***Attachment 6j***

***Dietary Interview Day 1 Instrument***

**Attachment 6j: Day 1 Dietary Questionnaire**

Form Approved

OMB No. 0920-0950

Exp. Date XX/XX/20XX

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**Target Group: SPs Birth+**

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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.  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 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) |
| **NOTES** |  |
| **HARD CHECK** |  |
| **SOFT CHECK** |  |
| **VERSION NOTES** |  |
| **NEXT** | DR1QCRDA |

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| **DR1QCRDA** | | |
| **ASK** | 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 | | |
| **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 DR1QCRDA = 2: DR1QCRDAN  ELSE: DR1QCNSNTA |

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| **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 |

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| **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 | | |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| --- | --- |
| **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 |

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| **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 |

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| **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 |

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| **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

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 NOTES** | SAQ025U |
| **NEXT** | IF DS1SUNIT = 28: DS1SPACKAG  IF DS1SUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27: DS1SLIQPW  IF DS1SUNIT = 91: DS1SUNITO  ELSE: DS1SYESTR |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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?]

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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 |

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| **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** |  |