

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).

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

Target Group: Birth+ (Dietary Respondents)

DR2SELECTR	
ASK	All respondents
<p>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.</p> <p><FILL HOUSEHOLD ROSTER></p>	
SPANISH	<p>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.</p> <p><FILL HOUSEHOLD ROSTER></p>
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

	<p>(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").</p> <p>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'.</p>
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR2SELECTR = 'SOME OTHER PERSON': GO TO DR2PRXYFNM

DR2PRXYFNM	
ASK	IF DR2SELECTR = 'SOME OTHER PERSON'
<p>(IF NOT ALREADY KNOWN ASK: What is your name?)</p> <p>ENTER PROXY'S FIRST NAME.</p> <p>_____</p> <p>ENTER FIRST NAME [DR2PRXYFNM]</p> <p>_____</p>	
SPANISH	<p>(IF NOT ALREADY KNOWN ASK: ¿Cuál es su nombre?)</p> <p>ENTER PROXY'S FIRST NAME.</p> <p>_____</p> <p>ENTER FIRST NAME [DR2PRXYFNM]</p> <p>_____</p>
QUESTION TYPE	Textbox

FILLS	
NOTES	DR2PRFNM: ALLOW 50 CHARACTERS,
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR2PRXYREL

DR2PRXYREL	
ASK	IF DR2SELECTR = 'SOME OTHER PERSON' OR IF NOT ALREADY KNOWN FROM SPQRELATEM, SPQRELATEA, OR MDADRELATE
<p>(IF NOT ALREADY KNOWN ASK: What is your relationship to <TEXT FILL 1>?)</p> <ol style="list-style-type: none"> 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	<p>(IF NOT ALREADY KNOWN ASK: ¿Cuál es su relación o parentesco con <TEXT FILL 1>?)</p> <ol style="list-style-type: none"> 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 <p>77. REFUSED 99. DON'T KNOW</p>
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL "[SP NAME]"
NOTES	

HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR2PRXYHH

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

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

DR2QBEGIN	
ASK	All respondents
<p>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.</p> <p>PRESS 1 TO CONTINUE</p>	

SPANISH	Gracias por <TEXT FILL 1> en la Encuesta Nacional de Examen de la Salud y	
DR2QCRDAN		
ASK	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 encuesta ayuda a los investigadores científicos a comprender la salud y la nutrición de las personas en los Estados Unidos.	
SPANISH	Apagaré la grabación ahora.	
1. YES	PRESS 1 TO CONTINUE	
QUESTION TYPE	Instruction	
QUESTION TYPE	Text	
NOTES	STOP RECORDING	
SPANISH	El texto de la pregunta se usará para grabar con fines de control de calidad. La computadora	
HELP SCREEN	¿Tengo su permiso para seguir grabando?	
HARD CHECK	1. YES	
FILLS	TEXT FILL 1: FILL "su participación continua" IF DR2PROXY=4	
SOFT CHECK (SPA)	FILL "la participación continua de [SP's NAME]" IF DR2PROXY=(1,2,3)	
VERSION NOTES		
QUESTION TYPE	Radio button	
HELP SCREEN	DR2QCNSNTA	
NOTES		
CHECK	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.	
SCREEN SOFT CHECK (ENG)	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.	
VERSION NOTES		
HELP NEXT SCREEN (SPA)	<p>¿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.</p> <p>¿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.</p>	
HARD CHECK		
SOFT CHECK		
VERSION NOTES		
NEXT	IF DR2QCRDA = 2: DR2QCRDAN ELSE: DR2QCNSNTA	

