

Body Image Questionnaire HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									
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FORM CODE: BIE
VERSION: A 03/07/2011

Contact Occasion		
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SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form. Show image card to participant.

1. Participant is: Male 1 **Skip Questions 9 to 15** Female 2 **Go To Question 9**

If **male**, please show male figures and ask “Which image on the card:”

2. Reflects what you think you look like 1 2 3 4 5 6 7 8 9
3. Reflects how you feel most of the time 1 2 3 4 5 6 7 8 9
4. Is your ideal figure (for you) 1 2 3 4 5 6 7 8 9
5. You think is ideal for men 1 2 3 4 5 6 7 8 9
6. You think is most preferred by men 1 2 3 4 5 6 7 8 9
7. You think is most preferred by women 1 2 3 4 5 6 7 8 9

Now show the female figures and ask—“Which image on the card do:”

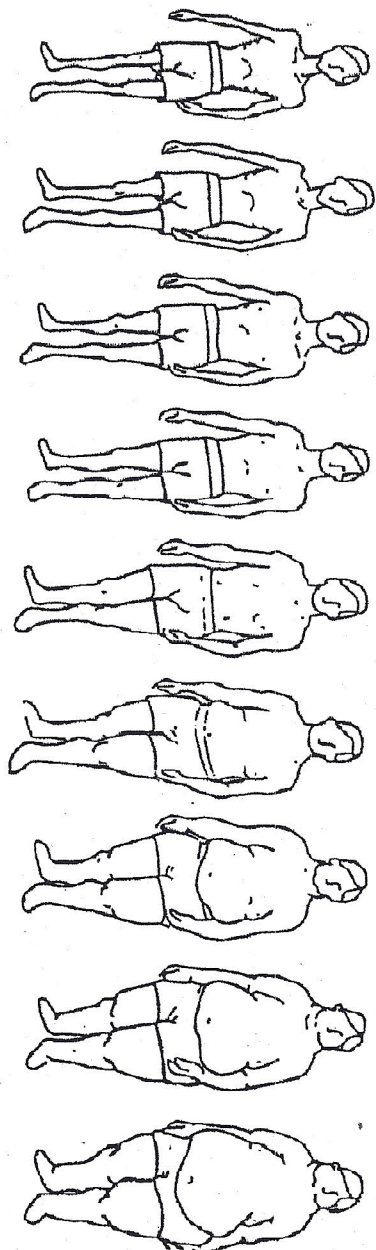
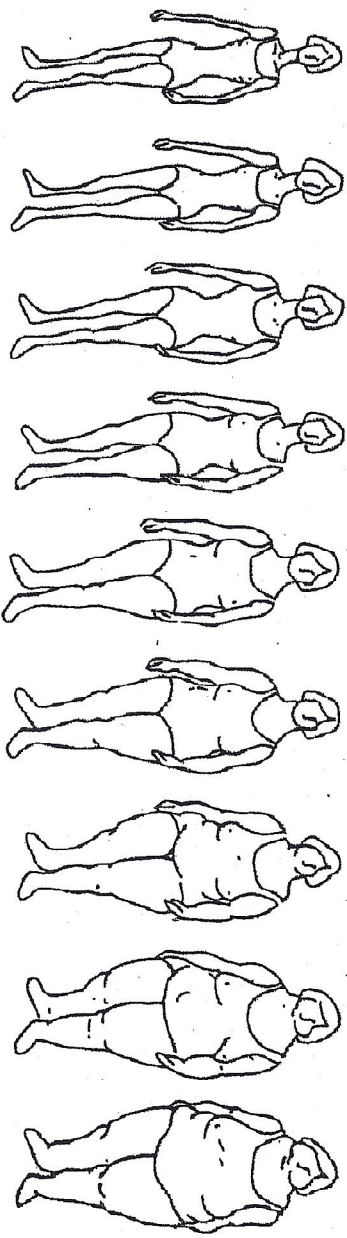
8. You think is most preferred by men 1 2 3 4 5 6 7 8 9

If **female**, please show female figures and ask “Which image on the card:”

9. Reflects what you think you look like 1 2 3 4 5 6 7 8 9
10. Reflects how you feel most of the time 1 2 3 4 5 6 7 8 9
11. Is your ideal figure (for you) 1 2 3 4 5 6 7 8 9
12. You think is ideal for women 1 2 3 4 5 6 7 8 9
13. You think is most preferred by men 1 2 3 4 5 6 7 8 9
14. You think is most preferred by women 1 2 3 4 5 6 7 8 9

Now show the male figures and ask—“Which image on the card do:”

15. You think is most preferred by women 1 2 3 4 5 6 7 8 9



SOLNAS Clinic Checklist

HCHS/SOL SOLNAS Ancillary Study

ID									
NUMBER:									

FORM CODE: CCE
VERSION: A 10/11/10

Contact Occasion		
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SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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 /

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 /

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0b. Staff ID:

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Instructions: Follow MOP protocol information for completion of this form.

(Check which one applies.)

- Refuses to participate 1.
- Unable to contact 2.
- Ineligible 3.
- Agrees to participate 4.
- Pending scheduling 5.
- Scheduled visit 1 6.
- Visit 1 complete 7.
- Visit 2 complete 8.
- Primary Study: Withdrew 9.
- Visit 3 complete (Reliability Visit 1) 10.
- Visit 4 complete (Reliability Visit 2) 11.
- Reliability Study: Declined 12.
- Reliability Study: Ineligible 13.
- Reliability Study : Unable to contact 14.
- Reliability Study: Withdrew 15.

HCHS/SOL SOLNAS Ancillary Study Calorimetry Summary Form

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CSE
VERSION: A 04/01/11

Contact Occasion	<input type="text"/>	<input type="text"/>
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SEQ #	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: See the detailed QxQ instructions for completion of this form.

1. Start Time: : (am, pm)

2. Weight: . kg

3. Age:

CALORIMETRY SUMMARY:

4.

	mean	SD	CV
a. VCO2 ml/min	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
b. VO2 ml/min	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
c. RQ	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
d. EE kcal/d	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

5. Actual Duration of RMR Measurement Post Run-In: mins

Shipment to DLW Lab Form HCHS/SOL SOLNAS Ancillary Study

ID Number:									
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FORM CODE: DLS
VERSION: A 10/26/11

Styrofoam Box
Contact Occasion:

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Specimen
Storage
Box (SEQ #):

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ADMINISTRATIVE INFORMATION

0a. Shipment Date: / /

0b. Staff ID:

Instructions: Scan the Lab ID from a vial for each ID in the specimen storage box (DLW Lab), enter the study sequence (Main Study (visits 1 and 2) or Reliability Study (visits 3 and 4)) and check mark whether the vial is included or not.

For "Study Sequence," please mark box 1 for the Main Study (visits 1 and 2)
or 3 for the Reliability Study (visits 3 and 4).

Lab ID	Study Sequence	U30	U33	U34	U50	U51	P40	P20
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MULTICULTURAL FOOD FREQUENCY QUESTIONNAIRE

Health Science Department, Northeastern University



STUDY NAME:

Please do not write outside the boxed area.

PARTICIPANT NAME:

Please use a number 2 pencil. Completely fill in bubbles, and erase completely if you make any changes.
Do not fold, tear, or staple form.

TODAY'S DATE							
Month		Day		Year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

OFFICE USE ONLY:											
Protocol Number				Visit Number		Interviewer ID					
0	0	0	0	0	0	0	0				
1	1	1	1	1	1	1	1				
2	2	2	2	2	2	2	2				
3	3	3	3	3	3	3	3				
4	4	4	4	4	4	4	4				
5	5	5	5	5	5	5	5				
6	6	6	6	6	6	6	6				
7	7	7	7	7	7	7	7				
8	8	8	8	8	8	8	8				
9	9	9	9	9	9	9	9				

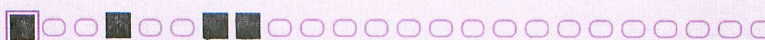
Volunteer ID Number					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Ethnicity
<input type="checkbox"/> Mexican- American
<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban-American
<input type="checkbox"/> Dominican
<input type="checkbox"/> Other Hispanic
<input type="checkbox"/> Non-Hispanic White
<input type="checkbox"/> Non-Hispanic Black
<input type="checkbox"/> Asian
<input type="checkbox"/> Other including Multi-Ethnic

Age
<input type="checkbox"/> 14 - 18
<input type="checkbox"/> 19 - 30
<input type="checkbox"/> 31 - 50
<input type="checkbox"/> 51 - 70
<input type="checkbox"/> 71 - 80
<input type="checkbox"/> > 80

Sex
<input type="checkbox"/> Male
<input type="checkbox"/> Female

Version 3 2010



DO NOT WRITE IN THIS AREA

0201



This section asks about your usual eating habits, over the past _____ month(s).

Your answers should reflect your average intake (at home and away from home over that time period).

First: Mark how often, on the average, you ate the food item (fill in only one frequency per food item).

Second: Mark your usual portion size (if you ate more than one food in a line, pick the one eaten the most).

Important: If you don't eat an item, fill in "never" and skip the portion size related to that food item.

FRUIT

For seasonal fruits, answer with which frequency you eat them during the Summer.
For all other fruits, with which frequency you consider you eat them year-round.

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Apples, applesauce, pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges, tangerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit (white or pink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches, nectarines, apricots, plums (fresh, canned, or frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado, fresh (including guacamole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi, or Acerola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papaya/ mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruit (e.g. raisins, prunes, apricots, dried cranberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe, honeydew melon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other berries (e.g. blackberries, blueberries and raspberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you eat dried fruit, your portion is usually closest to ...

