCADO O MARISCOS 3. ATÚN 4. ANCHOAS 5. RÓBALO 6. BAGRE O PEZ GATO 7. BACALAO 8. LENGUADO 9. HALIBUT O RODABALLO 10. EGLEFINO 11. CABALLA O MACARELA

	12. PANGA O PEZ BASA 13. PERCA 14. LUCIO 15. PLATIJA 16. ABADEJO 17. PÁMPANO O PALOMETA 18. BESUGO 19. SALMÓN 20. SARDINAS 21. LUBINA 22. TIBURÓN 23. PARGO 24. PEZ ESPADA 25. TRUCHA 26. LUCIOPERCA 27. OTHER TYPE OF FISH 28. UNKNOWN TYPE OF FISH 29. DON'T KNOW 30. REFUSED [INTERVIEWER INSTRUCTION: CHECK EACH TYPE OF FISH THE RESPONDENT REPORTS EATING, AND THEN ASK AND RECORD THE NUMBER OF TIMES EACH TYPE WAS EATEN.]
QUESTION TYPE	Select all that apply. Numeric entry for selected items
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
NOTES	FOR EACH RESPONSE SELECTED, OPEN A NUMERIC ENTRY BOX FOR INTERVIEWER TO ENTER THE NUMBER OF TIMES THE FISH WAS EATEN.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DRQ.370 NHANES 1999
NEXT	DR1RSHEL

DR1RSHEL	
ASK	IF SP >= 1 YEAR OLD
Please look at the list of shellfish on card DR-2. During the past 30 days, did <TEXT FILL 1> eat any types of shellfish listed on this card? Include fresh, frozen, canned, pouch, dried, and any foods that had shellfish in them such as sandwiches, soups, or salads. DIETARY POST RECALL HAND CARD DR-2. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	Mire la lista de mariscos en la tarjeta DR-2. Durante los últimos 30 días, ¿ comió <TEXT FILL 1> algún tipo de marisco en la lista de esta tarjeta? Incluya alimentos frescos, congelados, enlatados, en bolsas, secos y cualquier alimento que contenga mariscos como sándwiches, sopas o ensaladas. DIETARY POST RECALL HAND CARD DR-2. 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DRQ.380 NHANES 1999
NEXT	IF DR1RSHEL = 1: DR1RSHELTP ELSE: DR1PRSSTS

DR1RSHELTP	
ASK	IF DR1RSHEL = 1
During the past 30 days, which types of shellfish did <TEXT FILL 1> eat and how many times did <TEXT FILL 1> eat them? 1. CLAMS 2. CRAB 3. OCTOPUS 4. SQUID 5. LOBSTER 6. MUSSELS 7. OYSTERS 8. SCALLOPS 9. SHRIMP 10. OTHER SHELLFISH (FOR EXAMPLE, CRAYFISH/CRAWFISH) 11. UNKNOWN TYPE OF SHELLFISH 12. DON'T KNOW 13. REFUSED [INTERVIEWER INSTRUCTION: CHECK EACH TYPE OF SHELLFISH THE RESPONDENT REPORTS EATING, AND THEN ASK AND RECORD THE NUMBER OF TIMES EACH TYPE WAS EATEN.]	
SPANISH	En los últimos 30 días, ¿qué tipos de mariscos comió <TEXT FILL 1> y cuántas veces los comió <TEXT FILL 1> ? 1. ALMEJAS 2. CANGREJO 3. PULPO 4. CALAMAR 5. LANGOSTA 6. MEJILLONES 7. OSTRAS 8. VIEIRAS O CALLOS DE HACHA 9. CAMARÓN 10. OTROS MARISCOS (POR EJEMPLO, LANGOSTINOS) 11. UNKNOWN TYPE OF SHELLFISH 12. DON'T KNOW 13. REFUSED [INTERVIEWER INSTRUCTION: CHECK EACH TYPE OF SHELLFISH THE RESPONDENT REPORTS EATING, AND THEN ASK AND RECORD THE NUMBER OF TIMES EACH TYPE WAS EATEN.]
QUESTION TYPE	Select all that apply Numeric entry for selected items
FILLS (ENG)	TEXT FILL 1: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]".