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

<p>SPANISH</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p><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.</p> <p>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.</p> <p>¿Tiene alguna pregunta antes de continuar?</p> <p>[INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT]</p> <p><TEXT FILL 6></p> <p>3. YES 4. NO</p>
<p>QUESTION TYPE</p>	<p>Radio button</p>
<p>FILLS (ENG)</p>	<p>TEXT FILL 0: FILL "We will also ask about knowledge, attitudes, and beliefs related to food choices." IF DR2PROXY=4.</p> <p>TEXT FILL 1: FILL "[SP NAME]" IF DR2PROXY=(2,3). FILL "You" IF DR2PROXY=(1,4).</p> <p>TEXT FILL 2: FILL "they" IF DR2PROXY=(2,3). FILL "you" IF DR2PROXY=(1,4).</p> <p>TEXT FILL 3: "you" IF DR2PROXY=4. FILL "[SP NAME]" IF DR2PROXY=(1,2,3).</p> <p>TEXT FILL 4: "your" IF DR2PROXY=4. FILL "[SP NAME]'s" IF DR2PROXY=(1,2,3).</p> <p>TEXT FILL 5: "your" IF DR2PROXY=4. FILL "their" IF DR2PROXY=(2,3). FILL "[SP NAME]'s" IF DR2PROXY=1.</p> <p>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).</p> <p>TEXT FILL 7: FILL "[SP NAME]" IF DR2PROXY=(2,3). FILL "you" IF DR2PROXY=(1,4).</p> <p>TEXT FILL 8: FILL "their" IF DR2PROXY=(2,3). FILL 'your' IF DR2PROXY=(1,4).</p>

FILLS (SPA)	<p>TEXT FILL 0: FILL "También le preguntaremos sobre su conocimiento, actitudes y creencias referentes a las preferencias de alimentos." IF DR2PROXY=4.</p> <p>TEXT FILL 1: FILL "[SP NAME]" IF DR1PROXY=(2,3). FILL "Usted" IF DR1PROXY=(1,4).</p> <p>TEXT FILL 2: FILL "él/ella" IF DR1PROXY=(2,3). FILL "usted" IF DR1PROXY=(1,4).</p> <p>TEXT FILL 3: "usted" IF DR1PROXY=4. FILL "[SP NAME]" IF DR1PROXY=(1,2,3).</p> <p>TEXT FILL 4: "usted" IF DR1PROXY=4. FILL "[SP NAME]" IF DR1PROXY=(1,2,3).</p> <p>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.</p> <p>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).</p> <p>TEXT FILL 7: FILL "[SP NAME]" IF DR1PROXY=(2,3). FILL "usted" IF DR1PROXY=(1,4).</p> <p>TEXT FILL 8: FILL "BLANK" IF DR1PROXY=(2,3). FILL 'BLANK' IF DR1PROXY=(1,4).</p> <p>TEXT FILL 9: "su información" IF DR1PROXY=4. FILL "la información de [SP NAME]" IF DR1PROXY=(1,2,3)..</p>
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	<p>IF DR2QCNSNTA=2; DR2SSTS IF DR2QCNSNTA=1 AND SP IS 6-17 YRS OLD: DR2QCNSNTB ELSE: LAUNCH AMPM</p>

DR2QCRDBN	
ASK	IF SP = 1 THEN DR2QCRDB = 2
INTERVIEWER ASK TO SPEAK WITH SP IF THEY ARE NOT ALREADY ON THE PHONE	IF SP = 1 THEN DR2QCRDB = 2
SPANISH	¿Tiene usted permiso para grabar la entrevista? ¿Tengo su permiso para grabar nuestra entrevista?
QUESTION TYPE	1. YES 2. NO
HELP SCREEN	INTERVIEWER ASK TO SPEAK WITH SP IF THEY ARE NOT ALREADY ON THE PHONE
HARD CHECK	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.
SOFT CHECK	TEXT FILL 1: FILL "and record our conversation" IF DS2QCRDA = 1
VERSION NOTES	TEXT FILL 1: FILL "y grabe nuestra conversación" IF DS2QCRDA = 1 IF DR2QCRDB = 2 : DR2QCRDBN ELSE: DR2QASSENT
NOTES	Uno de tus padres o tutor legal dijo que está bien que te entreviste <TEXT FILL 1>.
HELP SCREEN	PRESS 1 TO CONTINUE.
QUESTION TYPE	Text
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	DR2QRCRDB

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	<p>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!</p> <p>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.</p> <p>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.</p> <p>Esta entrevista tomará unos 30 minutos. Para darte las gracias, recibirás \$30 dólares en tu tarjeta de regalo cuando terminemos.</p> <p>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.</p> <p>¿Tienes alguna pregunta antes de continuar?</p> <p>[INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT.]</p> <p>¿Estás listo(a) para continuar con la entrevista?</p> <p>3. YES 4. NO</p>
QUESTION TYPE	Radio button
FILLS	
NOTES	
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR2QASSENT in {1}: LAUNCH AMPM ELSE: DR2SSTS