- 1/8 cup 1/4 cup 3/8 cup 1/2 cup or more

If you eat cantaloupe or honeydew, your portion is usually closest to (1 wedge = 1/4 melon) ...

- 1/2 wedge or 1/2 cup 1 wedge or 3/4 cup 1 1/2 wedges or 1 cup 2 or more wedges or 1 1/2 cups or more

If you eat watermelon, your portion is usually closest to (1 med. slice watermelon = 7 1/2" dia. x 1" thick) ...

- 1 sm. slice or 1/2 wedge 1 med. slice/wedge 1 lg. slice/wedge more than 1 lg. slice/wedge

If you eat strawberries, cherries and/or other berries, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat any other cut up or canned fruit, pineapple, cherries, or fruit cocktail, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat fruit of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CEREAL										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Cold cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot cereal: oatmeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hot cereal (e.g., Cream of Wheat /Rice, grits, or other cornmeal cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar; added to hot or cold cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Granola bars or cereal bars (e.g. including Quaker oats, Nutri-grain, and Nature Valley)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat cold cereal, your portion is usually closest to (1 individual box = approx. 3/4 cup) ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you add milk to cold cereal, the amount added is usually closest to ...

- 1/4 cup 1/2 cup 1 cup 1 1/2 cups or more

If you eat oatmeal, it is usually ...

- regular/plain instant, with or without added flavor

If you eat hot cereal (e.g., oatmeal, grits or other hot cereals), your portion is usually closest to (1 packet = 3/4 cup cooked) ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you add milk to hot cereal (incl. during cooking), the amount added is usually closest to ...

- 1/4 cup 1/2 cup 1 cup 1 1/2 cups or more

If you eat cereal bars your portion is usually closest to ...

- 1/2 bar 1 bar 1 1/2 bars 2 bars or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat hot or cold cereals of any kind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat cold breakfast cereal, what two types (brand name and type) do you eat most often? (e.g. Kellogg's corn flakes)

- I do not know the brand and type

Do not write in shaded area:

CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	

1. _____

2. _____

BREAD

<i>Include breads used in sandwiches such as sub rolls, buns, English muffins, pita wraps; eaten at home and/or at restaurants. Do not incl. breads or rolls in fast food sandwiches or fast food burgers.</i>	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Sliced bread, or bakery bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bagels/English muffins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortillas, wraps (corn, white or wheat flour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes, waffles, french toast, mayorca	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the next page.

	0201
DO NOT WRITE IN THIS AREA	

If you eat sliced breads or bakery breads, these are usually (choose all that apply) ...

- white (includes bakery bread)
 multi-grain/cracked wheat (light brown)
 100% whole wheat (dark brown)
 rye
 other

If you eat sliced bread, your portion is usually closest to ...

- 1 slice or piece
 2 slices or pieces
 3 slices or pieces
 4 slices or pieces or more

If you eat bagels or English muffins, your portion is usually closest to (1 medium = Dunkin Donuts bagel) ...

- 1/2 medium
 1 medium
 1 1/2 medium
 2 medium or more

If you eat tortillas or wraps, they are usually made from (choose all that apply) ...

- white flour
 corn flour
 100% whole wheat flour
 unknown type

If you eat tortillas or wraps, your portion is usually closest to (1 medium = 8" diameter) ...

- 1 medium
 2 medium or 1 large
 3 medium
 4 medium or 2 large or more

If you eat pancakes, waffles, french toast or mayorca, your portion is usually closest to (1 pancake/waffle = 4" diameter) ...

- 1 pancake, waffle or slice of french toast or less
 2 pancakes, waffles or slices of french toast
 3 pancakes, waffles or slices of french toast
 4 pancakes, waffles or slices of french toast or more

If you add butter or margarine to breads, bagels and/or pancakes, your portion per slice/piece is usually (1 tsp = 1 pat) ...

- 1/2 pat
 1 pat
 1 1/2 pats
 2 pats or more

If you add cream cheese to breads and/or bagels, your portion per slice/piece is usually ...

- 1 tablespoon
 2 tablespoons
 3 tablespoons
 4 tablespoons or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat breads of any kind (not including tortillas, pancakes, waffles or french toast)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you eat sliced breads, what two types (brand name and type) do you eat most often? (e.g. Wonder, whole wheat)

- I do not know the brand and type

1. _____

2. _____

Do not write in shaded area:

CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	

VEGETABLES

If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section).

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Salad greens (e.g. lettuce, raw spinach, mixed greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked greens (e.g. spinach, kale, mustard, turnip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes, including canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed vegetables (frozen, fresh, or canned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, raw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
String beans, green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES (continued)

If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section).

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Green peas or lima beans (fresh, canned or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (fresh, canned or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers (sweet), bell peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli, brussel sprouts (fresh or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coleslaw prepared with mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red or green cabbage (other than coleslaw)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cucumbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions (other than fried onion rings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter squash (e.g. butternut, acorn, hubbard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer squash (e.g. yellow, zucchini)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetables (e.g. celery, radish, asparagus, okra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat salad greens, they are usually (choose all that apply) ...

- iceberg lettuce romaine lettuce spinach (raw) other greens, mixed greens/mesclun

If you eat salad greens, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat cooked greens (e.g. spinach), your portion is usually closest to ...

- 1/4 cup 1/2 cup 3/4 cup 1 cup or more

If you eat raw tomatoes, your portion is usually closest to (1 cherry tomato = approx. 1 slice or wedge) ...

- 1 slice or wedge 2 slices or wedges 3 slices or wedges 4 slices or wedges or more

If you eat tomatoes, they are usually (choose all that apply) ...

- fresh canned

If you eat cooked vegetables, these are usually (choose all that apply) ...

- fresh canned frozen

Your usual portion size for most cooked vegetables is closest to (1 ear of corn = 1/2 cup) ...

- 1/4 cup 1/2 cup 3/4 cup 1 cup or more

Do you add spreads or oils to the following items after cooking (choose all that apply)?

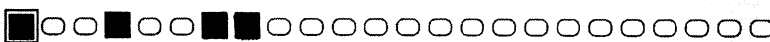
- carrots string beans peas corn
 broccoli frozen mixed vegetables cabbage squash

If you add spreads or oils to any of the previous items after cooking, your portion is usually ...

Pats/teaspoons/servings

- 1 2 3 4 5 6 7 8 9

Please continue on the next page.



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DO NOT WRITE IN THIS AREA

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat vegetables of any kind like those listed above cooked or raw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEANS AND STARCHY VEGETABLES

<i>If you eat rice and bean dishes, include in the "Rice, Pasta and Pizza" section (not this section).</i>	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Beans (e.g. pinto, black, white, kidney, pink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried peas or lentils, <u>not</u> green (e.g. cowpeas, black-eyed, or chickpeas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hummus or bean dips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato salad prepared with mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mashed or scalloped potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries or hash browns (including frozen, or from a restaurant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food stuffed baked potato	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other potatoes (e.g. baked, boiled, roasted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potatoes, yams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plantains, green bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puerto Rican pastels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root crops (e.g. cassava, ñame, yautia, tannier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat beans, they are usually prepared (choose all that apply) ...

- Puerto Rican style Haitian style refried other
 Cuban style baked chili

If you eat beans (plain, baked, refried or other) and/or peas, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat root crops, these are usually (choose only one) ...

- fried boiled baked both fried and boiled equally

If you eat french fries, hash browns, or fried root crops, your portion is usually closest to ...

- 1/2 cup (sm. order) 1 cup (med. order) 1 1/2 cups (lg. order) 2 cups (super size)

If you eat potatoes and/or root crops (other than fried), your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat plantains and/or green bananas, they are usually (choose all that apply) ...

- green, boiled/baked green, fried ripe, boiled/baked ripe, fried

If you eat plantains and/or green bananas, your portion is usually closest to ...

- 1/4 plantain or 1 slice 1/2 plantain or 3 slices 1 plantain or 6 slices 1 1/2 plantains or 9 slices or more

If you eat Puerto Rican pasteles, your portion is usually closest to ...

- 1 each 2 each 3 each 4 each or more

Do you add spreads or oils to the following after cooking (choose all that apply) ...

- potatoes sweet potatoes plantains other root crops

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat beans and starchy vegetables prepared any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RICE, PASTA AND PIZZA

<i>If you eat pasta with meatballs, include the pasta in this section and the meatballs in the section "Beef, Pork, and Lamb" under the section "ground beef."</i>	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Rice cooked with beans or pigeon peas (mixed dish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice with chicken, meat, and/or sausage (mixed dish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mixed dishes with rice (incl. seafood)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried rice (incl. Chinese style)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flavored rice (e.g. Rice-a-Roni, Spanish, rice pilaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain white rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain brown rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain parboiled or converted rice (e.g. Uncle Ben's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta (e.g. spaghetti, macaroni, linguini)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta mixed dishes (e.g. lasagna, ravioli, baked ziti)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lo mein or rice noodles (incl. Chinese style)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macaroni salad, pasta salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican foods (e.g. burritos, tacos, tamales, enchiladas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggrolls, "empanadillas", meat pies, or other fritters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat mixed dishes made with rice, you usually prepare it (choose all that apply) ...

- Latino/Puerto Rican style Southern/Cajun style Haitian style other

When you eat mixed rice dishes, it is usually made with ...

- white rice brown rice parboiled rice

If you eat mixed dishes made with rice, your portion is usually closest to ...

- 1 cup 2 cups 3 cups 4 cups or more

If you eat plain, fried or flavored rice, your portion (cooked) is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat pasta, they are usually made from ...

