***Attachment 6k***

***Dietary Interview Day 2 Instrument***

**Attachment 6k: Day 2 Dietary Questionnaire**

Form Approved

OMB No. 0920-0950

Exp. Date XX/XX/20XX

**Notice** – CDC estimates the average public reporting burden for this collection of information as 30-45 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-0950).

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**Target Group: Birth+ (Dietary Respondents)**

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| **DR2SELECTR** | |
| **ASK** | All respondents |
| SELECT ADULT RESPONDENT/PROXY FOR THE DIETARY DAY 2 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 2 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 DR2SELECTR = ‘SOME OTHER PERSON’: GO TO DR2PRXYFNM |

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| **DR2PRXYFNM** | |
| **ASK** | IF DR2SELECTR = ‘SOME OTHER PERSON’ |
| (IF NOT ALREADY KNOWN ASK: What is your name?)  ENTER PROXY’S FIRST NAME.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ENTER FIRST NAME **[DR2PRXYFNM]**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SPANISH** | (IF NOT ALREADY KNOWN ASK: ¿Cuál es su nombre?)  ENTER PROXY’S FIRST NAME.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ENTER FIRST NAME **[DR2PRXYFNM]**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **QUESTION TYPE** | Textbox |
| **FILLS** |  |
| **NOTES** | DR2PRFNM: ALLOW 50 CHARACTERS, |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DR2PRXYREL |

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| **DR2PRXYREL** | |
| **ASK** | IF DR2SELECTR = ‘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** | DR2PRXYHH |

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| **DR2PRXYHH** | |
| **ASK** | IF DR2SELECTR = ‘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 DR2PRXYHH = 2, THEN CODE PROXY RESPONDENT NOT AS AN SP |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | IF DR2PRXYHH = 1: DR2PRXYSP  ELSE: DR2QBEGIN |

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| **DR2PRXYSP** | |
| **ASK** | IF DR2SELECTR = ‘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 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 DR2PRXYSP = 1, THEN CODE PROXY RESPONDENT AS AN SP  IF DR2PRXYSP = 2, THEN CODE PROXY RESPONDENT NOT AS AN SP |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DR2QBEGIN |

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| **DR2QBEGIN** | |
| **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.  PRESS 1 TO CONTINUE | |
| **SPANISH** | 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 |
| **FILLS (ENG)** | TEXT FILL 1: FILL “your” IF DR2PROXY=4  FILL “[SP’s NAME]’s” IF DR2PROXY=(1,2,3) |
| **FILLS (SPA)** | TEXT FILL 1: FILL “su participación continua” IF DR2PROXY=4  FILL “la participación continua de [SP’s NAME]” IF DR2PROXY=(1,2,3) |
| **NOTES** |  |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DR2QCRDA |

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| **DR2QCRDA** | |
| **ASK** | IF RESPONDENT NE SAME SP |
| 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 | |
| **SPANISH** | 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 |
| **QUESTION TYPE** | Radio button |
| **FILLS** |  |
| **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 DR2QCRDA = 2: DR2QCRDAN  ELSE: DR2QCNSNTA |

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| **DR2QCRDAN** | |
| **ASK** | IF DR2QCRDA = 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** | DR2QCNSNTA |

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| **DR2QCNSNTA** | |
| **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 will help us learn 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.  In today’s interview, we will ask about the foods and beverages <TEXT FILL 3> ate and drank in the last 24 hours. For this interview, <TEXT FILL 2> will use the same Food Model Booklet and Hand Cards <TEXT FILL 2> used during <TEXT FILL 8> first interview.  <TEXT FILL 0> This interview will take about 20 to 45 minutes. As a token of appreciation, <TEXT FILL 7> will receive an additional $30 on <TEXT FILL 5> gift card upon completion.  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 <TEXT FILL 2> 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.  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 su primera entrevista.  <TEXT FILL 0> Esta entrevista tomará entre 20 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 DR2PROXY=4.  TEXT FILL 1: FILL “[SP NAME]” IF DR2PROXY=(2,3).  FILL “You” IF DR2PROXY=(1,4).  TEXT FILL 2: FILL “they” IF DR2PROXY=(2,3).  FILL “you” IF DR2PROXY=(1,4).  TEXT FILL 3: “you” IF DR2PROXY=4.  FILL “[SP NAME]” IF DR2PROXY=(1,2,3).  TEXT FILL 4: “your” IF DR2PROXY=4.  FILL “[SP NAME]’s” IF DR2PROXY=(1,2,3).  TEXT FILL 5: “your” IF DR2PROXY=4.  FILL “their” IF DR2PROXY=(2,3).  FILL “[SP NAME]’s” IF DR2PROXY=1.  TEXT FILL 6: FILL “Do we have your permission to interview [SP Name]” IF DR2PROXY=(2,3).  FILL “Do you agree to proceed with the interview” IF DR2PROXY=(1,4).  TEXT FILL 7: FILL “[SP NAME]” IF DR2PROXY=(2,3).  FILL “you” IF DR2PROXY=(1,4).  TEXT FILL 8: FILL “their” IF DR2PROXY=(2,3).  FILL ‘your’ IF DR2PROXY=(1,4). |
| **FILLS (SPA)** | TEXT FILL 0: FILL “También le preguntaremos sobre su conocimiento, actitudes y creencias referentes a las preferencias de alimentos.” IF DR2PROXY=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 DR2QCNSNTA=2; DR2SSTS  IF DR2QCNSNTA=1 AND SP IS 6-17 YRS OLD: DR2QCNSNTB  ELSE: LAUNCH AMPM |