DR2SSTS	
ASK	All Respondents
DAY 2 DIETARY RECALL SECTION STATUS:	
<ol style="list-style-type: none"> 1. COMPLETE 2. PARTIAL 3. NOT DONE 	
SPANISH	N/A
QUESTION TYPE	Radio Button
FILLS	
NOTES	<p>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.</p> <p>ELSE IF [FIRST AMPM Q EVERYONE ELIGIBLE TO ANSWER] ≠ MISSING, AUTOFILL DR2SSTS = "2, PARTIAL".</p> <p>ELSE, DR2SSTS = "3, NOT DONE".</p> <p>IF AMPM CONSENT = NO OR AMPM ASSENT = NO, AUTOFILL DR2SSTS = "3, NOT DONE", AND DR2SCMT = "2, REFUSAL".</p> <p>IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL DR2SSTS = "3, NOT DONE", AND DR2SCMT = "7, LANGUAGE BARRIER".</p>
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF DR2SSTS = 1: DR2SREVIEW ELSE: DR2SCMT

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	FAINING 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

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

DR2SREVIEW	
ASK	IF DR2SSTS = ANY
<p>DAY 2 DIETARY RECALL SECTION STATUS REVIEW</p> <p>END OF AMPM.</p> <p>DAY 2 DIETARY RECALL SECTION STATUS: <TEXT FILL 1></p> <p>PRESS 1 TO SAVE AMPM.</p>	
SPANISH	N/A
QUESTION TYPE	TEXT
FILLS	TEXT FILL 1: FILL SECTION STATUS CODE AS "COMPLETE" OR "PARTIAL" OR "NOT DONE" BASED ON DEFINITIONS 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

DS2SINTRO	
ASK	IF SUPPLEMENTS WERE NOT COLLECTED IN DAY 1
<p>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?</p> <p>[REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]</p> <ol style="list-style-type: none">1. YES2. NO7. REFUSED9. DON'T KNOW	

SPANISH	<p>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?</p> <p>[REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]</p> <ol style="list-style-type: none"> 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	<p>TEXT FILL 1: FILL "your" IF DR2PROXY=4 ELSE, FILL "[SP's NAME]'s"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 3: FILL "you" IF DR2PROXY=4 ELSE, FILL "[SP's NAME]"</p>
FILLS (SPA)	<p>TEXT FILL 1: FILL "usted" IF DR2PROXY=4 ELSE, FILL "[SP's NAME]"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 3: FILL "usted" IF DR2PROXY=4 ELSE, FILL "[SP's NAME]"</p>
NOTES	
HELP SCREEN (ENG)	<p>"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."</p>
HELP SCREEN (SPA)	<p>"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 té 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".</p>
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DSA001
NEXT	<p>IF DS2SINTRO = 1: DS2NSCONTR IF DS2SINTRO != 1 AND ANTACIDS WERE COLLECTED IN DAY 1: DS2AYESTR</p>

IF DS2SINTRO != 1 AND ANTACIDS WERE NOT COLLECTED IN DAY 1: DS2AINTRO

DS2SYESTR	
ASK	IF SUPPLEMENTS WERE COLLECTED IN DAY 1
<p>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>.</p> <p>TEXT 2: It was also reported <TEXT FILL 5> took <TEXT FILL 4>.</p> <p>Did <TEXT FILL 5> take this supplement yesterday, <TEXT FILL 2>, (between midnight and midnight)?</p> <ol style="list-style-type: none"> 1. YES 2. NO 3. REFUSED 4. DON'T KNOW 	
SPANISH	<p>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>.</p> <p>TEXT 2: También se informó que <TEXT FILL 5> tomó <TEXT FILL 4>.</p> <p>¿ Tomó <TEXT FILL 5> este suplemento ayer, <TEXT FILL 2>, (entre medianoche y medianoche)?</p> <ol style="list-style-type: none"> 1. YES 2. NO 3. REFUSED 4. DON'T KNOW
QUESTION TYPE	
FILLS (ENG)	<p>TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]'s"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>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</p> <p>TEXT FILL 4: FILL SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 DIETARY INTERVIEW)</p> <p>TEXT FILL 5: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>