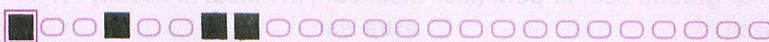
- white flour 100% whole wheat flour a whole wheat blend (e.g. Ronzoni Healthy Harvest)

If you eat pasta or mixed pasta dishes (e.g., lasagna), your portion is usually closest to ...

- 1 cup 2 cups 3 cups 4 cups or more

What type of sauce do you usually eat with your pasta (choose all that apply) ...

- plain (no sauce) butter and/or olive oil tomato sauce tomato and meat sauce
 clam sauce pesto sauce cream sauce cheese sauce (e.g., macaroni and cheese)



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DO NOT WRITE IN THIS AREA

RICE, PASTA AND PIZZA *(continued)*

If you eat macaroni salad or pasta salad, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat Mexican foods, they are usually *(choose all that apply)* ...

- burritos tacos tamales enchiladas quesadillas

If you eat Mexican foods (incl. burritos, tacos, tamales, enchiladas), your portion is usually closest to ...

- 1 each 2 each 3 each 4 each or more

If you eat pizza, it is usually ...

- plain cheese with meat with vegetables with vegetables and meat

If you eat pizza, your portion is usually closest to *(1 slice = 1/8 of a large pizza)* ...

- 1 slice 2 slices 3 slices 4 slices or more

If you eat eggrolls and/or empanadillas, meatpies or fritters, your portion is usually closest to ...

- 1 each 2 each 3 each 4 each or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat rice of any kind prepared in any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEEF, PORK AND LAMB

If you eat rice and beef/pork dishes, include them in the "Rice, Pasta and Pizza" section (not this section).
For homemade burgers, include the meat in this section, and include the bun or roll in the "Bread" section.
For fast food burgers, include the whole item in this section.

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food burgers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground beef (including homemade beef patty, meatballs, and/or meatloaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dishes with beef (e.g. beef stew, pot pies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef: steak or roast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork: chops or roast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dishes with pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ham (<u>not</u> including cold cuts/ luncheon meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ribs: beef or pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lamb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (beef)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other organ meats (e.g. tongue, kidney, chitterlings, "cuajito" and "gandinga" dishes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat fast food burgers, they are usually ...

- regular single burger double or 1/4 pound burger Whopper Big Mac
 cheese burger double or 1/4 pound burger w/cheese Whopper w/cheese

If you eat homemade patties and/or ground beef or pork (incl. meatloaf), the meat is usually ...

- regular lean extra lean

BEEF, PORK AND LAMB (continued)

If you eat homemade patties and/or ground beef or pork, your portion is usually closest to ...

- 1 small patty or 3 ounces 1 med. patty or 6 ounces 1 lg. patty or 9 ounces 2 patties or 12 ounces or more

If you eat mixed dishes made with beef or pork (e.g., beef stew), you usually prepare it (choose all that apply) ...

- American style Puerto Rican style Cuban style Haitian style

If you eat mixed dishes made with beef or pork, your portion is usually closest to ...

- 1 cup 2 cups 3 cups 4 cups or more

If you eat beef, pork or lamb, your portion is usually closest to (edible portion) (3 oz. is about the size of a deck of cards) ...

- 2 ounces 4 ounces 6 ounces 8 ounces or more

If you eat liver and/or other organ meats, your portion is usually closest to ...

- 2 ounces 4 ounces 6 ounces 8 ounces or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat beef, pork or lamb prepared any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POULTRY

If you eat chicken in mixed dishes with rice, include these dishes in the "Rice, Pasta and Pizza" section (not this section). For homemade chicken/turkey burgers or chicken salad, include the meat in this section, and include the bun or roll in the "Bread" section. For fast food chicken burgers/sandwiches, include the whole item in this section.

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food chicken sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground chicken/turkey (including homemade patty, meatballs, and/or meatloaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dishes made with chicken (e.g. pot pie, chicken and dumplings, chicken stew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey: roasted, broiled, grilled, baked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken (including fast food nuggets, KFC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey salad prepared with mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (chicken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat homemade patties and/or ground chicken/turkey (incl. meatloaf), your portion is usually closest to ...

- 1 small patty or 3 ounces 1 med. patty or 6 ounces 1 lg. patty or 9 ounces 2 med. patties or 12 ounces or more

If you eat mixed dishes made with chicken/turkey, you usually prepare it (choose all that apply) ...

- American style Puerto Rican style Cuban style Haitian style

If you eat other mixed dishes made with chicken/turkey (incl. meat pie), your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

Please continue on the next page.



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DO NOT WRITE IN THIS AREA

POULTRY (continued)

If you eat chicken or turkey, roasted, broiled, grilled and/or baked, it is usually ...

- white meat dark meat both

Do you eat the skin on chicken or turkey?

- never sometimes often/always

If you eat chicken or turkey, roasted or fried, your portion is usually closest to (edible portion) ...

- 2 ounces (1 drumstick or thigh) 4 ounces (1 piece of breast or 1 whole leg = drumstick & thigh) 6 ounces 8 ounces or more

If you eat chicken salad, your portion is usually closest to (1/2 cup prepared = approx. 1/2 of a 6 oz. can & 2 tbsp. mayonnaise) ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat chicken liver, your portion is usually closest to ...

- 1 ounce 2 ounces 3 ounces 4 ounces

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
How often do you usually eat poultry prepared any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FISH

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
Fast food fish sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish, fried (e.g. fried clams, shrimp, scallops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish, not fried (e.g. lobster, scallops, shrimp, clams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish, fried (e.g. battered and fried fillets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salmon or trout (fresh or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna or marlin (fresh or canned, <u>not</u> tuna salad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna salad (incl. in a sandwich, sub or wrap)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacalao (salted cod fish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sardines or anchovies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, not fried (e.g. red snapper, grouper, halibut, cod, haddock, tilapia, mahi mahi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat shellfish, your portion is usually closest to ...

- 3 ounces or 1/2 cup 6 ounces or 1 cup 9 ounces or 1 1/2 cups 12 ounces or 2 cups or more

If you eat fish, your portion is usually closest to (1 fillet = approx. 3 ounces) ...

- 3 ounces or 1/2 cup 6 ounces or 1 cup 9 ounces or 1 1/2 cups 12 ounces or 2 cups or more

If you eat canned tuna and/or other canned fish, it is usually ...

- oil packed water packed either

If you eat tuna salad, your portion is usually closest to (1/2 cup prepared = approx. 1/2 of a 6 oz. can & 2 tbsp. mayonnaise) ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat sardines, your portion is usually closest to (1 can = 3.5 ounces) ...

- 1/4 can 1/2 can 3/4 can 1 can or more

SUMMARY QUESTIONS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat fish prepared any way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROCESSED MEAT, SAUSAGE AND BACON

<i>If you eat luncheon meat or hot dogs, include the meat in this section, and include the bun or roll in the "Bread" section.</i>	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Chicken or turkey cold cuts (luncheon meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast beef cold cuts (luncheon meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ham cold cuts (luncheon meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other luncheon meats (e.g. Salami, Bologna, Corned beef)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spam, prepared any style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sausage (<u>not</u> breakfast type)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast sausage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon, beef jerky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat luncheon meat, it is usually ...

- regular
 lean/low fat
 extra lean
 fat free

Do you add cheese to your luncheon meat sandwiches?

- never
 sometimes
 often/always

If you eat luncheon meat, your portion is usually closest to ...

- 1 slice
 2 slices
 3 slices
 4 slices or more

If you eat hot dogs, bacon and/or sausage they are usually ...

- regular
 low fat
 chicken or turkey

If you eat hot dogs and/or sausage your portion is usually closest to ...

- 1 each
 2 each
 3 each
 4 each or more

If you eat bacon, beef jerky and/or breakfast sausage, your portion is usually closest to ...

- 1 slice or piece
 2 slices or pieces
 3 slices or pieces
 4 slices or pieces or more

CONDIMENTS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Mayoketchup (mayonnaise and ketchup blend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or tartar sauce (added to sandwiches or used as dip)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy sauce, teriyaki sauce, barbeque sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketchup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mustard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sauerkraut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pickles, relish, horseradish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garlic, fresh or powder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the next page.

CONDIMENTS (continued)

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Sweet & sour sauce, duck sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa (Mexican style)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot peppers (e.g. jalapeño)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green tomato or green chile sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravy or white sauce (on meat, potatoes, rice and/or biscuits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lemon, lime: wedge or juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbs, fresh or dried (e.g. cilantro)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cinnamon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Adobo"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you use mayonnaise or mayoketchup, it is usually ...

- regular reduced fat/ light fat free

If you use mayonnaise or mayoketchup, your portion is usually closest to ...

- 1 tablespoon 2 tablespoons 3 tablespoons 4 tablespoons or more

If you use salad dressing, it is usually ...

- creamy clear both

If you use salad dressing, it is usually ...

- regular reduced fat/ low calorie fat free

If you use salad dressing, your portion is usually closest to ...

- 1 tablespoon 2 tablespoons 3 tablespoons 4 tablespoons or more

If you use sauces, ketchup, mustard and/or relish, your portion is usually closest to ...

- 1 tablespoon 2 tablespoons 3 tablespoons 4 tablespoons or more

If you use salsa (Mexican style), hot peppers and/or duck sauce, your portion is usually closest to ...

- 1 tablespoon 2 tablespoons 3 tablespoons 4 tablespoons or more

If you use gravy or white sauce, your portion is usually closest to ...

- 1/4 cup 1/2 cup 3/4 cup 1 cup or more

If you cook with garlic and/or herbs, you use mostly ...