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| **DR2QCNSNTB** | |
| **ASK** | SPs 6-17 YEARS OLD IF DR2QCNSNTA=1 |
| INTERVIEWER ASK TO SPEAK WITH SP IF THEY ARE NOT ALREADY ON THE PHONE  Thank you for your continued participation in the National Health and Nutrition Examination Survey (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 will be extremely valuable in understanding 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 tu continua participación en 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.  La información recopilada en esta entrevista será muy valiosa para comprender 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 DS2QCRDA = 1 |
| **FILLS (SPA)** | TEXT FILL 1: FILL “y grabe nuestra conversación” IF DS2QCRDA = 1 |
| **NOTES** |  |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DR2QRCRDB |

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| **DR2QCRDB** | |
| **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 DR2QCRDB = 2 : DR2QCRDBN  ELSE: DR2QASSENT |

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| **DR2QCRDBN** | |
| **ASK** | IF DR2QCRDB = 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** | DR2QASSENT |

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| **DR2QASSENT** | |
| **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.  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 same Food Model Booklet and Hand Cards used during your first interview..  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.  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.  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 mismo folleto del modelo de alimentos y tarjetas que usaste durante tu primera entrevista.  Esta entrevista tomará unos 30 minutos. Para darte las gracias, recibirás $30 dólares en tu tarjeta de regalo cuando terminemos.  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 DR2QASSENT in {1}: LAUNCH AMPM  ELSE: DR2SSTS |

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| **DR2SSTS** | |
| **ASK** | All Respondents |
| DAY 2 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 DR2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF [FIRST AMPM Q EVERYONE ELIGIBLE TO ANSWER] ≠ MISSING, AUTOFILL DR2SSTS = “2, PARTIAL”.  ELSE, DR2SSTS = “3, NOT DONE”.  IF AMPM CONSENT = NO OR AMPM ASSENT = NO, AUTOFILL DR2SSTS = “3, NOT DONE”, AND DR2SCMT = “2, REFUSAL”.  IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL DR2SSTS = “3, NOT DONE”, AND DR2SCMT = “7, LANGUAGE BARRIER”. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | IF DR2SSTS = 1: DR2SREVIEW  ELSE: DR2SCMT |

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| **DR2SCMT** | |
| **ASK** | IF DR2SSTS = (2, 3) |
| DAY 2 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 DR2SCMT = 90: DR2SCOT  ELSE: DR2SREVIEW |

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| **DR2SCOT** | |
| **ASK** | IF DR2SCMT = 90 |
| DAY 2 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** | DR2SREVIEW |

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| **DR2SREVIEW** | |
| **ASK** | IF DR2SSTS = ANY |
| DAY 2 DIETARY RECALL SECTION STATUS REVIEW  END OF AMPM.  DAY 2 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 DR2SSTS |
| **NOTES** | WILL NOT BE ABLE TO GO BACK AND EDIT THIS SECTION ONCE SAVED |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DS2SINTRO |