FILLS (SPA)	<p>TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>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</p> <p>TEXT FILL 4: FILL SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 DIETARY INTERVIEW)</p> <p>TEXT FILL 5: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
NOTES	<p>THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH SUPPLEMENT ENDORSED IN THE DAY 1 DIETARY INTERVIEW.</p> <p>IF THIS IS THE FIRST SUPPLEMENT BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.</p> <p>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</p>
HELP SCREEN (ENG)	<p>"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."</p>
HELP SCREEN (SPA)	<p>"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 té 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".</p>
HARD CHECK	
SOFT CHECK	
VERSION NOTES	<p>DSA020</p>
NEXT	<p>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</p>

DS2SYESTRQ	
ASK	IF DS2SYESTR = 1
<p>Between midnight and midnight, how much did <TEXT FILL 1> take?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>	
SPANISH	<p>Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1> ?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
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	<p>IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: "YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER "NO" TO DS2SYESTR."</p> <p>IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: "NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150."</p>
SOFT CHECK	<p>QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: "YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"</p>
VERSION NOTES	DSA030
NEXT	IF UNIT IS KNOWN FROM DS1SUNIT: DS2SUNITYN ELSE: DS2SUNIT

DS2SUNITYN	
ASK	IF UNIT IS KNOWN FROM DS1SUNIT
<p>Was <TEXT FILL 1> a <TEXT FILL 2>?</p> <ol style="list-style-type: none"> 1. YES 2. NO 7. REFUSED 9. DON'T KNOW 	
SPANISH	<p>¿Fue <TEXT FILL 1> fue un(a) <TEXT FILL 2>?</p> <ol style="list-style-type: none"> 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	<p>TEXT FILL 1: FILL WITH SUPPLEMENT NAME FROM DS1SLABEL (DAY 1 INTERVIEW)</p> <p>TEXT FILL 2: FILL WITH UNIT FROM DS1SUNIT (DAY 1 INTERVIEW)</p>
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	<p>IF DS2SUNITYN = 2: DS2SUNIT</p> <p>IF DS2SUNITYN != 2 AND THERE ARE MORE SUPPLEMENTS TO REVIEW: DS2SYESTR WITH NEXT SUPPLEMENT</p> <p>IF DS2SUNITYN != 2 AND THERE ARE NO MORE SUPPLEMENTS TO REVIEW: DS2SOTHER</p>

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	<p>¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto?</p> <p>[SELECT FORM/UNIT]</p> <p>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</p>
QUESTION TYPE	Radio button
FILLS	
NOTES	<p>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</p> <p>IF 'OTHER FORM SPECIFY' SELECTED, DISPLAY DS2SUNITO TEXT BOX WITH 'SPECIFY FORM/UNIT'. ALLOW 100 CHARACTERS.</p>
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DSA035
NEXT	IF DS2SUNIT = 91: DS2SUNITO

	<p>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</p>
--	--

DS2SLIQPW	
ASK	IF DS2SUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27
<p>Was that a liquid or powder?</p> <ol style="list-style-type: none"> 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW 	
SPANISH	<p>¿Era un líquido o un polvo?</p> <ol style="list-style-type: none"> 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

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	<p>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.</p> <p>[REFER RESPONDENT TO DIETARY SUPPLEMENTS HAND CARD DS-1]</p> <ol style="list-style-type: none"> 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	<p>TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 2: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
FILLS (SPA)	<p>TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
NOTES	
HELP SCREEN (ENG)	<p>"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."</p>
HELP SCREEN (SPA)	<p>"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 té 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".</p>
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DSA060
NEXT	<p>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</p>

DS2NSCONTR	
ASK	IF DS2SOTHER = 1 OR DS2SINTRO=1
	<p>{I will start with the first dietary supplement that <TEXT FILL 1> used or took in the past 24 hours.}</p> <p>Do you have the container available for this dietary supplement? [READ IF NECESSARY: I will wait while you locate the container.]</p> <p>[INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE."]</p> <p>1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE</p>
SPANISH	<p>{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].</p> <p>[INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO - CONTAINER NOT AVAILABLE."]</p> <p>1. YES - CONTAINER AVAILABLE 2. NO - CONTAINER NOT AVAILABLE</p>
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)	<p>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.</p> <p>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</p>
NOTES (SPA)	<p>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.</p> <p>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</p>
HELP SCREEN	