- fresh dried both

SOUP

*If you eat beef stew, include in the "Beef, Pork and Lamb" section (not this section).
If you eat chicken stew, include in the "Poultry" section (not this section).*

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
New England clam, cream-based fish chowder, or tomato-based Manhattan clam chowder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cream-based soup (e.g. corn chowder, cream of vegetable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bean, pea or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemade or home-style soup, w/meat or chicken (e.g. gumbo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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DO NOT WRITE IN THIS AREA

SOUP (continued)

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
<i>If you eat beef stew, include in the "Beef, Pork and Lamb" section (not this section). If you eat chicken stew, include in the "Poultry" section (not this section).</i>										
Homemade or home-style soup, without meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken noodle, ramen noodle and/or chicken rice soup: canned or instant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable and/or tomato based soup: canned or instant (e.g. veg. beef, minestrone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you eat homemade or home-style soup, with or without meat, your portion is usually closest to ...

- 1 cup 2 cups 3 cups 4 cups or more

If you eat canned or instant soup, your portion (prepared amount) is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

DAIRY PRODUCTS AND EGGS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Milk, plain (including soy milk; as beverage, <u>not</u> in cereal or coffee/tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate or flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, hard (e.g. cheddar, parmesan, swiss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, soft (e.g. mozzarella, brie, farmer's style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, processed (American slices, Velveeta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese spreads or dips, or sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage cheese, fresh or farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt (not frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs (e.g. soft or hard-boiled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs (e.g. fried, scrambled, omelets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg salad (incl. in a sandwich, sub or wrap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast food egg sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you drink milk and/or flavored milk, it is usually ...

- skim/nonfat or 1% 2% whole soy milk lactose-free (e.g. Lactaid)

If you drink milk and/or flavored milk, your portion is usually closest to (8 fl. ounces = 1 cup) ...

- 4 fl. ounces 8 fl. ounces 12 fl. ounces 16 fl. ounces or more

If you eat cheese, it is usually ...

- regular low/reduced fat nonfat/fat free

If you eat cheese, your portion is usually closest to ...

- 1 slice or 2 tablespoons 2 slices or 3 tablespoons 3 slices or 4 tablespoons 4 slices or 5 tablespoons or more

If you eat cottage cheese, your portion is usually closest to ...

- 1/4 cup 1/2 cup 3/4 cup 1 cup or more

If you eat yogurt, it is usually ...

- regular low/reduced fat nonfat/fat free light/no sugar added

Please continue on the next page.

DAIRY PRODUCTS AND EGGS (continued)

If you eat yogurt, your portion is usually closest to (1 yogurt container = 1 cup) ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat eggs, your portion is usually closest to ...

- 1 egg 2 eggs 3 eggs 4 eggs or more

If you eat egg salad, your portion is usually closest to ...

- 1/4 cup 1/2 cup 3/4 cup 1 cup or more

DESERTS AND SWEETS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sherbet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jell-O, sorbet, popsicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pudding, custard (flan), cheesecake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts, Danish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies (homemade or store-bought; e.g. Oreos, Chips-A-Hoy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quick breads, muffins (e.g. corn bread, blueberry or bran muffin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cakes, brownies, sweet rolls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potato pie, pumpkin pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit pies, cobblers, crisps (including fast food pies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jelly, jam, honey, syrup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat ice cream, frozen yogurt and/or pudding, it is usually ...

- regular light/lowfat fat free sugar-free/no sugar added

If you eat ice cream, frozen yogurt, sherbet, Jell-O and/or pudding, your portion is usually closest to ...

- 1/2 cup 1 cup 1 1/2 cups 2 cups or more

If you eat doughnuts, your portion is usually closest to ...

- 1 doughnut 2 doughnuts 3 doughnuts 4 doughnuts or more

If you eat cakes, cookies, sweet rolls and/or muffins, they are usually ...

- regular lowfat fat free sugar-free/no sugar added

If you eat quick bread or muffins, your portion is usually closest to ...

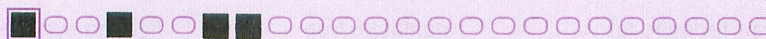
- small muffin or 1 piece medium muffin or 2 pieces large muffin or 3 pieces 2 medium muffins or 4 pieces or more

If you eat cookies, your portion is usually closest to (1 medium cookie = approx. 2 1/4 dia) ...

- 1 medium cookie 2 medium cookies 3 medium cookies 4 medium or 1 large cookie or more

If you eat cake, sweet rolls and/or pie, your portion is usually closest to ...

- 1/2 piece or 1 small roll 1 regular piece or 1 medium roll 1 large piece or 1 large roll 2 regular pieces or 2+ rolls



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If you eat chocolate and/or candy, it is usually ...

- regular sugar-free/no sugar added

If you eat chocolate, it is usually ...

- milk chocolate white dark

If you eat chocolate candy and/or other candy, your portion is usually closest to ...

- 1/2 regular bar or package or 1 snack size 1 regular bar or package 1 1/2 regular bars or packages or 1 king size 2 bars or packages or more

If you use jelly, jam, honey, and/or syrup, your portion is usually closest to ...

- 1 teaspoon 1 tablespoon 2 tablespoons 3 tablespoons or more

SNACKS AND NUTS

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Potato chips (all types)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, matzo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortilla chips, corn chips (including Doritos, Fritos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popcorn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coconut meat, dried and sweetened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuts and seeds (incl. peanuts, walnuts, cashews, pistachios, sunflower seeds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you eat chips (potato or corn), your portion is usually closest to (1 ounce = approx. 28 chips or 1 snack-size bag) ...

- 1 ounce 2 ounces 3 ounces 4 ounces or more

If you eat popcorn, it is usually ...

- lowfat regular (with butter or oil) movie theater style

If you eat popcorn, your portion is usually closest to ...

- 1 cup 2 1/2 cups (1 snack-size bag) 5 cups 7 1/2 cups (1 microwave bag) or more

If you eat crackers, your portion is usually closest to ...

- 3 crackers 6 crackers 9 crackers 12 crackers or more

If you eat nuts, they are usually (choose all that apply) ...

- peanuts pistachios pecans sunflower seeds
 cashews almonds mixed nuts trail mix
 walnuts pine nuts

If you eat nuts and/or seeds, your portion (without shells) is usually closest to (2 tablespoons = approx. 1 ounce) ...

- 1 tablespoon 2 tablespoons 3 tablespoons 4 tablespoons or more

If you eat peanut butter, your portion is usually closest to ...

- 2 tablespoons 4 tablespoons 6 tablespoons 8 tablespoons or more

If you eat snacks, they are usually ...

- regular baked/lowfat fat free low carb

Please continue on the next page.

BEVERAGES (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
Orange juice (100% juice, not fruit drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit juice (100% juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato or vegetable juice (e.g. V-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grape juice (100% juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple juice (100% juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranberry juice (including cranberry juice cocktail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nectars (e.g. peach, pear, guava, mango)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 100% fruit juices and/or blends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks (e.g. Sunny Delight, Hi-C, Crystal Light, lemonade, Kool-Aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft drinks, regular (e.g. cola, 7-up, ginger ale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (e.g. Gatorade, Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g. Red Bull)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-alcoholic beer (e.g. Malta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal replacement beverages (e.g. Slim-Fast, Atkins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water (including tap, filtered, bottled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you drink fruit juice and/or vegetable juices, your portion is usually closest to (8 fl. ounces = 1 cup) ...

- 4 fl. ounces 8 fl. ounces 12 fl. ounces 16 fl. ounces or more

If you drink fruit flavored drinks and/or sports or energy drinks, it is usually (choose only one) ...

- regular Low-calorie/sugar free

If you drink soft drinks, it is usually (choose only one) ...

- regular diet

If you drink soft drinks, regular or diet, they are usually (choose all that apply) ...

- cola caffeine-free cola other caffeinated non-cola (e.g. Mountain Dew) other caffeine-free non-cola (e.g. 7-Up, orange, ginger ale)

If you drink soft drinks and/or other cold beverages (including fruit drinks, sports drinks), your portion (before adding ice) is usually closest to (1 can = 12 fl. ounce) ...

- 8 fl. ounces 12 fl. ounces 16 fl. ounces 24 fl. ounces or more

If you drink meal replacement beverages or shakes, they are usually ...

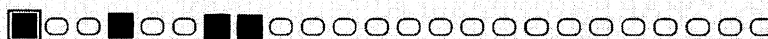
- weight loss type (e.g. Slim-Fast) high protein type (e.g. Atkins) standard, balanced nutrition type (e.g. Carnation Instant Breakfast, Ensure, Snapple-a-Day)

If you drink meal replacement beverages or shakes, your portion is usually closest to ...

- 1/2 can or 1/2 scoop powder 1 can or 1 scoop powder 1 1/2 cans or 1 1/2 scoops powder 2 cans or 2 scoops powder

If you drink water, your portion is usually closest to (8 fl. ounces = 1 cup; 1 liter = 33 fl. ounces) ...

- 4 fl. ounces 8 fl. ounces 12 fl. ounces 16 fl. ounces or more



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DO NOT WRITE IN THIS AREA

SUMMARY QUESTIONS (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
How often do you usually drink fruit juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you usually drink fruit drinks that are not 100% fruit juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you usually drink soft drinks and/or energy drinks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COFFEE, TEA AND COCOA (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
Hot chocolate, cocoa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee (all types)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea (all types)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you drink coffee, it is usually (choose all that apply) ...

- regular
 decaffeinated
 café con leche
 pre-sweetened coffee drinks (e.g. Colado, Dunkin Donuts' Coffee Coolatta, Starbucks' Frappuccino)

If you drink tea (hot or iced), it is usually (choose all that apply) ...