**DIETARY SUPPLEMENTS AND ANTACIDS QUESTIONS**

AFTER AMPM

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| **DS2SINTRO** | |
| **ASK** | IF SUPPLEMENTS WERE NOT COLLECTED IN DAY 1 |
| The next questions are about <TEXT FILL 1> use of dietary supplements, including prescription and over the counter supplements. All day yesterday, <TEXT FILL 2>, between midnight and midnight, did <TEXT FILL 3> take any vitamins, minerals, herbals or other dietary supplements? [REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]1. YES2. NO7. REFUSED9. DON’T KNOW | |
| **SPANISH** | Las siguientes preguntas son sobre los suplementos nutricionales que <TEXT FILL 1> usa, incluidos los suplementos recetados y los que se vendan sin receta médica. Todo el día de ayer, <TEXT FILL 2>, entre medianoche y medianoche, ¿tomó <TEXT FILL 3> vitaminas, minerales, hierbas u otros suplementos nutricionales? [REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]1. YES2. NO7. REFUSED9. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS (ENG)** | TEXT FILL 1: FILL “your” IF DR2PROXY=4  ELSE, FILL “[SP’s NAME]’s”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “you” IF DR2PROXY=4  ELSE, FILL “[SP’s NAME]” |
| **FILLS (SPA)** | TEXT FILL 1: FILL “usted” IF DR2PROXY=4  ELSE, FILL “[SP’s NAME]”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “usted” IF DR2PROXY=4  ELSE, FILL “[SP’s 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. 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 para bajar de peso, y las barras alimenticias se consideran alimentos, no suplementos nutricionales”. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA001 |
| **NEXT** | IF DS2SINTRO = 1: DS2NSCONTR  IF DS2SINTRO != 1 AND ANTACIDS WERE COLLECTED IN DAY 1: DS2AYESTR  IF DS2SINTRO != 1 AND ANTACIDS WERE NOT COLLECTED IN DAY 1: DS2AINTRO |

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| **DS2SYESTR** | |
| **ASK** | IF SUPPLEMENTS WERE COLLECTED IN DAY 1 |
| TEXT 1: The next questions are about <TEXT FILL 1> use of dietary supplements, vitamins, minerals and herbals all day yesterday, <TEXT FILL 2>, between midnight and midnight. This includes prescription and over the counter dietary supplements. During your previous dietary interview <TEXT FILL 3> <TEXT FILL 4>.  TEXT 2: It was also reported <TEXT FILL 5> took <TEXT FILL 4>.  Did <TEXT FILL 5> take this supplement yesterday, <TEXT FILL 2>, (between midnight and midnight)?  1. YES  2. NO  3. REFUSED  4. DON’T KNOW | |
| **SPANISH** | TEXT 1: Las siguientes preguntas son sobre los suplementos nutricionales, vitaminas, minerales y hierbas que <TEXT FILL 1> usó durante todo el día de ayer, <TEXT FILL 2>, entre medianoche y medianoche. Esto incluye cualquier suplemento nutricional recetado y los que se venden sin receta médica. Durante su entrevista sobre alimentación anterior, <TEXT FILL 3> <TEXT FILL 4>.  TEXT 2: También se informó que <TEXT FILL 5> tomó <TEXT FILL 4>.  ¿ Tomó <TEXT FILL 5> este suplemento ayer, <TEXT FILL 2>, (entre medianoche y medianoche)?  1. YES  2. NO  3. REFUSED  4. DON’T KNOW |
| **QUESTION TYPE** |  |
| **FILLS (ENG)** | TEXT FILL 1: FILL “your” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]'s”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “you reported taking” IF THE SP IS THE RESPONDENT AND SP WAS THE RESPONDENT IN THE DAY DIETARY INTERVIEW  FILL “it was reported he took” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE  FILL “it was reported she took” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE  FILL “it was reported they took” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE  FILL “it was reported you took” IF THE SP IS THE RESPONDENT BUT THE SP WAS NOT THE RESPONDENT IN THE DAY 1 DIETARY INTERVIEW  TEXT FILL 4: FILL SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 DIETARY INTERVIEW)  TEXT FILL 5: 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]”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “usted informó que tomó ” IF THE SP IS THE RESPONDENT AND SP WAS THE RESPONDENT IN THE DAY DIETARY INTERVIEW  FILL “se informó que él tomó ” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE  FILL “se informó que ella tomó ” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE  FILL “se informó que ellos(ellas) tomaron ” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE  FILL “se informó que usted tomó ” IF THE SP IS THE RESPONDENT BUT THE SP WAS NOT THE RESPONDENT IN THE DAY 1 DIETARY INTERVIEW  TEXT FILL 4: FILL SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 DIETARY INTERVIEW)  TEXT FILL 5: FILL “usted” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]” |
| **NOTES** | THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH SUPPLEMENT ENDORSED IN THE DAY 1 DIETARY INTERVIEW.  IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN DAY 1 |
| **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 para bajar de peso, y las barras alimenticias se consideran alimentos, no suplementos nutricionales”. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA020 |
| **NEXT** | IF DS2SYESTR = 1: DS2SYESTRQ  IF DS2SYESTR != 1 AND THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2SYESTR WITH NEXT SUPPLEMENT  IF DS2SYESTR != 1 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW: DS2SOTHER |

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| **DS2SYESTRQ** | |
| **ASK** | IF DS2SYESTR = 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 AS A GRID: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN DAY 1 |
| **HELP SCREEN** |  |
| **HARD CHECK** | IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS2SYESTR.”  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** | DSA030 |
| **NEXT** | IF UNIT IS KNOWN FROM DS1SUNIT: DS2SUNITYN  ELSE: DS2SUNIT |