NOTES	FOR EACH RESPONSE SELECTED, OPEN A NUMERIC ENTRY BOX FOR INTERVIEWER TO ENTER THE NUMBER OF TIMES THE FISH WAS EATEN
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DRQ.390 NHANES 1999
NEXT	DR1PRSSTS

DR1PRSSTS	
ASK	All Respondents
DAY 1 DIETARY POST RECALL SECTION STATUS: 1. COMPLETE 2. PARTIAL 3. NOT DONE	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	IF DR1RSHEL IN (2, 7, 9), AUTOFILL DR1PRSSTS= “1, COMPLETE”. GO TO END OF SECTION. ELSE, IF AT LEAST ONE OF THE ITEMS IN DR1RSHELTP ≠ MISSING, AUTOFILL DR1PRSSTS= “1, COMPLETE”. GO TO END OF SECTION. ELSE IF [FIRST POST RECALL Q IN AMPM: REC.155] ≠ MISSING, AUTOFILL DR1PRSSTS = “2, PARTIAL”. ELSE, DR1PRSSTS = “3, NOT DONE”. IF DR1QCNSNTA = 2 OR DR1QASSENT = 2, AUTOFILL DR1PRSSTS = “3, NOT DONE”, AND DR1PRSCMT = “2, REFUSAL”. IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL DR1PRSSTS = “3, NOT DONE”, AND DR1PRSCMT = “7, LANGUAGE BARRIER”.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1PRSSTS = 1: DR1PRSREVIEW ELSE: DR1PRSCMT

DR1PRSCMT	
ASK	IF DR1PRSSTS = (2, 3)
DAY 1 DIETARY POST RECALL SECTION STATUS COMMENT: SELECT COMMENT CODE 1 SAFETY EXCLUSION 2 SP REFUSAL 3 NO TIME 4 NO TIME - SP WITH OTHER HH MEMBER 5 NO TIME - CAME LATE/LEFT EARLY 6 PHYSICAL LIMITATION 7 LANGUAGE BARRIER 8 COMMUNICATION PROBLEM 9 SP UNABLE TO COMPLY 10 EQUIPMENT FAILURE 11 SP ILL/EMERGENCY 12 FAINTING EPISODE 13 EXCLUSION DUE TO CONDITIONS AFFECTING DATA INTERPRETATION 14 NO SUITABLE VEIN 15 VEIN COLLAPSED 16 PRE-TEST DATA UNAVAILABLE 17 STAFF UNAVAILABLE 18 UNABLE TO REACH THE RESPONDENT 19 UNABLE TO SCHEDULE/RESCHEDULE 90 OTHER, SPECIFY	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	COMMENT CODE LIST NEEDS TO BE USED FOR MEC AND DIETARY SO KEEP NUMBERING AS IS FOR ANALYSIS. FOR DIETARY ONLY SHOW (2, 6, 7, 8, 10, 11, 18, 19, 90) ON SCREEN. ELSE, SUPPRESS.
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR1PRSCMT = 90: DR1PRSCOT ELSE: DR1PRSREVIEW

DR1PRSCOT	
ASK	IF DR1PRSCMT = 90
DAY 1 DIETARY POST RECALL SECTION STATUS COMMENT, OTHER SPECIFIED: TEXTBOX [200 CHARACTERS]	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR1PRSREVIEW

DR1PRSREVIEW	
ASK	IF DR1PRSSTS = ANY
DAY 1 DIETARY POST RECALL SECTION STATUS REVIEW END OF POST RECALL. DAY 1 DIETARY POST RECALL SECTION STATUS: <TEXT FILL 1> PRESS 1 TO SAVE POST RECALL.	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	TEXT FILL 1: FILL SECTION STATUS CODE AS “COMPLETE” OR “PARTIAL” OR “NOT DONE” BASED ON DEFINTIONS IN DR1PRSSTS
NOTES	WILL NOT BE ABLE TO GO BACK AND EDIT THIS SECTION ONCE SAVED
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	