- black, regular
 herbal
 bottled or powdered iced tea, pre-sweetened (not fresh brewed)
 black, decaffeinated
 green
 bottled or powdered iced tea, un-sweetened or diet (not fresh brewed)

If you drink hot chocolate or cocoa, your portion is usually closest to ...

- Small (6 fl. ounces or 3/4 cup)
 Medium (12 fl. ounces or 1 1/2 cups)
 Large (18 fl. ounces or 2 1/4 cups)
 Extra Large (24 fl. ounces or 3 cups) or more

If you drink coffee or tea, your portion (including milk/cream) is usually closest to ...

- 4 fl. ounces or 1/2 cup
 sm. (8 fl. ounces or 1 cup)
 med. (12 fl. ounces or 1 1/2 cups)
 lg. (16 fl. ounces or 2 cups)
 extra lg. (24 fl. ounces or 3 cups) or more

If you add sugar to coffee and/or tea, it is usually (indicate if sugar is for coffee and/or tea by marking below selection) ...

- 1 teaspoon
 2 teaspoons
 3 teaspoons
 4 teaspoons or more
 I use artificial sweetener
- coffee
 coffee
 coffee
 coffee
 coffee
- tea
 tea
 tea
 tea
 tea

If you add milk or cream to coffee and/or tea, it is usually prepared (indicate if milk or cream is for coffee and/or tea by marking below selection) ...

- dark (very little milk/cream)
 light (some milk/cream)
 half milk/cream, half coffee
 more milk/cream than coffee
- coffee
 coffee
 coffee
 coffee
- tea
 tea
 tea
 tea

If you add milk or cream to coffee and/or tea, it is usually ...

- milk
 half & half creamer
 cream
 non dairy creamer

SUMMARY QUESTIONS (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
How often do you usually drink coffee and tea (hot or iced) and/or hot chocolate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the next page.

ALCOHOLIC BEVERAGES (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine (all types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed drinks (piña colada, gin & tonic, rum & coke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other alcohol (e.g. whiskey, vodka, brandy, rum; straight up or with ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you drink beer, it is usually (choose only one) ...

- regular low calorie / "light"

If you drink beer or wine coolers, your portion is usually closest to (1 can or bottle = 12 fl. ounces) ...

- 1 can or bottle 2 cans or bottles 3 cans or bottles 4 cans or bottles or more

If you drink wine, it is usually (choose all that apply) ...

- red white rose

If you drink wine, your portion is usually closest to (1 glass = 4 fl. ounces) ...

- 1 glass 2 glasses 3 glasses 4 glasses or more

If you drink mixed drinks and/or other alcohol, your portion is usually closest to (1 drink = 1 1/2 fl. ounces or 1 shot) ...

- 1 drink 2 drinks 3 drinks 4 drinks or more

SUMMARY QUESTIONS (Please note that the frequency headings are different)

	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
How often do you usually drink alcoholic beverages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SUMMARY

1. How often do you add salt to your food at the table?

- never sometimes often/always

2. If you add spreads or oil during cooking (incl. vegetables, rice, pasta and/or beans), they are usually (specify one or two only) . . .

- stick margarine lard, salt park or bacon fat olive oil corn oil
 tub margarine butter canola oil other vegetable oil
 margarine-like spread margarine-like spread, light shortening

SUMMARY QUESTIONS (Please note that the frequency headings are different)

	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
3. How often do you eat out (incl. restaurants, fast food and/or take-out)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4a. Has your health professional prescribed a special diet for you?

- Yes No (If no, go to Question #5 below)

4b. If yes, indicate the type of diet prescribed . . .

- to manage diabetes to manage high-cholesterol to manage hypertension other
 to manage kidney disease to manage allergy weight reduction

4c. Do you follow this diet?

- Yes No

5. Where do you usually eat breakfast?

- home work cafeteria fast food chain restaurant

6. Where do you usually eat lunch?

- home work cafeteria fast food chain restaurant

7. Where do you usually eat dinner?

- home work cafeteria fast food chain restaurant

8. Are there any other foods you eat at least once per week (not mentioned in the previous sections)? If yes, please describe:

Do not write in shaded area:

1. _____	CODE	0	1	2	3	4	5	6	7	8	9	
2. _____	CODE	0	1	2	3	4	5	6	7	8	9	
	CODE	0	1	2	3	4	5	6	7	8	9	
	CODE	0	1	2	3	4	5	6	7	8	9	

SUPPLEMENT USE

Do you currently take any supplements including vitamins, mineral, herbal supplements and/or antacids?

- No (If no, stop here) Yes

Please continue on the next page.

SUPPLEMENT USE (continued)

NUTRIENT SUPPLEMENTS / MULTI-VITAMINS	Frequency		Duration			
	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Multi-vitamin (e.g. Centrum, One-A-Day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress tabs or B-complex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium/Vitamin D or bone complex (e.g. Oscal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SINGLE NUTRIENT / DIETARY SUPPLEMENTS	Frequency		Duration			
	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin B-6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin B-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnesium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potassium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANTACIDS	Frequency		Duration			
	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Calcium containing antacids (e.g. Tums, Alka-Mints, Maalox tablets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other antacids (e.g. Mylanta, Rolaids, D-Gel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If you take any vitamins or mineral or herbal supplements, what brand and dosage are they?

Do not write in shaded area:

- _____
- _____

CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	

10. Are there any other supplements or highly fortified foods or beverages (not mentioned in the previous sections) that you take at least once per week? If so, please describe:

Do not write in shaded area:

- _____
- _____

CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	
CODE	0	1	2	3	4	5	6	7	8	9	

Thank you for completing this dietary questionnaire!

	0201
DO NOT WRITE IN THIS AREA	

Sedentary Behavior Weekday and Weekend Questionnaire

HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									
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FORM CODE: SDE
VERSION: A 10/13/10

Contact Occasion		
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SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form

Section A:

On a typical WEEKDAY, how much time do you spend...(from when you get up, until you go to bed)

	None	15 min or less	30 min	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs or more
1. Watching television (including videos on VCR/DVD).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
2. Playing computer or video games.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
3. Sitting and listening to music on the radio, tapes, or CDs.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
4. Sitting and talking on the phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
5. Doing paperwork or computer work (office work, emails, paying the Bills, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
6. Sitting and reading books or magazines.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
7. Playing a musical instrument.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
8. Doing artwork or crafts.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Riding or driving cars, buses, or trains.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

ID NUMBER:								
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FORM CODE: SDE
VERSION: A 10/13/10

Contact
Occasion

0	1
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SEQ #

0	1
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Section B:

On a typical WEEKEND day, how much time do you spend...(from when you get up, until you go to bed)

	None	15 min or less	30 min	1 hr	2 hr	3 hr	4 hr	5 hr	6 hr or more
10. Watching television (including videos on VCR/DVD).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
11. Playing computer or video games.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
12. Sitting and listening to music on the radio, tapes, or CDs.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
13. Sitting and talking on the phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
14. Doing paperwork or computer work (office work, emails, paying the bills, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
15. Sitting and reading books or magazines.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
16. Playing a musical instrument.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
17. Doing artwork or crafts.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
18. Riding or driving cars, buses, or trains.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

HCHS/SOL SOLNAS Ancillary Study PHANTOM Form

ID NUMBER:								
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FORM CODE: SPF
VERSION: A 10/4/11

Contact Occasion		
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SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
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0b. Staff ID:

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Instructions: Use this form to assign a phantom ID for Participants selected for QC sample in Q5 and Q16 on the VSE form. Visit 1-contact occasion 01. Visit 3 –contact occasion 03.

1. Phantom ID number:

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Affix Phantom ID label:

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Urine Collection Worksheet for Staff HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									
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FORM CODE: SUC
VERSION: A 10/27/10

Contact Occasion		
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SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form

1. Bottle #1

1.a *At SOLNAS Visit 1 (or Visit 3): Transcribe weight of 24-hour urine collection Bottle # 1 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).*

A = Bottle #1 without urine

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 grams

1.b *At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 1 as received by participant before any urine has been removed for processing.*

B = Bottle #1 with urine

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 grams

1.c *At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #1.*

C = B – A = Urine from Bottle #1

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 grams

2. Bottle #2

2.a *At SOLNAS Visit 1 (or Visit 3): Transcribe weight of 24-hour urine collection Bottle # 2 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).*

D = Bottle #2 without urine

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 grams

2.b *At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 2 as received by participant before any urine has been removed for processing.*

E = Bottle #2 with urine

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 grams

ID NUMBER:								
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FORM CODE: SUC
VERSION: A 10/27/10

Contact Occasion		
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SEQ #	0	1
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2.c At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #2.

F = E - D = Urine from Bottle #2

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 grams

3. Total Weight of 24-Hour Urine Collection

At SOLNAS Visit 2 (or 4) :Add the weight of Urine from Bottle #1 (C) to the weight of Urine from Bottle #2 (F)

G = C + F = Urine from Bottle #1 plus Urine from Bottle #2

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 grams

Action Item: Record the *Total Weight of the 24-Hour Urine Collection (G)* on *Visit 2 Form (or Visit 4 Form)* in Question re: (Total Weight of 24-Hr Urine).

Telephone Screening Questionnaire HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									
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FORM CODE: TSE
VERSION: A 5/17/11

Contact Occasion

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SEQ #

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: Use SOLNAS telephone script and MOP instructions for completion of this form.
Use appropriate ancillary study recruitment or scheduling script when completing this form.