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| **DS2SUNITYN** | |
| **ASK** | IF UNIT IS KNOWN FROM DS1SUNIT |
| Was <TEXT FILL 1> a <TEXT FILL 2>?  1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | ¿Fue <TEXT FILL 1> fue un(a) <TEXT FILL 2>?  1. YES  2. NO  7. REFUSED  9. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS** | TEXT FILL 1: FILL WITH SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 INTERVIEW)  TEXT FILL 2: FILL WITH UNIT FROM DS1SUNIT (DAY 1 INTERVIEW) |
| **NOTES** | PRESENT THE FOLLOWING ITEMS AS A GRID: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN DAY 1 |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA025 |
| **NEXT** | IF DS2SUNITYN = 2: DS2SUNIT  IF DS2SUNITYN != 2 AND THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2SYESTR WITH NEXT SUPPLEMENT  IF DS2SUNITYN != 2 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW: DS2SOTHER |

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| **DS2SUNIT** | |
| **ASK** | IF DS2SUNITYN = 2 OR UNIT IS NOT KNOWN FROM DS1SUNIT |
| 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. MILLILETER(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)/ GOTERO  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 AS A GRID: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN DAY 1  IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS2SUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA035 |
| **NEXT** | IF DS2SUNIT = 91: DS2SUNITO  IF DS2SUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS2SLIQPW  IF DS2SUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2SYESTR WITH NEXT SUPPLEMENT  IF DS2SUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW: DS2SOTHER |

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| **DS2SLIQPW** | |
| **ASK** | IF DS2SUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27 |
| Was that a liquid or 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 AS A GRID: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT A SUPPLEMENT COLLECTED IN DAY 1 |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA040 |
| **NEXT** | IF THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2SYESTR WITH NEXT SUPPLEMENT  ELSE: DS2SOTHER |

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| **DS2SOTHER** | |
| **ASK** | IF THERE ARE NO MORE SUPPLEMENTS TO REVIEW |
| All day yesterday, <TEXT FILL 1>, between midnight and midnight, did <TEXT FILL 2> take any other vitamins, minerals, herbals or other dietary supplements? Include any prescription and over the counter dietary supplements.  **[REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]**  1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | Todo el día de ayer, <TEXT FILL 1>, entre medianoche y medianoche, tomó <TEXT FILL 2> vitaminas, minerales, hierbas u otros suplementos nutricionales? Incluya cualquier suplemento nutricional recetado y los que se venden sin receta médica.  **[REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]**  1. YES  2. NO  7. REFUSED  9. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS (ENG)** | TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 2: FILL “you” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]” |
| **FILLS (SPA)** | TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 2: FILL “usted” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s 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. 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 para bajar de peso, y las barras alimenticias se consideran alimentos, no suplementos nutricionales”. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA060 |
| **NEXT** | IF DS2SOTHER = 1: DS2NSCONTR  IF DS2SOTHER != 1 AND ANTACIDS WERE COLLECTED IN DAY 1: DS2AYESTR  IF DS2SOTHER != 1 AND ANTACIDS WERE NOT COLLECTED IN DAY 1: DS2AINTRO |

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| **DS2NSCONTR** | |
| **ASK** | IF DS2SOTHER = 1 OR DS2SINTRO=1 |
| {I will start with the first dietary supplement that <TEXT FILL 1> used or took in the **past 24 hours**.}  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 las **últimas 24 horas**}.  ¿Tiene disponible el envase de este suplemento nutricional? [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 SUPPLEMENT REPORTED BY THE RESPONDENT. ONLY DISPLAY “I will start with the first dietary supplement that {you/SP} used or took in the **past 24 hours**.” ON THE FIRST ITERATION OF THE LOOP.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW |
| **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 las **últimas 24 horas**.” ON THE FIRST ITERATION OF THE LOOP.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA070 |
| **NEXT** | DS2NSLABEL |

