



# DIETARY INTAKE FORM

ID NUMBER:

CONTACT YEAR:  0  7

FORM CODE:  D  T  I

VERSION: C 09/09/92

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 15 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**Instructions:** This form is completed during the interview portion of the participant's visit. ID Number, Name and Contact Year are entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly on the paper form, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle or write in the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"In this part of the clinic visit we want to obtain information on your usual eating habits. We will go over specific foods by groups. I'll name a food and a portion size and you tell me how often, on average, you ate that during the past year.

If your portion was much different from the amount I say, please tell me if it was at least twice as much, or half as much. We have a few sizes of cups and glasses here for reference. Here are the choices for "how often" (show RC 1). The choices are number of times a day or week or month. Please respond with the appropriate letter. For example, "once a day" would be "D". If you ate or drank something less than twelve times a year, that would be the same as "less than once a month," which is "I".

It is important that your answer be short in order to save time, but we want you to be as accurate as possible. If we miss food items that you usually eat, we will list those at the end. Feel free to ask questions or have me repeat instructions if I am not being clear."

**Dietary Intake Form (DTIC screen 1 of 15)**

Response Categories:	> 6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost never (I)
<b>A. DAIRY FOODS [RC 1]</b>			
"In the past year, how often on average did you consume..."			
1. Skim or low fat milk; 8 oz. glass .....	<input type="checkbox"/>		
2. Whole milk; 8 oz. glass .....	<input type="checkbox"/>		
3. Yogurt; 1 c. ....	<input type="checkbox"/>		
4. Ice cream; 1/2 c. ....	<input type="checkbox"/>		
		5. Cottage cheese or ricotta cheese; 1/2 c. ....	<input type="checkbox"/>
		6. Other cheeses, plain or as part of a dish; 1 slice or serving .....	<input type="checkbox"/>
		7. Margarine or a margarine/butter blend; pats added to food or bread .....	<input type="checkbox"/>
		8. Butter; pats added to food or bread .....	<input type="checkbox"/>

**Dietary Intake Form (DTIC screen 2 of 15)**

Response Categories:	> 6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost never (I)
<b>B. FRUITS [RC 1]</b>			
"In the past year, how often on average did you consume..."			
9. Fresh apples or pears; 1 .....	<input type="checkbox"/>		
10. Oranges; 1 .....	<input type="checkbox"/>		
11. Orange or grapefruit juice; small glass .....	<input type="checkbox"/>		
12. Peaches, apricots or plums; 1 fresh or 1/2 c. canned or dried .....	<input type="checkbox"/>		
		13. Bananas; 1 .....	<input type="checkbox"/>
		14. Other fruits; 1 fresh or 1/2 c. canned, including fruit cocktail .....	<input type="checkbox"/>
<b>C. VEGETABLES [RC 1] -- Portion is 1/2 c.</b>			
"In the past year, how often on average did you consume..."			
		15. String beans or green beans; 1/2 c. ....	<input type="checkbox"/>
		16. Broccoli; 1/2 c. ....	<input type="checkbox"/>

**Dietary Intake Form (DTIC screen 3 of 15)**

Response Categories:	> 6 per day (A)	1 per day (D)	1 per week (G)
	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost never (I)

17. Cabbage, cauliflower, brussels sprouts; 1/2 c. ....

18. Carrots; 1 whole or 1/2 c. cooked .....

19. Corn; 1 ear or 1/2 c. ....

20. Spinach, collards or other greens, but do not include lettuce; 1/2 c. ....

21. Peas or lima beans; 1/2 c. fresh, frozen or canned .....

22. Dark yellow, winter squash such as acorn, butternut; 1/2 c. ....

23. Sweet potatoes; 1/2 c. ....

24. Beans or lentils, dried cooked, or canned, such as pinto, blackeye, baked beans; 1/2 c. ....

25. Tomatoes; 1, or tomato juice; 4 oz. ....

**Dietary Intake Form (DTIC screen 4 of 15)**

Response Categories:	> 6 per day (A)	1 per day (D)	1 per week (G)
	4-6 per day (B)	5-6 per week (E)	1-3 per month (H)
	2-3 per day (C)	2-4 per week (F)	Almost never (I)

**D. MEATS [RC 1]**

"In the past year, how often on average did you consume..."

