



Participant ID:

Participant Initials:

Site:

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## DIETARY SCREENER

Please verify \_\_\_\_\_ is your first name.

If not, please speak to a MEU Research Coordinator.

These questions ask about foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks at home, at work or school, in restaurants, and anyplace else.

1. During the past month, how often did you eat hot or cold cereals?	<input type="checkbox"/> Never → Go to question 4 <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
2. During the past month, what kind of cereal did you usually eat?	_____
3. If there was another kind of cereal that you usually ate during the past month, what kind was it? (If none, leave blank.)	_____
4. During the past month, how often did you have any <b>milk</b> (either to drink or on cereal)? Include regular milks, chocolate or other flavored milks, lactose-free milk, and buttermilk. Please do <b>not</b> include soy milk, or small amounts of milk in coffee or tea.	<input type="checkbox"/> Never → Go to question 6 <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/> 4-5 times per day <input type="checkbox"/> 6 or more times per day
5. During the past month, what kind of milk did you usually drink?	<input type="checkbox"/> Whole or regular milk



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	<input type="checkbox"/> 2% fat or reduced-fat milk <input type="checkbox"/> 1%, ½%, or low-fat milk <input type="checkbox"/> Fat-free, skim or nonfat milk <input type="checkbox"/> Soy milk <input type="checkbox"/> Other kind of milk (please specify): _____
6. During the past month, did you drink <b>regular soda or pop</b> that contains sugar? Do <b>not</b> include diet soda.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/> 4-5 times per day <input type="checkbox"/> 6 or more times per day
7. During the past month, how often did you drink <b>100% pure fruit juices</b> such as orange, mango, apple, grape and pineapple juices? Do <b>not</b> include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/> 4-5 times per day <input type="checkbox"/> 6 or more times per day
8. During the past month, how often did you drink coffee or tea that had <b>sugar</b> or <b>honey</b> added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month



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<p>such as Arizona Iced Tea and Frappuccino. Do <b>not</b> include artificially sweetened coffee or diet tea.</p>	<p><input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/> 4-5 times per day <input type="checkbox"/> 6 or more times per day</p>
<p>9. During the past month, how often did you drink <b>sweetened</b> fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do <b>not</b> include diet drinks or artificially sweetened drinks.</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/> 4-5 times per day <input type="checkbox"/> 6 or more times per day</p>
<p>10. During the past month, how often did you eat <b>fruit</b>? Include fresh, frozen or canned fruit. Do <b>not</b> include juices.</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day</p>



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<p>11. During the past month, how often did you eat a green leafy or lettuce <b>salad</b>, with or without other vegetables?</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day</p>
<p>12. During the past month, how often did you eat any kind of <b>fried potatoes</b>, including french fries, home fries, or hash brown potatoes?</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day</p>
<p>13. During the past month, how often did you eat any <b>other kind of potatoes</b>, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day</p>
<p>14. During the past month, how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do <b>not</b> include green beans.</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month</p>



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	<input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>15. During the past month, how often did you eat <b>brown rice</b> or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do <b>not</b> include white rice.</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>16. During the past month, not including what you already answered questions about (green salads, potatoes, cooked dried beans), how often did you eat <b>other vegetables</b>?</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>17. During the past month, how often did you have Mexican-type <b>salsa</b> made with tomato?</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week



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	<input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
18. During the past month, how often did you eat <b>pizza</b> ? Include frozen pizza, fast food pizza, and homemade pizza.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
19. During the past month, how often did you have <b>tomato sauces</b> such as with spaghetti or noodles or mixed into foods such as lasagna? Do <b>not</b> include tomato sauce on pizza.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
20. During the past month, how often did you eat any kind of <b>cheese</b> ? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do <b>not</b> include cheese on pizza.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day



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<p>21. During the past month, how often did you eat <b>red meat</b>, such as beef, pork, ham, or sausage? Do <b>not</b> include chicken, turkey or seafood. Include red meat you had in sandwiches, lasagna, stew, and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats.</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>22. During the past month, how often did you eat any <b>processed meat</b>, such as bacon, lunch meats, or hot dogs? Include processed meats you had in sandwiches, soups, pizza, casseroles and other mixtures.</p> <p>Processed meats are those preserved by smoking, curing, or salting, or by the addition of preservatives. Examples are: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, and spam.</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>23. During the past month, how often did you eat <b>whole grain bread</b> including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do <b>not</b> include white bread.</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
<p>24. During the past month, how often did you eat <b>chocolate</b> or any other types of candy? Do <b>not</b> include sugar-free candy.</p>	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month



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	<input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
25. During the past month, how often did you eat <b>doughnuts</b> , sweet rolls, Danish, muffins, pan dulce, or pop-tarts? Do <b>not</b> include sugar-free items.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day
26. During the past month, how often did you eat <b>cookies, cake, pie or brownies</b> ? Do <b>not</b> include sugar-free kinds.	<input type="checkbox"/> Never <input type="checkbox"/> 1 time last month <input type="checkbox"/> 2-3 times last month <input type="checkbox"/> 1 time per week <input type="checkbox"/> 2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5-6 times per week <input type="checkbox"/> 1 time per day <input type="checkbox"/> 2 or more times per day



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27. During the past month, how often did you eat **ice cream or other frozen desserts**? Do **not** include sugar-free kinds.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

28. During the past month, how often did you eat **popcorn**?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

**For Research Coordinator use only:** CRF was:  Self-administered  Interviewer-administered