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| **DS2NSLABEL** | |
| **ASK** | IF DS2SOTHER = 1 OR DS2SINTRO=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 DS2NSCONTR=1  FILL: “What is the name of the supplement you took?” IF DS2NSCONTR=2 AND SP IS THE RESPONDENT  FILL: “What is the name of the supplement [NAME OF SP] took?” IF DS2NSCONTR=2 AND SP IS NOT THE RESPONDENT  TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL” IF DS2NSCONTR=1  FILL: “PROBE IF THE RESPONDENT DOESN’T HAVE THE CONTAINER.” IF DS2NSCONTR=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 DS2NSCONTR=1  FILL: “¿Cómo se llama el suplemento que tomó?” IF DS2NSCONTR=2 AND SP IS THE RESPONDENT  FILL: “¿Cómo se llama el suplemento que [NAME OF SP] tomó?” IF DS2NSCONTR=2 AND SP IS NOT THE RESPONDENT  TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL” IF DS2NSCONTR=1  FILL: “PROBE IF THE RESPONDENT DOESN’T HAVE THE CONTAINER.” IF DS2NSCONTR=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 AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW  IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS2SOTHER = NO. |
| **HELP SCREEN** |  |
| **HARD CHECK** | AT LEAST ONE SUPPLEMENT SHOULD BE ENTERED (DS2NSLABEL FILLED)  ERROR MESSAGE IF SUPPLEMENT NAME LEFT BLANK:  “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE SUPPLEMENT OR BACK UP AND ANSWER “NO” TO DS2SOTHER.” |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA075 |
| **NEXT** | DS2NSQTY |

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| **DS2NSQTY** | |
| **ASK** | IF DS2SOTHER = 1 OR DS2SINTRO=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 AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** | IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS2SINTRO IF THIS IS THE FIRST SUPPLEMENT OR TO DS2SOTHER 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 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?” |
| **VERSION NOTES** | DSA085 |
| **NEXT** | DS2NSUNIT |

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| **DS2NSUNIT** | |
| **ASK** | IF DS2SOTHER = 1 OR DS2SINTRO=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/SHOT(S)  6. LOZENGE(S)/COUGH DROP(S)  7. MILLILETER(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)/GOTERO(S)  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. OTRO (ESPECIFIQUE) |
| **QUESTION TYPE** | Radio button |
| **FILLS** |  |
| **NOTES** | PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW  IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS2NSUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA090 |
| **NEXT** | IF DS2NSUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS2NSLIQPW  IF DS2NSUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2NSCONTR WITH NEXT SUPPLEMENT  IF DS2NSUNIT != 7, 11, 12, 15, 16, 18 21, 23, OR 27 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW AND ANTACIDS WERE COLLECTED IN DAY 1: DS2AYESTR  IF DS2NSUNIT != 7, 11, 12, 15, 16, 18 21, 23, OR 27 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW AND ANTACIDS WERE NOT COLLECTED IN DAY 1: DS2AINTRO  IF DS2NSUNIT = 91: DS2NSUNITO |

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| **DS2NSLIQPW** | |
| **ASK** | IF DS2NSUNIT = 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 AS A GRID: DS2NSCONTR, DS2NSLABEL, DS2NSQTY, DS2NSUNIT, AND DS2NSLIQPW. IF THERE WERE SUPPLEMENTS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2SYESTR, DS2SYESTRQ, DS2SUNITYN, DS2SUNIT, AND DS2SLIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA095 |
| **NEXT** | IF THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2NSCONTR WITH NEXT SUPPLEMENT  IF THERE ARE NO MORE SUPPLEMENTS TO REVIEW AND ANTACIDS WERE COLLECTED IN DAY 1: DS2AYESTR  IF THERE ARE NO MORE SUPPLEMENTS TO REVIEW AND ANTACIDS WERE NOT COLLECTED IN DAY 1: DS2AINTRO |

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| **DS2AINTRO** | |
| **ASK** | IF ANTACIDS WERE NOT COLLECTED IN DAY 1 |
| The next questions are about <TEXT FILL 1> use of non-prescription antacids. All day yesterday, <TEXT FILL 2>, between midnight and midnight did <TEXT FILL 3> take any antacids? [REFER RESPONDENT TO DIETARY ANTACID HAND CARD DS-2] 1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | Las siguientes preguntas son sobre el uso de antiácidos que <TEXT FILL 1> que se venden sin receta médica. Todo el día de ayer, <TEXT FILL 2>, entre medianoche y medianoche, <TEXT FILL 3> tomó algún antiácido? [REFER RESPONDENT TO DIETARY ANTACID HAND CARD DS-2] 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 DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “you” IF THE SP IS THE RESPONDENT  ELSE, FILL “[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 DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: 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. |
| **HELP SCREEN (SPA)** | Antiácido: Un agente que neutraliza la acidez o reduce la producción de ácido, especialmente en el sistema digestivo. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA140 |
| **NEXT** | IF DS2AINTRO = 1: DS2NACONTR  ELSE: DS2SSTS |