HARD CHECK	
SOFT CHECK	
VERSION NOTES	DSA070
NEXT	DS2NSLABEL

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)	<p>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</p> <p>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</p> <p>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)"</p> <p>TEXT FILL 4: FILL "(fluoride)" IF SP IS UNDER 12 YEARS OLD ELSE, TEXT FILL 4 IS EMPTY</p>
FILLS (SPA)	<p>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</p> <p>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</p> <p>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)"</p> <p>TEXT FILL 4: FILL "(fluoruro)" IF SP IS UNDER 12 YEARS OLD ELSE, TEXT FILL 4 IS EMPTY</p>
NOTES	<p>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</p> <p>IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS2SOTHER = NO.</p>
HELP SCREEN	
HARD CHECK	<p>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."</p>
SOFT CHECK	
VERSION NOTES	DSA075
NEXT	DS2NSQTY

DS2NSQTY	
ASK	IF DS2SOTHER = 1 OR DS2SINTRO=1
<p>Between midnight and midnight, how much did <TEXT FILL 1> take?</p> <p>_____</p> <p>ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>	
SPANISH	<p>Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1> ?</p> <p>_____</p> <p>ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
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	<p>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."</p> <p>IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: "NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150."</p>
SOFT CHECK	<p>QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: "YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"</p>
VERSION NOTES	DSA085
NEXT	DS2NSUNIT

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	<p>¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto?</p> <p>[SELECT FORM/UNIT]</p> <p>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)</p>
QUESTION TYPE	Radio button
FILLS	
NOTES	<p>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</p> <p>IF 'OTHER FORM SPECIFY' SELECTED, DISPLAY DS2NSUNITO TEXT BOX WITH 'SPECIFY FORM/UNIT'. ALLOW 100 CHARACTERS.</p>
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DSA090
NEXT	<p>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</p>

<p>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</p>

DS2NSLIQPW	
ASK	IF DS2NSUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27
<p>Was that a liquid or a powder?</p> <ol style="list-style-type: none"> 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW 	
SPANISH	<p>¿Era un líquido o un polvo?</p> <ol style="list-style-type: none"> 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	<p>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</p>

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	<p>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?</p> <p>[REFER RESPONDENT TO DIETARY ANTACID HAND CARD DS-2]</p> <ol style="list-style-type: none"> 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	<p>TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]'s"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 3: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
FILLS (SPA)	<p>TEXT FILL 1: FILL "usted usa" IF THE SP IS THE RESPONDENT ELSE, FILL "usa [SP's NAME]"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 3: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
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

DS2AYESTR	
ASK	IF ANTACIDS WERE COLLECTED IN DAY 1
<p>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>.</p> <p>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)?</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>	
SPANISH	<p>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>.</p> <p>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)?</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>
QUESTION TYPE	Radio button
FILLS (ENG)	<p>TEXT FILL 1: FILL "your" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]'s"</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>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</p> <p>TEXT FILL 4: FILL ANTACID NAME FROM DS1ALABEL (DAY 1 DIETARY INTERVIEW)</p> <p>TEXT FILL 5: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
FILLS (SPA)	TEXT FILL 1: FILL "usted" IF THE SP IS THE RESPONDENT

	<p>ELSE, FILL “[SP’s NAME]”</p> <p>TEXT FILL 2: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL “TUESDAY”)</p> <p>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</p> <p>TEXT FILL 4: FILL ANTACID NAME FROM DS1ALABEL (DAY 1 DIETARY INTERVIEW)</p> <p>TEXT FILL 5: FILL “usted” IF THE SP IS THE RESPONDENT ELSE, FILL “[SP’s NAME]”</p>
NOTES	<p>THIS QUESTION WILL BE FIRST IN A SERIES THAT THE SURVEY WILL LOOP THROUGH FOR EACH ANTACID ENDORSED IN THE DAY 1 DIETARY INTERVIEW.</p> <p>IF THIS IS THE FIRST ANTACID BEING REVIEWED, DISPLAY TEXT 1 ELSE DISPLAY TEXT 2.</p> <p>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.</p>
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	<p>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</p>

