12	11	10	9	8	7	6	ST.	4	ω	2	NO. TIME Hour Min. TOODS and BEVERAGES	PLACE 1 = Home WAS FAT	Keypuncher: For first oard below punch D 3 2 (1-5	* If an answer marked with an asterisk is circled please make an explanatory comment		Doubtful or unreliable? 2	13. Interviewer's opinion of information: 14. Inte	ly? 9 (44) Uncertain or unknown 9	ork or school day? 1 Typical ay off? 2 Unusual*	9. Was vesterday a: 10. Yesterday's intake was:			3. Last Name:	(1-5) Subject ID Number (6-14)	D W W 3 1 1	
											AMOUNT	ADDED? No = 1 $Y_{es} = 2$	for suc	se make an explanatory comment at the bottom of this page.	ials (57)	2	is data 16. mibed?	(45) otherwise conti-	Prevention Trial special diet? Subject not at No 1 Weight Visit 1, 90 to	3-34) (33-36)	Г		4. Initials 5. Time of arising 6. Time of meal (d)		74014	ONE DAY DIETARY RECALL VERSION 3
											FOOD	FREQUENCY	tie columns 1-16		LRC (60) (61-63) (78-80)		Code Number: 17. Person responsible for NHLI food codes: number used: (58)	 2 (48) Low cholesterol? 1 2 (51)	ducing? 1 2 (47) Fat modification? 1	— Weekday 4 (37) (38-43)	Holiday 3	Sunday	Time of evening 7. Yesterday was: 8. medi (day before Friday 1	(15-16) Month (17-22) Year		1. If Prevention Subject enter visit number; if Prevalence Subject enter RL for a recall o.M.B. 68-\$73044 68-\$72041 or RD for a record.

7-18																	<u>v</u>	E M	Keypuncher:		D & & 3 3	
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	there is a continuation sheet															FOODS and BEVERAGES		WAS FAT ADDED?	For first card below punch DBB32	Subject ID Number (6-14)		
	sheet +															AMOUNT		No =	(1-5) and		CONT	ONE DAY
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																Total account of the second of	COMPLETE DESCRIPTION		and duplicate columns 6-16; for succeeding cards duplicate columns 1-18		PAGE If Provisit enter	ONE DAY DIETARY RECALL Page
2																	z		ng car		vention Subject enter number; if Prevalence RL for recalls or RD roads (item 1 page)	of
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COMMENTS: (Give question or line number when appropriate)

110	100	090	080	070	060	050	040	030	020	010	NO. NO. Hour Min.	PLACE 1 = Home 2 = Away A = am P = cm	nch.	marked with an asterisi	RECORD: NCC (59-60)	14. Person responsible for coding:	Friday 6 If "No," go to question 10 otherwise ask question 9b.	Thursday 5 Yes 2	зу 4			8. Yesterday was: If subject is a Pr		3. Last Name:	Subject ID Number (6-14)	(1-5)	D	
											FOODS and BEVERAGES	WAS FAT ADDED?	blb 4 2 (1-5), duplicate columns 6-16 and leave	circle	Initials	e coding:	Low cholesterol? Other?*	(44) Fat modification?	Diabetic? 1 Bland? 1		, of diets?	(23-34) 9b. Are you on any of		4. Initials:	5-14)		9	
										-	AMOUNT COMPLETE	9 = Unknown	17-39 blank;	ry comment at the bottom of this page.	(61-62) (63-64)	15. Current codebook edition:	*	(48)	 (45) a. Was subject's recall: (47) Reliable 	(45) 11.	Yes (Don't include eggs used in cooking)	kinds 10. How many eggs do		<pre>lals: 5. Time of evening 2nd</pre>		74148	ONE DAY DIETARY RECALL VERSION 4	
											DESCRIPTION	_	for succeeding cards duplicate 1-39.	page.	Month (65-70)	k 16. Date of coding:	meals? 2 ? Specify 3*	substantial part	call:	•	ed in cooking) (51-52)	vou eat a week?	BEFOR	6. Time of arising con	(15-16)		1. If Prevention Subject enter visit number; if Prevalence Subject enter RL for a recall or RD for a record	
												NHLI EREQUENCY			Year	17. last record number	13. Transcriber: If none, mark through with horisontal slash.	Initials:	12. Recall interviewer:	Considerably less than usual?		QUESTIONS 8-15	BEFORE COMPLETING	CONDUCT RECALL	Month		0. M.	
											PREP. FAT NOT	2			(71-73)	used:	Initials: Code Number	(\$5-56)	Code Number		ubject? 1	For CPR Use Only (37-42)			(17-22) / Year		B. 68-S73044 68-S72041 Date of Visit:	

	40 43 COMMENTS: (Give question o											NO. NO. Hour Min.	A 5	Keypuncher: For first o	(1-5) Subject I	D Y B 4 3		
	(Give question or line number when appropriate)	Enter "*" If there is a continuation page.										FOODS and BEVERAGES		For first card below punch Dy \$ 4 2	Subject ID Number (6-14)			
	52	ontinuation page										AGES AMOUNT	DED?	1	74148	VERSION 4	CONTINUATION PAGE	ONE DAY DIETARY RECALL
Peripheral Coding Copy ,	~ (COMPLETE DESCRIPTION		columns 6-16				
		53											NHLI	and leave 17-39 blank; j	(15-16)	for record	If Prevention Subject e if Prevalence enter RL	Page of
		58 60 62										Whole mai	.I FREQUENCY FOOD	for succeeding cards		page 1)	Subject enter visit number; enter RL for recalls or	O.M.B. 68-573044
		64 67										CODE	O PREP. FAT	de duplicate 1-39.	(43-45)		Record Number	68-S720 41
		71				. 5 T.		(1) (1)		1		USE	NOT O					