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| **DS2AYESTR** | |
| **ASK** | IF ANTACIDS WERE COLLECTED IN DAY 1 |
| TEXT 1: The next questions are about <TEXT FILL 1> use of antacids all day yesterday, <TEXT FILL 2>, between midnight and midnight. This includes non-prescription and over the counter antacids. During your previous dietary interview <TEXT FILL 3> <TEXT FILL 4>.  TEXT 2: It was also reported <TEXT FILL 5> took <TEXT FILL 4>. Did <TEXT FILL 5> take this antacid yesterday <TEXT FILL 2>, (between midnight and midnight)?  1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | TEXT 1: Las siguientes preguntas son sobre los antiácidos que <TEXT FILL 1> usó durante todo el día de ayer, <TEXT FILL 2>, entre medianoche y medianoche. Esto incluye cualquier antiácido recetado y los que se venden sin receta médica. Durante su entrevista sobre alimentación anterior, <TEXT FILL 3> <TEXT FILL 4>.  TEXT 2: También se informó que <TEXT FILL 5> tomó <TEXT FILL 4>. ¿Tomó <TEXT FILL 5> 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 “your” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]’s”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “you reported taking” IF THE SP IS THE RESPONDENT AND SP WAS THE RESPONDENT IN THE DAY DIETARY INTERVIEW  FILL “it was reported he took” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE  FILL “it was report she took” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE  FILL “it was reported they took” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE  FILL “it was reported you took” IF THE SP IS THE RESPONDENT BUT THE SP WAS NOT THE RESPONDENT IN THE DAY 1 DIETARY INTERVIEW  TEXT FILL 4: FILL ANTACID NAME FROM DS1ALABEL (DAY 1 DIETARY INTERVIEW)  TEXT FILL 5: 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]”  TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 3: FILL “usted informó que tomó ” IF THE SP IS THE RESPONDENT AND SP WAS THE RESPONDENT IN THE DAY DIETARY INTERVIEW  FILL “se informó que él tomó ” IF THE SP IS NOT THE RESPONDENT AND THE SP IS MALE  FILL “se informó que ella tomó ” IF THE SP IS NOT THE RESPONDENT AND THE SP IS FEMALE  FILL “se informó que ellos(ellas) tomaron ” IF THE SP IS NOT THE RESPONDENT AND THE SP DOES NOT IDENTIFY AS MALE OR FEMALE  FILL “se informó que usted tomó ” IF THE SP IS THE RESPONDENT BUT THE SP WAS NOT THE RESPONDENT IN THE DAY 1 DIETARY INTERVIEW  TEXT FILL 4: FILL ANTACID NAME FROM DS1ALABEL (DAY 1 DIETARY INTERVIEW)  TEXT FILL 5: FILL “usted” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]” |
| **NOTES** | THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH ANTACID ENDORSED IN THE DAY 1 DIETARY INTERVIEW.  IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN DAY 1. |
| **HELP SCREEN (ENG)** | Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system. |
| **HELP SCREEN (SPA)** | Antiácido: Un agente que neutraliza la acidez o reduce la producción de ácido, especialmente en el sistema digestivo. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA145 |
| **NEXT** | IF DS2AYESTR = 1: DS2AYESTRQ  IF DS2AYESTR != 1 AND THERE ARE MORE ANTACIDS TO REVIEW: DS2AYESTR WITH NEXT ANTACID  IF DS2AYESTR != 1 AND THERE ARE NO MORE ANTACIDS TO REVIEW: DS2AOTHER |

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| **DS2AYESTRQ** | |
| **ASK** | IF DS2AYESTR = 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 AS A GRID: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN DAY 1. |
| **HELP SCREEN** |  |
| **HARD CHECK** | IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS2AYESTR.”  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** | DSA150 |
| **NEXT** | IF UNIT IS KNOWN FROM DS1AUNIT: DS2AUNITYN  ELSE: DS2AUNIT |

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| **DS2AUNITYN** | |
| **ASK** | IF UNIT IS KNOWN FROM DS1AUNIT |
| Was <TEXT FILL 1> a <TEXT FILL 2>?  1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | ¿Fue <TEXT FILL 1> un(a) <TEXT FILL 2>?  1. YES  2. NO  7. REFUSED  9. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS** | TEXT FILL 1: FILL WITH ANTACID NAME FROM DS1ALABEL (DAY 1 INTERVIEW)  TEXT FILL 2: FILL WITH UNIT FROM DS1AUNIT (DAY 1 INTERVIEW) |
| **NOTES** | PRESENT THE FOLLOWING ITEMS AS A GRID: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN DAY 1. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA155 |
| **NEXT** | IF DS2AUNITYN = 2: DS2AUNIT  IF DS2AUNITYN != 2 AND THERE ARE MORE ANTACIDS TO REVIEW: DS2AYESTR WITH NEXT ANTACID  IF DS2AUNITYN != 2 AND THERE ARE NO MORE ANTACIDS TO REVIEW: DS2AOTHER |