26. Chicken or turkey, without skin .....

27. Chicken or turkey, with skin .....

28. Hamburgers; 1 .....

29. Hot dogs; 1 .....

30. Processed meats: sausage, salami, bologna, etc.; piece or slice .....

31. Bacon; 2 slices .....

32. Beef, pork or lamb as a sandwich or mixed dish, stew, casserole, lasagne, or in spaghetti sauce, etc. ....

33. Beef, pork or lamb as a main dish, steak, roast, ham, etc. ....

34. Canned tuna fish; 3-4 oz. ....

**Dietary Intake Form (DTIC screen 5 of 15)**

Response Categories:	> 6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost never (I)
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35. Dark meat fish, such as salmon, mackerel, swordfish, sardines, bluefish; 3-5 oz. .... <input type="checkbox"/>  36. Other fish, such as cod, perch, catfish, etc.; 3-5 oz ..... <input type="checkbox"/>  37. Shrimp, lobster, scallops as a main dish ..... <input type="checkbox"/>  38. Eggs; 1 ..... <input type="checkbox"/>	E. SWEETS, BAKED GOODS, CEREALS [RC 1]  "In the past year, how often on average did you consume..."  39. Chocolate bars or pieces, such as Hershey's, Plain M & M's, Snickers, Reeses; 1 oz. .... <input type="checkbox"/>  40. Candy without chocolate; 1 oz ..... <input type="checkbox"/>  41. Pie, homemade from scratch; 1 slice ..... <input type="checkbox"/>
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**Dietary Intake Form (DTIC screen 6 of 15)**

Response Categories:	> 6 per day (A) 4-6 per day (B) 2-3 per day (C)	1 per day (D) 5-6 per week (E) 2-4 per week (F)	1 per week (G) 1-3 per month (H) Almost never (I)
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42. Pie, ready-made or from a mix; 1 slice ..... <input type="checkbox"/>  43. Donut; 1 ..... <input type="checkbox"/>  44. Biscuits or cornbread; 1 ..... <input type="checkbox"/>  45. Danish pastry, sweet roll, coffee cake, croissant; 1 ..... <input type="checkbox"/>  46. Cake or brownie; 1 piece ..... <input type="checkbox"/>  47. Cookies; 1 ..... <input type="checkbox"/>  48. Cold breakfast cereal; 1/2 c. .... <input type="checkbox"/>	49. Cooked cereals such as oatmeal, grits, cream of wheat; 1/2 c. .... <input type="checkbox"/>  50. White bread; 1 slice ..... <input type="checkbox"/>  51. Dark or whole grain bread; 1 slice ..... <input type="checkbox"/>  F. MISCELLANEOUS [RC 1]  "In the past year, how often on average did you consume..."  52. Peanut butter; 1 tbsp ..... <input type="checkbox"/>
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**Dietary Intake Form (DTIC screen 7 of 15)**

<p>Response Categories:</p> <p>&gt; 6 per day (A) 4-6 per day (B) 2-3 per day (C)</p>	<p>1 per day (D) 5-6 per week (E) 2-4 per week (F)</p>	<p>1 per week (G) 1-3 per month (H) Almost never (I)</p>
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<p>53. Potato chips or corn chips; small bag or 1 oz. .... <input type="checkbox"/></p> <p>54. French fried potatoes; 1 serving, 4 oz. .... <input type="checkbox"/></p> <p>55. Nuts; 1 oz. .... <input type="checkbox"/></p> <p>56. Potatoes, mashed; 1 c. or baked; 1 ..... <input type="checkbox"/></p> <p>57. Rice; 1/2 c. .... <input type="checkbox"/></p>	<p>58. Spaghetti, noodles or other pasta; 1/2 c. .... <input type="checkbox"/></p> <p>59. Home-fried food, such as any meats, poultry, fish, shrimp, eggs, vegetables, etc.; 1 serving ..... <input type="checkbox"/></p> <p>60. Food fried away from home, such as any fish, chicken, chicken nuggets, etc. .... <input type="checkbox"/></p>
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**Dietary Intake Form (DTIC screen 8 of 15)**