DS2AYESTRQ	
ASK	IF DS2AYESTR = 1
<p>Between midnight and midnight, how much did <TEXT FILL 1> take?</p> <p>_____</p> <p>ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>	
SPANISH	<p>Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1> ?</p> <p>_____</p> <p>ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
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	<p>IF 0 IS ENTERED, HARD CHECK ERROR MESSAGE: "YOU ENTERED 0, EITHER CORRECT OR BACK UP AND ANSWER "NO" TO DS2AYESTR."</p> <p>IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: "NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150."</p>
SOFT CHECK	<p>QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE: "YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"</p>
VERSION NOTES	DSA150
NEXT	IF UNIT IS KNOWN FROM DS1AUNIT: DS2AUNITYN ELSE: DS2AUNIT

DS2AUNITYN	
ASK	IF UNIT IS KNOWN FROM DS1AUNIT
<p>Was <TEXT FILL 1> a <TEXT FILL 2>?</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>	
SPANISH	<p>¿Fue <TEXT FILL 1> un(a) <TEXT FILL 2>?</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>
QUESTION TYPE	Radio button
FILLS	<p>TEXT FILL 1: FILL WITH ANTACID NAME FROM DS1ALABEL (DAY 1 INTERVIEW)</p> <p>TEXT FILL 2: FILL WITH UNIT FROM DS1AUNIT (DAY 1 INTERVIEW)</p>
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	<p>IF DS2AUNITYN = 2: DS2AUNIT</p> <p>IF DS2AUNITYN != 2 AND THERE ARE MORE ANTACIDS TO REVIEW: DS2AYESTR WITH NEXT ANTACID</p> <p>IF DS2AUNITYN != 2 AND THERE ARE NO MORE ANTACIDS TO REVIEW: DS2AOTHER</p>

DS2AUNIT	
ASK	IF UNIT IS NOT KNOWN FROM DS1AUNIT OR IF DS2AUNITYN = 2
<p>Was it a tablet, capsule, pill, caplet, soft gel, or something else?</p> <p>[SELECT FORM/UNIT]</p> <ul style="list-style-type: none"> 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	<p>¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto?</p> <p>[SELECT FORM/UNIT]</p> <ul style="list-style-type: none"> 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

DS2ALIQPW	
ASK	IF DS2AUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27
<p>Was that a liquid or a powder?</p> <ol style="list-style-type: none"> 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW 	
SPANISH	<p>¿Era un líquido o un polvo?</p> <ol style="list-style-type: none"> 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

DS2AOTHER	
ASK	IF THERE ARE NO MORE ANTACIDS TO REVIEW
<p>All day yesterday, <TEXT FILL 1>, between midnight and midnight, did <TEXT FILL 2> take any other antacids?</p> <p>[REFER RESPONDENT TO DIETARY ANTACID HAND CARD], DS-2</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>	
SPANISH	<p>Todo el día de ayer, <TEXT FILL 1>, entre medianoche y medianoche, ¿tomó <TEXT FILL 2> algún otro antiácido?</p> <p>[REFER RESPONDENT TO DIETARY ANTACID HAND CARD], DS-2</p> <p>1. YES 2. NO 7. REFUSED 9. DON'T KNOW</p>
QUESTION TYPE	Radio button
FILLS (ENG)	<p>TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 2: FILL "you" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
FILLS (SPA)	<p>TEXT FILL 1: FILL DAY OF THE WEEK FROM PREVIOUS DAY (E.G., IF RESPONDING ON WEDNESDAY, FILL "TUESDAY")</p> <p>TEXT FILL 2: FILL "usted" IF THE SP IS THE RESPONDENT ELSE, FILL "[SP's NAME]"</p>
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

DS2NACONTR	
ASK	IF DS2AOTHER = 1 OR DS2AINTRO=1
	<p>{I will start with the first antacid that <TEXT FILL 1> used or took in the past 24 hours.}</p> <p>Do you have the container available for this antacid? [READ IF NECESSARY: I will wait while you locate the container.]</p> <p>[INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO – CONTAINER NOT AVAILABLE."]</p> <ol style="list-style-type: none"> 1. YES – CONTAINER AVAILABLE 2. NO – CONTAINER NOT AVAILABLE
SPANISH	<p>{Comenzaré con el primer antiácido que <TEXT FILL 1> usó o tomó en las últimas 24 horas.}</p> <p>¿Tiene disponible el envase de este antiácido? [READ IF NECESSARY: Esperaré mientras encuentra el envase].</p> <p>[INTERVIEWER INSTRUCTION: IF THE RESPONDENT CANNOT OR WOULD NOT LOCATE THE CONTAINERS, MARK "2, NO – CONTAINER NOT AVAILABLE."]</p> <ol style="list-style-type: none"> 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)	<p>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.</p> <p>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</p>
NOTES (SPA)	<p>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.</p> <p>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</p>
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	DSA175
NEXT	DS2NALABEL