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| **DS2AUNIT** | |
| **ASK** | IF UNIT IS NOT KNOWN FROM DS1AUNIT OR IF DS2AUNITYN = 2 |
| 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. MILLILETER(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)  3. GOTA(S)  5. INYECCIÓN(ES)  6. PASTILLA(A) 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)  91. OTHER FORM (SPECIFY)  77. REFUSED  99. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS** |  |
| **NOTES** | PRESENT THE FOLLOWING ITEMS AS A GRID: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN DAY 1.  IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS2AUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA160 |
| **NEXT** | IF DS2AUNIT = 91: DS2AUNITO  IF DS2AUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS2ALIQPW  IF DS2AUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE MORE ANTACIDS TO REVIEW: DS2AYESTR WITH NEXT ANTACID  IF DS2AUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE NO MORE ANTACIDS TO REVIEW: DS2AOTHER |

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| **DS2ALIQPW** | |
| **ASK** | IF DS2AUNIT = 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 AS A GRID: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW. EACH ROW CONTAINS THE RELEVANT INFORMATION ABOUT AN ANTACID COLLECTED IN DAY 1. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA165 |
| **NEXT** | IF THERE ARE MORE ANTACIDS TO REVIEW: DS2SYESTR WITH NEXT ANTACID  ELSE: DS2AOTHER |

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| **DS2AOTHER** | |
| **ASK** | IF THERE ARE NO MORE ANTACIDS TO REVIEW |
| All day yesterday, <TEXT FILL 1>, between midnight and midnight, did <TEXT FILL 2> take any other antacids? [REFER RESPONDENT TO DIETARY ANTACID HAND CARD], DS-2 1. YES  2. NO  7. REFUSED  9. DON’T KNOW | |
| **SPANISH** | Todo el día de ayer, <TEXT FILL 1>, entre medianoche y medianoche, ¿tomó <TEXT FILL 2> algún otro antiácido? [REFER RESPONDENT TO DIETARY ANTACID HAND CARD], DS-2 1. YES  2. NO  7. REFUSED  9. DON’T KNOW |
| **QUESTION TYPE** | Radio button |
| **FILLS (ENG)** | TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  TEXT FILL 2: FILL “you” IF THE SP IS THE RESPONDENT  ELSE, FILL “[SP’s NAME]” |
| **FILLS (SPA)** | TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)  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. |
| **HELP SCREEN (SPA)** | Antiácido: Un agente que neutraliza la acidez o reduce la producción de ácido, especialmente en el sistema digestivo. |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA170 |
| **NEXT** | IF DS2AOTHER = 1: DS2NACONTR  ELSE: DS2SSTS |

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| **DS2NACONTR** | |
| **ASK** | IF DS2AOTHER = 1 OR DS2AINTRO=1 |
| {I will start with the first antacid that <TEXT FILL 1> used or took in the **past 24 hours**.}  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 las **últimas 24 horas**.}  ¿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 SUPPLEMENT ENDORSED BY THE RESPONDENT. ONLY DISPLAY “I will start with the first antacid that {you/SP} used or took in the **past 24 hours**.” ON THE FIRST ITERATION OF THE LOOP.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW |
| **NOTES (SPA)** | THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH SUPPLEMENT ENDORSED BY THE RESPONDENT. ONLY DISPLAY “Comenzaré con el primer antiácido que {usted/SP} usó o tomó en las **últimas 24 horas**.” ON THE FIRST ITERATION OF THE LOOP.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA175 |
| **NEXT** | DS2NALABEL |

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| **DS2NALABEL** | |
| **ASK** | IF DS2AOTHER = 1 OR DS2AINTRO=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 extrafuerte, regular, 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 24 hours**?” IF THE SP IS THE RESPONDENT AND DS1ACONTR=2  FILL “Which antacid did [SP’s NAME] use or take in the **past 24 hours**?” IF THE SP IS NOT THE RESPONDENT AND DS1ACONTR=2  TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN 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 las **últimas 24 horas**?” IF THE SP IS THE RESPONDENT AND DS1ACONTR=2  FILL “¿Qué antiácido usó o tomó [SP's NAME] en las **últimas 24 horas**?” IF THE SP IS NOT THE RESPONDENT AND DS1ACONTR=2  TEXT FILL 2: FILL “PROBE IF THE RESPONDENT IS HAVING TROUBLE IN 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 AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW  IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS2AOTHER = NO. |
| **HELP SCREEN** |  |
| **HARD CHECK** | AT LEAST ONE ANTACID SHOULD BE ENTERED  ERROR MESSAGE IF ANTACID NAME LEFT BLANK:  “YOU MUST COLLECT INFORMATION FOR AT LEAST ONE ANTACID OR BACK UP AND ANSWER “NO” TO DS2AOTHER.” |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA180 |
| **NEXT** | DS2NANAME |