<p>Response Categories:</p> <p>&gt; 6 per day (A) 4-6 per day (B) 2-3 per day (C)</p>	<p>1 per day (D) 5-6 per week (E) 2-4 per week (F)</p>	<p>1 per week (G) 1-3 per month (H) Almost never (I)</p>
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<p><b>G. BEVERAGES [RC 1]</b></p> <p>"In the past year, how often on average did you consume..."</p> <p>61. Coffee, <u>not</u> decaffeinated; 1 c. .... <input type="checkbox"/></p> <p>62. Tea, iced or hot, not including decaf or herbal tea; 1 cup ..... <input type="checkbox"/></p> <p>63. Low calorie soft drinks, such as any diet Coke, diet Pepsi, diet 7-Up; 1 glass ..... <input type="checkbox"/></p>	<p>64. Regular soft drinks, such as Coke, Pepsi, 7-Up, ginger ale; 1 glass ..... <input type="checkbox"/></p> <p>65. Fruit-flavored punch or non-carbonated beverages, such as lemonade, Kool-Aid or Hawaiian Punch; not diet; 1 glass ..... <input type="checkbox"/></p> <p><b>H. OTHER DIETARY ITEMS</b></p> <p>66. How often do you eat liver; 3-4 oz. serving? ..... <input type="checkbox"/></p> <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="text-align: right;">1/week</td> <td style="text-align: right;">A</td> </tr> <tr> <td></td> <td style="text-align: right;">2-3/month</td> <td style="text-align: right;">B</td> </tr> <tr> <td></td> <td style="text-align: right;">1/month or less</td> <td style="text-align: right;">C</td> </tr> <tr> <td></td> <td style="text-align: right;">Never</td> <td style="text-align: right;">D</td> </tr> </table>		1/week	A		2-3/month	B		1/month or less	C		Never	D
	1/week	A											
	2-3/month	B											
	1/month or less	C											
	Never	D											

**Dietary Intake Form (DTIC screen 9 of 15)**

67. Are there any other foods that you usually eat at least twice per week such as tortillas, prunes, or avocado? Do not include dry spices nor something that has been listed previously. .... Yes Y

Go to Item 74,  
Screen 10

No N

68. Food #1 eaten at least twice per week (enter code and specify food and usual portion size below): .....

a. \_\_\_\_\_

69. Frequency for food #1: ..... > 6/day A  
[rc 3]  
4-6/day B  
2-3/day C  
1/day D  
5-6/wk E  
2-4/wk F

70. Food #2 eaten at least twice per week (enter code and specify food and usual portion size below): .....

a. \_\_\_\_\_

71. Frequency for food #2: ..... > 6/day A  
[rc 3]  
4-6/day B  
2-3/day C  
1/day D  
5-6/wk E  
2-4/wk F

**Dietary Intake Form (DTIC screen 10 of 15)**

72. Food #3 eaten at least twice per week (enter code and specify food and usual portion size below): .....

a. \_\_\_\_\_

73. Frequency for food #3: ..... > 6/day A  
[rc 3]  
4-6/day B  
2-3/day C  
1/day D  
5-6/wk E  
2-4/wk F

74. What do you do with the visible fat on your meat? [rc 4]
- Eat most of the fat A
  - Eat some of the fat B
  - Eat as little as possible C
  - Don't eat meat D