DS2NALABEL	
ASK	IF DS2AOTHER = 1 OR DS2AINTRO=1
	<p><TEXT FILL 1></p> <p>[INTERVIEWER INSTRUCTION: <TEXT FILL 2>]</p> <p>[PROBES: What is the brand name? Was it extra strength, regular strength, ultra-strength, maximum strength?]</p> <p>_____</p> <p>ENTER ANTACID NAME</p> <p style="text-align: right;">REFUSED 7 DON'T KNOW 9</p>
SPANISH	<p><TEXT FILL 1></p> <p>[INTERVIEWER INSTRUCTION: <TEXT FILL 2>]</p> <p>[PROBES: ¿Cuál es el nombre de la marca? ¿Fue extrafuerte, regular, ultra fuerte o de potencia máxima?]</p> <p>_____</p> <p>ENTER ANTACID NAME</p> <p style="text-align: right;">REFUSED 7 DON'T KNOW 9</p>
QUESTION TYPE	Textbox
FILLS (ENG)	<p>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</p> <p>FILL "Which antacid did you use or take in the past 24 hours?" IF THE SP IS THE RESPONDENT AND DS1ACONTR=2</p> <p>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</p> <p>TEXT FILL 2: FILL "PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL" IF DS1ACONTR=1</p> <p>FILL "PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER" IF DS1ACONTR=2</p>
FILLS (SPA)	<p>TEXT FILL 1: FILL "¿Puede mirar el envase y leerme todas las palabras en la etiqueta de adelante?" IF DS1ACONTR=1</p> <p>FILL "¿Qué antiácido usó o tomó en las últimas 24 horas?" IF THE SP IS THE RESPONDENT AND DS1ACONTR=2</p> <p>FILL "¿Qué antiácido usó o tomó [SP's NAME] en las últimas 24 horas?" IF THE SP IS NOT THE RESPONDENT AND DS1ACONTR=2</p> <p>TEXT FILL 2: FILL "PROBE IF THE RESPONDENT IS HAVING TROUBLE IN READING THE PRODUCT LABEL" IF DS1ACONTR=1</p> <p>FILL "PROBE IF THE RESPONDENT DOESN'T HAVE THE CONTAINER" IF DS1ACONTR=2</p>
NOTES	PRESENT THE FOLLOWING ITEMS AS A GRID: DS2NACONTR, DS2NALABEL, DS2NANAME, DS2NAQTY, DS2NAUNIT, AND DS2NALIQPW. IF THERE WERE ANTACIDS REVIEWED IN THE

	<p>FOLLOWING ITEMS, THEN DISPLAY THOSE VALUES IN THE FIRST ROW: DS2AYESTR, DS2AYESTRQ, DS2AUNITYN, DS2AUNIT, AND DS2ALIQPW</p> <p>IF DK OR REF ENTERED, FOLLOW SAME SKIP LOGIC AS IF DS2AOTHER = NO.</p>
HELP SCREEN	
HARD CHECK	<p>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."</p>
SOFT CHECK	
VERSION NOTES	DSA180
NEXT	DS2NANAME