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| **DS2NANAME** | |
| **ASK** | IF DS2AOTHER = 1 OR DS2AINTRO=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 <TEXT FILL 1> tomó?  **[PROBES:** ¿Cuál es el nombre de la marca? ¿Fue extrafuerte, regular, ultra fuerte o de potencia máxima??**]**  **[IF ANTACID NOT ON LIST, TYPE** “\*\*El producto no está en la lista”**]**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 RESPONDET,  ELSE, FILL “[SP’s NAME]” |
| **FILLS (SPA)** | TEXT FILL 1: FILL “usted” IF THE SP IS THE RESPONDET,  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} [DS2NATYPE]  GENERIC NAME {60} [DS2NAGENAME]  THERAPEUTIC CLASS CODE {6} [DS2NACODE]  GENERIC FLAG {1} [DS2NAGENERC]  THERE IS NO NEED TO DISPLAY THIS INFORMATION.  PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA185 |
| **NEXT** | DS2NAQTY |

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| **DS2NAQTY** | |
| **ASK** | IF DS2AOTHER = 1 OR DS2AINTRO=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 AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** | IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: “YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER “NO” TO DS2AINTRO IF FIRST ANTACID OR TO DS2AOTHER 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 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?” |
| **VERSION NOTES** | DSA190 |
| **NEXT** | DS2NAUNIT |

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| **DS2NAUNIT** | |
| **ASK** | IF DS2AOTHER = 1 OR DS2AINTRO=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. MILLILETER(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)/ GOTERO(S)  3. GOTA(S)  5. INYECCIÓN(ES)  6. PASTILLA(A) 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 AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW  IF ‘OTHER FORM SPECIFY’ SELECTED, DISPLAY DS2NAUNITO TEXT BOX WITH ‘SPECIFY FORM/UNIT’. ALLOW 100 CHARACTERS. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA210 |
| **NEXT** | IF DS2NAUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS2NALIQPW  IF DS2NAUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE MORE ANTACIDS TO REVIEW: DS2NACONTR  IF DS2NAUNIT != 7, 11, 12, 15, 16, 18, 21, 23, OR 27 AND THERE ARE NO MORE ANTACIDS TO REVIEW: DS2SSTS  IF DS2NAUNIT = 91: DS2NAUNITO |

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| **DS2NALIQPW** | |
| **ASK** | IF DS2NAUNIT = 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 AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** | DSA215 |
| **NEXT** | IF THERE ARE MORE ANTACIDS TO REVIEW: DS2NACONTR WITH NEXT ANTACID  ELSE: DS2SSTS |

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| **DS2SSTS** | |
| **ASK** | All Respondents |
| DAY 2 DIETARY SUPPLEMENT SECTION STATUS:   1. COMPLETE 2. PARTIAL 3. NOT DONE | |
| **SPANISH** | *N/A* |
| **QUESTION TYPE** | Radio Button |
| **FILLS** |  |
| **NOTES** | IF DS2AINTROIN (2, 7, 9), AUTOFILL DS2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF DS2AOTHER IN (2, 7, 9), AUTOFILL DS2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF DS2NALIQPW ≠ MISSING, AUTOFILL DS2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF DS2NAUNITO ≠ MISSING, AUTOFILL DS2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF DS2NAUNIT ≠ MISSING, AUTOFILL DS2SSTS= “1, COMPLETE”. GO TO END OF SECTION.  ELSE IF DS2SINTRO OR DS2SYESTR≠ MISSING, AUTOFILL DS1SSTS = “2, PARTIAL”.  ELSE, DS2SSTS = “3, NOT DONE”.  IF DS2QCNSNTA = 2 OR DS2QASSENT = 2, AUTOFILL DS2SSTS = “3, NOT DONE”, AND DS2SCMT = “2, REFUSAL”. |
| **HELP SCREEN** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | IF DS2SSTS = 1: DS2SREVIEW  ELSE: DS2SCMT |

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| **DS2SCMT** | |
| **ASK** | IF DS2SSTS = (2, 3) |
| DAY 2 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 DS2SCMT = 90: DS2SCOT  ELSE: DS2SREVIEW |

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| **DS2SCOT** | |
| **ASK** | IF DS2SCMT = 90 |
| DAY 2 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** | DS2SREVIEW |

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| **DS2SREVIEW** | |
| **ASK** | IF DS2SSTS = ANY |
| DAY 2 DIETARY SUPPLEMENTS/ANTACIDS SECTION STATUS REVIEW  END OF SUPPLEMENTS/ANTACIDS.  DAY 2 SUPPLEMENTS/ANTACIDS SECTION STATUS: <TEXT FILL 1>  PRESS 1 TO SAVE DAY 2 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** |  |