Check Form:

Visit 1
Visit 3

For Visit 1 only

A. Basic Eligibility information

1. Does the participant prefer Spanish or English?

Neither language 0 → **INELIGIBLE**
Spanish 1
English 2

2. Has second 24 Hour Dietary Recall Interview from SOL study been completed?

No 0 **Go to Question 19**
Must complete before ancillary study interview
(Please read second 24 hr dietary recall MOP instructions)

Yes 1

For Visit 1 and Visit 3

B. Screening Questionnaire

3. Gender: Male 1 → **Go to Question 6**
Female 2

Females Only

4. Are you pregnant or planning to become pregnant in the next six months?

No 0
Yes 1 **INELIGIBLE** (I'm sorry, we are not able to include women who are pregnant or planning to become pregnant because we can only include participants whose weights are stable and not changing as in pregnancy.)

5. Are you breastfeeding or planning to breastfeed in the next six months?

No 0
Yes 1 **INELIGIBLE** (I'm sorry, we are not able to include women who are breastfeeding because we can only include participants whose weights are stable and not changing as in pregnancy.)

ID NUMBER:									
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FORM CODE: TSE
VERSION: A 5/17/11

Contact
Occasion

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SEQ #

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Males and Females

6. Do you take insulin or any other medication for diabetes?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who have diabetes that must be controlled with insulin or any other medication for diabetes. Unfortunately, diabetes can have an effect on the tests we will be doing. Thank you very much for your time and interest.)

7. Do you take any medications that are required to be taken with food?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who need to take their medication with food as this may interfere with fasting for corresponding visit (Visit 1 or Visit 3). Thank you very much for your time and interest.)

8. Do you routinely receive supplemental oxygen?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)

9. Do you have problems with bladder control that may make it difficult for you to collect urine?

No 0 Go to question 10

Yes 1

a. Do you need or wear special undergarments for bladder control?

No 0

Yes 1

INELIGIBLE (I am sorry, we are not able to include participants who use special undergarments for bladder control because a complete urine collection is important for accurate tests. Thank you very much for your time and interest.)

b. Do you take any medications to control bladder function? (e.g. Detrol™)

No 0

Yes 1

INELIGIBLE (I am sorry, we are not able to include participants who take bladder control medication due to the potential difficulty in collecting spot urine specimens at time intervals. Thank you very much for your time and interest.)

10. Have you tried to lose or gain weight during the past four weeks, by decreasing your food intake and/or increasing physical activity?

No 0 Go to question 11

Yes 1

a. Have you lost or gained more than 15 pounds during the past four weeks?

No 0

Yes 1

INELIGIBLE (I'm sorry, we cannot include participants who are gaining or losing weight since changes in weight affect energy measurements. Thank you very much for your time and interest.)

ID NUMBER:									
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FORM CODE: TSE
VERSION: A 5/17/11

Contact Occasion			SEQ #		
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11. Have you gained or lost weight without trying during the past four weeks?

- No 0 Go to question 12
Yes 1

a. Have you lost or gained more than 15 pounds during the past four weeks?

- No 0
Yes 1 **INELIGIBLE** (*I'm sorry, we cannot include participants who are gaining or losing weight since changes in weight affect energy measurements. Thank you very much for your time and interest.*)

12. Are you starting new medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics that are used irregularly?

- No 0
Yes 1 **INELIGIBLE** (*I'm sorry, these medications affect energy measurements. Thank you very much for your time and interest.*)

13. Are you interested in participating in this study?

- No 0 **INELIGIBLE** (Thank you very much for your time and interest in this study)
Yes 1 Let's schedule your appointments now.

a. Your first visit is on (*Appointment Date*): / /

at *Appointment Time*: : (*am, pm*)

(*Please bring any dietary supplements you currently use with you and remember to fast for at least 4 hours prior to your arrival.*)

b. Can you schedule an appointment between (*read the 11 to 13 day window*) for the corresponding visit (Visit 2 or Visit 4)?

- No 0 Go to Q 13.a. and reschedule corresponding visit (Visit 1 or Visit 3).
Yes 1

c. Your second visit is on (*Appointment Date*): / / (*Schedule appointment 12 days after corresponding visit (Visit 1 or Visit 3). If unable on that date, try 11 days after or 13 days after visit 1 or visit 3. If either date does not work-see Manual of Operations regarding collection of urine at home on Day 13 and later visit 2 or 4 date.*)

Appointment Time: : (*am, pm*)

(*You will need to fast for 12 hours prior to your arrival.*)

d. Can you collect *all* urine for a 24-hour period one day before your next SOLNAS visit (Visit 2 or 4)? (*Mention the date of 24-hour urine collection*).

- No 0 (*We will have to reschedule both SOLNAS visits again. The 24-hour urine collection has to be done one day before your SOLNAS Visit 2 or 4*) Go to Q13.a and reschedule Visit 1 or 3.
Yes 1

ID NUMBER:								
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FORM CODE: TSE
VERSION: A 5/17/11

Contact Occasion			SEQ #		
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Before we confirm the SOLNAS visits, I have to ask you two more questions to make sure you are eligible for the study.

14. Are you expecting to receive blood transfusions or intravenous fluids during the two weeks before or after your corresponding SOLNAS visit (Visit 1 or Visit 3)? This includes IV fluids you might receive if you are scheduled for a colonoscopy? (Do you have any scheduled procedures where receiving blood or intravenous fluids are a part of the procedure?)

No 0
Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who will receive blood transfusions or intravenous fluids during this time period because they will affect the study measurements. Thank you very much for your time and interest.)

15. Will you be traveling 200 miles (or more) from home during the two weeks before or after your corresponding SOLNAS visit (Visit 1 or Visit 3)?

No 0 Read Section C
Yes 1

a. Would you be willing to reschedule your travel plans to participate in this study?

No 0 **INELIGIBLE** (I'm sorry, we are not able to include participants who will be this far away from home during this time period since differences in the content of local drinking water will affect study measurements. Thank you very much for your time and interest.)

Yes 1 **ELIGIBLE** (Thank you. We appreciate your willingness to change your travel plans so that you can participate in this special study.) Read Section C.

C. Congratulations, you are eligible to participate in the Hispanic Community Health Study/Study of Latinos (SOL) Nutrition and Physical Activity Assessment Study. (Briefly review the information for the visits) (Thank you for your participation in this study. We will see you on your first visit on (appointment date and time.))

D. Demographic Information

16. Age:

17. Hispanic/Latino background from PIE/PIS

- Dominican or Dominican Descent 0
- Central American or Central American descent 1
- Cuban or Cuban descent 2
- Mexican or Mexican descent 3
- Puerto - Rican or Puerto Rican descent 4
- South American or South American descent 5
- More than one heritage 6
- Other 7

If other, please specify: _____

ID NUMBER:								
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FORM CODE: TSE
VERSION: A 5/17/11

Contact Occasion		
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SEQ #		
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18. Self identification of racial group from PIE/PIS

- American Indian or Alaskan Native 1
- Asian 2
- Native Hawaiian or Other Pacific Islander 3
- Black or African – American 4
- White 5
- More than one race 6
- Unknown or Not reported 9

E. Final Disposition

19. Individual Participation Status:

- Refuses to participate 1 **End interview**
- Unable to contact, status unknown 2
- Ineligible 3 → **INELIGIBLE, closing script**
- Agrees to participate 4 → **ELIGIBLE, schedule visit**

COMPLETE FINAL DISPOSITION ON SOLNAS Checklist Form

Record Sheet for 24-hour Urine Collection HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: UCE
VERSION: A 11/10/10

Contact Occasion

SEQ #

0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Participant: Follow instructions attached with this form.

1. Start of collection:
 - 1.a Date: //
 - 1.b Time: : AM PM *(This is the time when you discard your first urine, after which you start the collection.)*
2. Time of first PABA-B-Vitamin tablet: : AM PM
3. Time of second PABA-B-Vitamin tablet: : AM PM
4. Time of third PABA-B-Vitamin tablet: : AM PM
5. End of Collection:
 - 5.a Date: //
 - 5.b Time: : AM PM *(24 hours after the "Start". Include this urine in the collection.)*

Problems if any (such as spilled urine, missed urine collections, or diarrhea):

Please mark "no" or "yes" (or write a number for Question 7) for each question below.

6. Did you miss any urine collections?

No 0

Yes 1
7. If you missed urine collections, how many did you miss?
8. Were you away from home during the collection period?

No 0

Yes 1

ID NUMBER:								
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FORM CODE: UCE
VERSION: A 11/10/10

Contact
Occasion

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SEQ #

0	1
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9. If you were away from home, were you able to collect your urine?

No 0

Yes 1

10. Were you able to collect your urine during the night?

No 0

Yes 1

11. Did you have any diarrhea during the collection period?

No 0

Yes 1

12. Did you spill any urine when pouring it into the bottle?

No 0

Yes 1

THANK YOU!

Shipment to UMN Lab Form HCHS/SOL SOLNAS Ancillary Study

Center ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: UMN
VERSION: A 1/19/12

Styrofoam Box
Contact Occasion:

<input type="text"/>	<input type="text"/>
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Specimen Storage Box (SEQ #):

<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Shipment Date: //

0b. Staff ID:

Instructions: Enter Lab ID # in the order in which the samples are placed in the specimen storage box. Make sure you place the first sample vial for each participant LabID in the correct location, see MOP for details (position 81 will always be empty). Select the collected samples to be shipped for each LabID. Print shipping form and affix extra corresponding participant LabID with barcode. Make copies of the form, send a copy to the CC, keep one for your records and ship original with samples to Central Lab.

Lab ID Number

Affix LabID Label

1.

Plasma Vials: #1: V10 #2: V11 #3: V12
 Serum Vials: #4: V00 #5: V01 #6: V02 #7: V03
 24 hr Urine: #8: V60 #9: V61 #10: V62

2.