75. What kind of fat do you usually use for frying and sauteing foods at home, excluding "Pam"-type spray? [rc 5]

- Go to Item 77,  
Screen 11
- Real Butter A
  - Margarine B
  - Vegetable Oil C
  - Vegetable Shortening D
  - Lard E
  - Bacon Grease F
  - Not Applicable G
  - Unknown H

76. Enter code and specify brand and form below: .....

a. \_\_\_\_\_

**Dietary Intake Form (DTIC screen 11 of 15)**

77. What kind of fat do you usually use for baking? [rc 5]

- |  |                      |   |
|--|----------------------|---|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 79</div> | Real Butter          | A |
|  | Margarine            | B |
|  | Vegetable Oil        | C |
|  | Vegetable Shortening | D |
|  | Lard                 | E |
|  | Bacon Grease         | F |
|  | Not Applicable       | G |
|  | Unknown              | H |

78. Enter code and specify brand and form below: .....

a. \_\_\_\_\_

79. What brand and form of margarine do you usually use at the table? [rc 6]

- |                |                    |   |
|----------------|--------------------|---|
| a. Form: ..... | None               | A |
|                | Stick              | B |
|                | Tub                | C |
|                | Diet (low calorie) | D |
|                | Other              | E |

Go to Item 80, Screen 12

b. Code number: .....

c. Brand: \_\_\_\_\_

**Dietary Intake Form (DTIC screen 12 of 15)**

80. What kind of cold breakfast cereal do you most often use? (Enter code and specify brand name below): .....

a. Brand: \_\_\_\_\_

81. Are you currently on a special diet? ..... Yes Y

Go to Item 84, Screen 13	No	N
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82. How many years have you been on it? ....

83. People are often on more than one diet at a time. We are interested in learning what diet or diets you are currently on. Are you on any of these?

	Yes	No	Unknown
a. Weight Loss	Y	N	U
b. Low Salt	Y	N	U
c. Low Cholesterol	Y	N	U
d. Weight Gain	Y	N	U
e. Diabetic	Y	N	U
f. Other	Y	N	U

**Dietary Intake Form (DTIC screen 13 of 15)**

84. How many teaspoons of sugar do you add to your food daily? Include sugar added to coffee, tea, cereal, etc. ....

85. In cooking vegetables, how often do you add fat such as salt pork, butter, or margarine? ..... [rc 7]
- 2-3 times per day A
  - 1 time per day B
  - 5-6 times per week C
  - 2-4 times per week D
  - 1 time per week E
  - 1-3 times per month F
  - Never G
  - Unknown H

86. How often is salt or salt-containing seasoning such as garlic salt, onion salt, soy sauce, or Accent added to your food in cooking? [rc 7]

- 2-3 times per day A
- 1 time per day B
- 5-6 times per week C
- 2-4 times per week D
- 1 time per week E
- 1-3 times per month F
- Never G
- Unknown H

87. How many shakes of salt do you add to your food at the table every day? ....

**Dietary Intake Form (DTIC screen 14 of 15)**

88. How often do you add catsup, hot sauce, soy or steak sauces to your food? ..... [rc 7]
- 2-3 times per day A
  - 1 time per day B
  - 5-6 times per week C
  - 2-4 times per week D
  - 1 time per week E
  - 1-3 times per month F
  - Never G
  - Unknown H

89. How often do you eat special low salt foods such as low salt chips, nuts, cheese, or salad dressing? ..... [rc 7]
- 2-3 times per day A
  - 1 time per day B
  - 5-6 times per week C
  - 2-4 times per week D
  - 1 time per week E
  - 1-3 times per month F
  - Never G
  - Unknown H

**Dietary Intake Form (DTIC screen 15 of 15)**

**I. ADMINISTRATIVE INFORMATION**

90. Interviewer's opinion of information:

- Reliable A
- Questionable B
- Participant uncooperative C
- Participant unable to estimate frequencies D

91. Date of data collection:

		/			/		
Month			Day			Year	

92. Method of data collection ..... Computer C  
Paper form P

93. Code number of person completing this form: .....