DS2NANAME	
ASK	IF DS2AOTHER = 1 OR DS2AINTRO=1
	<p>What is the name of the antacid <TEXT FILL 1> took?</p> <p>[PROBES: What is the brand name? Was it extra strength, regular strength, ultra-strength, maximum strength?]</p> <p>[IF ANTACID NOT ON LIST, TYPE ***Product not on list"]</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER ANTACID NAME FROM LIST OR ENTER "***PRODUCT NOT ON LIST"</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
SPANISH	<p>¿Cómo se llama el antiácido que <TEXT FILL 1> tomó?</p> <p>[PROBES: ¿Cuál es el nombre de la marca? ¿Fue extrafuerte, regular, ultra fuerte o de potencia máxima??]</p> <p>[IF ANTACID NOT ON LIST, TYPE ***El producto no está en la lista"]</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER ANTACID NAME FROM LIST OR ENTER "***PRODUCT NOT ON LIST"</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
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	<p>ONCE A PRODUCT IS SELECTED FROM THE LIST, THE FOLLOWING INFORMATION SHOULD BE COLLECTED FROM THE LOOKUP DATABASE:</p> <p style="padding-left: 40px;">DRUG TYPE {3} [DS2NATYPE] GENERIC NAME {60} [DS2NAGENAME] THERAPEUTIC CLASS CODE {6} [DS2NACODE] GENERIC FLAG {1} [DS2NAGENERC]</p> <p>THERE IS NO NEED TO DISPLAY THIS INFORMATION.</p> <p>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</p>
HELP SCREEN	
HARD CHECK	

SOFT CHECK	
VERSION NOTES	DSA185
NEXT	DS2NAQTY

DS2NAQTY	
ASK	IF DS2AOTHER = 1 OR DS2AINTRO=1
Between midnight and midnight, how much did <TEXT FILL 1> take?	
<p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7</p> <p style="text-align: right;">DON'T KNOW..... 9</p>	

SPANISH	<p>Entre medianoche y medianoche, ¿cuánto tomó <TEXT FILL 1>?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">ENTER QUANTITY</p> <p style="text-align: right;">REFUSED..... 7 DON'T KNOW..... 9</p>
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	<p>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."</p> <p>IF VALUE OUTSIDE 1 TO 149 ENTERED, HARD CHECK ERROR MESSAGE: "NUMBER MUST BE GREATER THAN 0 AND LESS THAN 150."</p>
SOFT CHECK	<p>QUANTITY SHOULD BE LESS THAN 10. ERROR MESSAGE:</p> <p>"YOU SAID <TEXT FILL 1> TOOK {QUANTITY TAKEN}. IS THAT CORRECT?"</p>
VERSION NOTES	DSA190
NEXT	DS2NAUNIT

DS2NAUNIT	
ASK	IF DS2AOTHER = 1 OR DS2AINTRO=1
<p>Was it a tablet, capsule, pill, caplet, soft gel, or something else?</p> <p>[SELECT FORM/UNIT]</p> <ul style="list-style-type: none"> 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	<p>¿Fueron tabletas, cápsulas, pastillas, comprimidos, cápsulas blandas o algo distinto?</p> <p>[SELECT FORM/UNIT]</p> <ul style="list-style-type: none"> 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

DS2NALIQPW	
ASK	IF DS2NAUNIT = 7, 11, 12, 15, 16, 18, 21, 23, OR 27
<p>Was that a liquid or a powder?</p> <ol style="list-style-type: none"> 1. LIQUID 2. POWDER 7. REFUSED 9. DON'T KNOW 	
SPANISH	<p>¿Era un líquido o un polvo?</p> <ol style="list-style-type: none"> 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

DS2SSTS	
ASK	All Respondents
DAY 2 DIETARY SUPPLEMENT SECTION STATUS:	
<ol style="list-style-type: none"> 1. COMPLETE 2. PARTIAL 3. NOT DONE 	
SPANISH	N/A
QUESTION TYPE	Radio Button
FILLS	
NOTES	<p>IF DS2AINTRO IN (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".</p>
HELP SCREEN	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	<p>IF DS2SSTS = 1: DS2SREVIEW ELSE: DS2SCMT</p>

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

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

DS2SREVIEW	
ASK	IF DS2SSTS = ANY
<p>DAY 2 DIETARY SUPPLEMENTS/ANTACIDS SECTION STATUS REVIEW</p> <p>END OF SUPPLEMENTS/ANTACIDS.</p> <p>DAY 2 SUPPLEMENTS/ANTACIDS SECTION STATUS: <TEXT FILL 1></p> <p>PRESS 1 TO SAVE DAY 2 SUPPLEMENTS/ANTACIDS.</p>	
SPANISH	N/A
QUESTION TYPE	TEXT
FILLS	TEXT FILL 1: FILL SECTION STATUS CODE AS "COMPLETE" OR "PARTIAL" OR "NOT DONE" BASED ON DEFINITIONS 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	