Plasma Vials: #11: V10 #12: V11 #13: V12
 Serum Vials: #14: V00 #15: V01 #16: V02 #17: V03
 24 hr Urine: #18: V60 #19: V61 #20: V62

3.

Plasma Vials: #21: V10 #22: V11 #23: V12
 Serum Vials: #24: V00 #25: V01 #26: V02 #27: V03
 24 hr Urine: #28: V60 #29: V61 #30: V62

4.

Plasma Vials: #31: V10 #32: V11 #33: V12
 Serum Vials: #34: V00 #35: V01 #36: V02 #37: V03
 24 hr Urine: #38: V60 #39: V61 #40: V62

ID NUMBER:								
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FORM CODE: UMN
VERSION: A 1/19/12

Contact
Occasion

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SEQ #

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Lab ID Number

Affix Label

5.

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Plasma Vials: #41: V10 #42: V11 #43: V12
Serum Vials: #44: V00 #45: V01 #46: V02 #47: V03
24 hr Urine: #48: V60 #49: V61 #50: V62

6.

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Plasma Vials: #51: V10 #52: V11 #53: V12
Serum Vials: #54: V00 #55: V01 #56: V02 #57: V03
24 hr Urine: #58: V60 #59: V61 #60: V62

7.

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Plasma Vials: #61: V10 #62: V11 #63: V12
Serum Vials: #64: V00 #65: V01 #66: V02 #67: V03
24 hr Urine: #68: V60 #69: V61 #70: V62

8.

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Plasma Vials: #71: V10 #72: V11 #73: V12
Serum Vials: #74: V00 #75: V01 #76: V02 #77: V03
24 hr Urine: #78: V60 #79: V61 #80: V62

VISIT 1 or 3 ELIGIBILITY Form

HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: VEE
VERSION: A 5/17/11

Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 1 or Visit 3. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form:

Visit 1

Visit 3

2. Participant is: Male 1 **Go to question 5**

Female 2

3. Are you pregnant or planning to become pregnant in the next six months?

No 0

Yes 1 **INELIGIBLE**

4. Are you breastfeeding or planning to breastfeed in the next six months?

No 0

Yes 1 **INELIGIBLE**

Males and Females

5. Have you taken insulin or any other medication for diabetes since we last talked by phone?

No 0

Yes 1 **INELIGIBLE**

6. Have you received supplemental oxygen during the past two weeks?

No 0 **Go to question 7**

Yes 1 *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because supplemental oxygen will affect study measurements.)*

6.a. Are you willing to reschedule?

No 0 **Refuse to Reschedule**

Yes 1 **RESCHEDULE**

ID NUMBER:								
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7. Have you received blood transfusions or intravenous fluids during the past two weeks?
(e.g. Had a colonoscopy or other medical procedure using IV fluids during the past two weeks?)
- No **Go to question 8**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because blood transfusions or intravenous fluids will affect study measurements.)*
- 7.a. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
8. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?
- No **Go to question 9**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because these medications will affect study measurements.)*
- 8.a. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
9. Have you traveled more than 200 miles (one-way) away from home during the past two weeks?
- No **Go to question 10**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because differences in the content of local drinking water will affect study measurements.)*
- 9.a. Location of travel: _____
(Confirm on the Internet that destination is 200 miles or further away from field center)
- 9.b. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
10. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past four hours?
- No **Go to question 11**
- Yes
- 10.a. Are you willing to wait to start the SOLNAS procedures until it has been 4 hours since you have eaten?
- No
- Yes **Go to question 10.b**

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10.a.1. Are you willing to reschedule your SOLNAS appointment?

No 0 **Refuse to Reschedule**

Yes 1 **RESCHEDULE**

10.b. When did you last eat or drink anything except water or non-caloric, decaffeinated beverages?

10.b.1 Note time when participant last ate or drank: : __ __ (am/pm)

10.b.2 Note time when the 4-hour SOLNAS fast will be complete:

: __ __ (am/pm)

*(Escort the participant to a suitable waiting area until the participant has completed the 4-hour SOLNAS fasting period. After **the 4-hour fast is finished**, mark "Eligible" on question 11.)*

11. Visit Eligibility Summary

- Ineligible 0 *(Thank the participant and excuse him/her from further SOLNAS questions.)*
Refused to Reschedule 1 *(Thank the participant and excuse him/her from further SOLNAS questions.)*
Eligible 2 *(Ask the participant to empty his/her bladder and then start the SOLNAS consent procedures with the participant)*
Pending scheduling 3
Reschedule 4

11.a. Appointment Date: //

11.b. Appointment Time: : __ __ (am/pm)

(Thank the participant and excuse him/ her from further SOLNAS questions for the day.)

Visit 1 or Visit 3 Form HCHS/SOL SOLNAS Ancillary Study

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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form:
- Visit 1
- Visit 3

2. SOLNAS Consent Signed:
- No **INELIGIBLE** (Thank the participant and end the visit.)
- Yes **ELIGIBLE**

3. HEIGHT AND WEIGHT: Staff ID

3.a Height: . cm

3.b Weight: . kg

3.c Calculate DLW dosage:
Weight in kg X 1.4 = . g of DLW

4. Visit Lab ID:

5. Is participant in QC Sample?
- No **Go to Question 6**
- Yes Enter QC Lab ID#:

For participants in QC sample only: Collect double the samples of urine for Time 0, 3 and 4

6. TIME 0 (Fasting) Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 0" label.

6.a. URINE COLLECTION Time: : (am, pm)

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CAUTION – Do not administer DLW unless fasting urine is complete.

7. DOUBLY LABELED WATER DOSING:

Staff ID

7.a DLW Dose Weight: . g (Note: Q 7.a. should not be 10 grams more than Q 3.c. If difference is higher than 10 g, see SOLNAS Manual of Operations)

7.b DLW Lot Number: --SO

7.c Time of DLW Dose: : (am, pm)

7.d DLW Spillage: No 0

Yes 1 (Follow protocol for DLW spillage)

8. TIME 1 – One Hour After DLW: Was **Meal Replacement Beverage (MRB)** Consumed?

No 0 **Go to question 9.**

Yes 1 Amount: mL Time: : (am, pm)

9. TIME 2 – Two Hours After DLW:

(Make sure participant voids bladder. Note: urine is not collected.)

Bladder voided: No 0

Yes 1 Time: : (am, pm)

10. TIME 3 - Three Hours After DLW:

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 3" label.

10a. Time Collected: : (am, pm)

ID NUMBER:

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11. TIME 3 BLOOD DRAW

Staff ID

11.a Participant's Age: Less than 60 (Blood draw not required) **Go to Question 12**
60 or older Perform blood draw (date of birth is on or before today's date in 1951)

No=0
Yes=1
(proceed)

- | | | | |
|-------|--|--------------------------|--------------------------|
| 11.b. | 10 mL Lavender <u>dry</u> EDTA vacutainer | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.c. | One 1.75 mL (in one 2 mL cryovial) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.d. | Label "SOLNAS corresponding Visit" Number 40 | <input type="checkbox"/> | <input type="checkbox"/> |

11.e. Time of Draw: : (am, pm)

12. OTHER BEVERAGES CONSUMED

(No more than 250 mL per hour between hour 2 and hour 4.
Offer second beverage only if needed to produce urine specimen.)

12.a Beverage 1 Amount: mL (If none, enter 0)
Time: : (am/ pm)

12.b Beverage 2 Amount: mL (If none, enter 0)
Time: : (am, pm)

12.c Beverage 3 Amount: mL (If none, enter 0)
Time: : (am/ pm)

12.d Beverage 4 Amount: mL (If none, enter 0)
Time: : (am, pm)

13. TIME 4 - Four Hours After DLW

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).
Use "SOLNAS Urine corresponding Visit Time 4" label.

13.a. Time Collected: : (am, pm)

ID NUMBER:							
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		SEQ #		
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14. PABA (B-Vitamin) tablets for 24-hour urine collection

Is participant hypersensitive to PABA-containing sunscreens or allergic to PABA?

No 0 (Keep the three PABA (B-Vitamin) tablets in the 24-hour urine collection kit.)

Yes 1 (Remove the three PABA (B-Vitamin) tablets from the 24-hour urine collection kit.)

14.a. Are the three PABA (B-Vitamin) tablets removed from the 24-hour urine collection kit?

No 0 Yes 1

15. SPECIMEN INVENTORY CHECKLIST: (If the participant is under age 60, mark "No=0" for the plasma specimen. For all others "No=0; Yes=1".)

	Tube #	Specimen	Collected? "No=0; Yes=1"
15.a	30	Time 0 Urine	<input type="checkbox"/>
15.b	33	Time 3 Urine	<input type="checkbox"/>
15.c	34	Time 4 Urine	<input type="checkbox"/>
15.d	40	Plasma 60 y.o.	<input type="checkbox"/>

16. QUALITY CONTROL INVENTORY CHECKLIST: (Only if participant answered "yes" to question 5) ("No=0; Yes=1")

	Tube #	Specimen	Collected? "No=0; Yes=1"
16.a	30	Time 0 Urine	<input type="checkbox"/>
16.b	33	Time 3 Urine	<input type="checkbox"/>
16.c	34	Time 4 Urine	<input type="checkbox"/>

If specimen collection is incomplete, please explain:

Visit 2 or Visit 4 Form HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:	□	□	□	□	□	□	□	□	□
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Contact Occasion	□	□	SEQ #	□	□
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ADMINISTRATIVE INFORMATION

0a. Completion Date: □□/□□/□□□□

0b. Staff ID: □□□

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form: Visit 2 Visit 4

2. Weight: Staff ID □□□

a. Weight: □□□. □ kg

b. Used Same Scale for Prior Visit Weight? No Yes

3. Visit Lab ID: □□□□□□□□

4. Is participant in QC Sample? No **Go to Question 5**
Yes Enter QC Lab ID#: □□□□□□□□

For participants in QC sample only: Collect double the samples of spot urine for Time 0 and 1, 24hr urine collection and blood.

5. TIME 0 (Fasting) URINE COLLECTION Staff ID □□□

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials). Use "SOLNAS Urine corresponding Time 0" label.

a. Time Collected: □□ : □□ (am, pm)

b. Collection Date: □□/□□/□□□□

Indirect Calorimetry may occur before or after the fasting blood draw.

ID NUMBER:									
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FORM CODE: VTE
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Contact Occasion

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SEQ #

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6. TIME 0 (Fasting) BLOOD DRAW

Staff ID

a. 6 mL Royal Blue vacutainer

Four 0.5 mL (minimum) serum (in four 2 mL cryovials)

Label "SOLNAS Visit" Number 00, 01, 02, 03

(If participant is in the QC sample, use two 6 mL Royal Blue vacutainers. Collect eight 0.5 mL (minimum) in eight 2mL cryovials).

No

Yes (proceed)

b. 10 mL Lavender dry EDTA vacutainer

Three 0.5 mL (minimum) plasma (in three 2 mL cryovials)

Label "SOLNAS Visit" Number 10, 11, 12

(If participant is in the QC sample, use one 10 mL Lavender dry EDTA vacutainer. Collect six 0.5 mL (minimum) in six 2 mL cryovials).

No

Yes (proceed)

c. For participants 60 years or older **ONLY** (date of birth is on or before today's date in 1951)

One 1.75 mL plasma (in one 2mL cryovial)

Label "SOLNAS Visit" number 20

(For participants 60 years or older in the QC sample: Do not collect a second blood sample of 1.5 mL for participants. Use two 10 mL Lavender dry EDTA vacutainers to collect all plasma specimens).

No

Yes (proceed)

d. Time of Draw: : (am, pm)

Staff ID

e. Collection Date: //

7. 24-HOUR URINE COLLECTION AND PROCESSING

Staff ID

(Record the total volume in 7.a. Centrifuge and aliquot according to the list below.)

a. Total Weight: . grams

b. 10 mL Tube for centrifuging

Three 1.75 mL (in three 2mL cryovials)

Label "SOLNAS Visit" Number 60, 61, 62

(If participant is in the QC sample, collect six 1.75 mL in six 2 mL cryovials)

No

Yes (proceed)

c. Collection Date: //

ID NUMBER:								
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SEQ #

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8. PABA (B-Vitamin) Adherence

a. Did the 24-hour urine kit contain the 3 PABA (B-Vitamin) tablets at the prior Visit?

No 0 **Go to question 9.**

Yes 1

b. How many PABA (B-Vitamin) tablets did the participant take (*check which one applies*)?

0 tablets 0

1 tablet 1

2 tablets 2

3 tablets 3

Don't know 9

c. Did the participant take any acetaminophen (for example, Tylenol®) during the urine collection?

No 0

Yes 1

Don't know 9

d. Did the participant take any vitamins, other than the PABA (B-Vitamin) tablets, during the urine collection?

No 0

Yes 1

Don't know 9

9. **TIME 1 URINE COLLECTION** – One Hour After Fasting Urine

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2 mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 1" label.

a. Time Collected: : (am, pm)

b. Collection Date: / /

10. SPECIMEN INVENTORY CHECKLIST ("No=0; Yes=1")

	Tube #	Specimen	Collected? "No= 0, Yes=1"
10.a.	00	Serum #1	<input type="checkbox"/>
10.b.	01	Serum #2	<input type="checkbox"/>
10.c.	02	Serum #3	<input type="checkbox"/>
10.d.	03	Serum #4	<input type="checkbox"/>
10.e.	10	Plasma #1	<input type="checkbox"/>
10.f.	11	Plasma #2	<input type="checkbox"/>
10.g.	12	Plasma #3	<input type="checkbox"/>
10.h.	20	Plasma #4 (60y.o. or older)	<input type="checkbox"/>

ID NUMBER:									
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SEQ #

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	Tube #	Specimen	Collected? "No= 0, Yes=1"
10.i.	50	Time 0 Urine	<input type="checkbox"/>
10.j.	51	Time 1 Urine	<input type="checkbox"/>
10.k.	60	24hr Urine #1	<input type="checkbox"/>
10.l.	61	24hr Urine #2	<input type="checkbox"/>
10.m.	62	24hr Urine #3	<input type="checkbox"/>

11. QUALITY CONTROL SPECIMEN INVENTORY CHECKLIST (Only if participant answered "yes" to question 4) ("No=0; Yes=1")

	Tube #	Specimen	Collected? "No= 0, Yes=1"
11.a.	00	QC Serum #1	<input type="checkbox"/>
11.b.	01	QC Serum #2	<input type="checkbox"/>
11.c.	02	QC Serum #3	<input type="checkbox"/>
11.d.	03	QC Serum #4	<input type="checkbox"/>
11.e.	10	QC Plasma #1	<input type="checkbox"/>
11.f.	11	QC Plasma #2	<input type="checkbox"/>
11.g.	12	QC Plasma #3	<input type="checkbox"/>
11.h.	50	QC Time 0 Urine	<input type="checkbox"/>
11.i.	51	QC Time 1 Urine	<input type="checkbox"/>
11.j.	60	QC 24hr Urine – #1	<input type="checkbox"/>
11.k.	61	QC 24hr Urine – #2	<input type="checkbox"/>
11.l.	62	QC 24hr Urine – #3	<input type="checkbox"/>

If specimen collection is incomplete, please explain:

12. Consent for Future SOLNAS Contact: Declined 0
Accepted 1
N/A 9

Visit 2 or 4 Participant Update Worksheet HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 2 or Visit 4. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check form
 Visit 2
 Visit 4

2. Have you taken insulin or any other medication for diabetes since we last talked by phone?
 No 0
 Yes 1 **INELIGIBLE**

3. Have you received supplemental oxygen during the past two weeks?
 No 0 **Go to question 4.**
 Yes 1

3.a. Reason for supplemental oxygen: _____

3.b. Dates of supplemental oxygen:
 From: / /
 To: / /

- 3.c. Are you receiving supplemental oxygen on a permanent basis?
 No 0 **Go to question 3.d** *(Let the participant know that the corresponding SOLNAS Visit 2 or Visit 4 appointment will need to be rescheduled two weeks after temporary treatment is completed. This is because supplemental oxygen will affect study measurements).*

 Yes 1 **INELIGIBLE** *(I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)*

- 3.d. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after temporary treatment is completed?

 No 0 **Refuse to Reschedule**
 Yes 1 **RESCHEDULE Visit 2 or Visit 4**

ID NUMBER:									
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Occasion

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SEQ #

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4. Have you received blood transfusions or intravenous fluids during the past two weeks?" (e.g. Had colonoscopy or other medical procedures using IV fluids during the past two weeks?)

No 0 **Go to question 5.**
Yes 1

4.a Reason for blood transfusion or intravenous fluids: _____

4.b Dates of blood transfusion or intravenous fluids:

From:

		/			/				
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To:

		/			/				
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4.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after the blood transfusion or intravenous fluids treatment is completed?

No 0 **Refuse to Reschedule**
Yes 1 **RESCHEDULE Visit 2 or Visit 4**

5. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?

No 0 **Go to question 6.**
Yes 1

5.a. Reason for taking these medications: _____

5.b Dates of medication:

From:

		/			/				
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To:

		/			/				
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5.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) after weight is stabilized?

No 0 **Refuse to Reschedule**
Yes 1 **Pending Scheduling Visit 2 or Visit 4**

6. Have you traveled more than 200 miles (one-way) away from home during the past two weeks?

No 0 **Go to question 7.**
Yes 1

6.a . Note the participant's date (s) of travel: _____

From:

		/			/				
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To:

		/			/				
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6.b. Location of travel:

(*Confirm on the Internet that destination is 200 miles or further away from field center*)

6.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after return from travel?

No 0 **Refuse to Reschedule**
Yes 1 **RESCHEDULE Visit 2 or Visit 4**

ID NUMBER:									
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7. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past twelve hours?

- No 0 Complete corresponding SOLNAS Visit tasks. (End)
Yes 1

7.a Are you willing to wait to start the SOLNAS blood draw and indirect calorimetry until it has been 12 hours since you have eaten? (We can still collect the last two urine samples).

- No 0
Yes 1 **Go to question 7.b.**

7.a.1 Are you willing to reschedule your SOLNAS blood draw and indirect calorimetry?

- No 0 Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry**). (End)
Yes 1 Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry**). **RESCHEDULE blood draw and indirect calorimetry** (Reschedule participant up to Day 20).

7.b (Ask participant when he/she last ate or drank anything except water or non-caloric, decaffeinated beverages.)

Time when participant last ate or drank: : (am/pm)

7.b.1 Time when the 12-hour SOLNAS fast will be complete: : (am/pm)

Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry until 12-hour fast is complete**).

8. Visit Eligibility Summary

- Ineligible 0 (Thank the participant and excuse him/her from further SOLNAS questions.)
Refused to Reschedule 1 (Thank the participant and excuse him/her from further SOLNAS questions.)
Eligible 2 (Start the corresponding SOLNAS Visit procedures with the participant.)
Pending scheduling 3
Reschedule 4

8.a. Appointment Date: //

8.b. Appointment Time: : __ __ (am/pm)