ONE DAY DIETARY RECALL

VERSION 3

74014

D Ø Ø 3 1 (1-5)

Subject ID Number (6-14)

1. *If Prevention Subject enter visit number; if Prevalence Subject enter RL for a recall or RD for a record.* (15-16)

O.M.B. 68-S73044 68-S72041

2. Date of Visit: Month — (17-22) — Year

3. Last Name: (23-34)

4. Initials 1st 2nd (35-36)

5. *Time of arising yesterday:*

6. *Time of evening meal (day before yesterday):*

7. *Yesterday was:*
Friday 1
Sunday 2
Holiday 3
Weekday. 4 (37)

8. *For CPR Use Only* (38-43)

9. Was yesterday a:
Work or school day? 1
Day off? 2
Does not apply?. . 9 (44)

10. Yesterday's intake was:
Typical 1
Unusual* 2*
Uncertain or unknown 9 (45)

If subject is Prevention Trial Subject not at Visit 1, go to question 13; otherwise continue.

11.a. Are you on a special diet?
No 1
Yes. . . . 2 (46)

11.b. *If "Yes" to 11a, ask:* Are you on any of these kinds of diets?

	No	Yes		No	Yes
Weight reducing?. .	1	2 (47)	Fat modification?. .	1	2 (50)
Diabetic?	1	2 (48)	Low cholesterol? . .	1	2 (51)
Bland?.	1	2 (49)	Other?*	1	2*(52)

12. How many eggs do you eat a week? *(Don't include eggs used in cooking)* (53-54)

13. *Interviewer's opinion of information:*
Reliable? 1
Doubtful or unreliable?. . . . 2
Insufficient information recorded? 3 (55)

14. *Interviewer:* (56) Code Number

Initials

Begin Recall

15. *Was this data transcribed?*
No . . 1 . . . *"Other" coding*
Yes. . 2 . . . *Transcribing*
(57)

16. *Code Number:* CCC (58) LRC (59)

17. *Person responsible for NHLI food codes:* Initials Code No. (60)

18. *Last card number used:* (61-63)

0 0 0 (78-80)

* *If an answer marked with an asterisk is circled please make an explanatory comment at the bottom of this page.*

Keypuncher: *For first card below punch* D Ø Ø 3 2 *(1-5) and duplicate columns 6-16; for succeeding cards duplicate columns 1-16*

LINE NO.	PLACE 1 = Home 2 = Away	TIME A=am P=pm Hour	TIME Min.	FOODS and BEVERAGES	WAS FAT ADDED? No = 1 Yes = 2	AMOUNT	COMPLETE DESCRIPTION	NHLI FOOD CODE	FREQUENCY Whole	FREQUENCY Decimal	FOOD UNIT	PREP. CODE	FAT CODE	CARD NO.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

	17-18							25		26		31		35		37		40		78-80
13																				
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Enter "9" if there is a continuation sheet →

COMMENTS: *(Give question or line number when appropriate)*

D Ø Ø 3 3 (1-5)	Subject ID Number (6-14)	ONE DAY DIETARY RECALL CONTINUATION PAGE VERSION 3 74014	Page ____ of ____ O.M.B. 68-S72041 68-S73044 *If Prevention Subject enter visit number; if Prevalence enter RL for recalls or RD for records (item 1, page 1)* (15-16)	8 (23)	Card Number (78-80)

Keypuncher: *For first card below punch* D Ø Ø 3 2 (1-5) *and duplicate columns 6-16; for succeeding cards duplicate columns 1-16*

LINE NO.	PLACE 1 = Home 2 = Away	TIME A=am P=pm Hour	TIME Min.	WAS FAT ADDED? No = 1 Yes = 2	FOODS and BEVERAGES	AMOUNT	COMPLETE DESCRIPTION	NHLI FOOD CODE	FREQUENCY Whole	FREQUENCY Decimal	FOOD UNIT	PREP. CODE	FAT CODE	CARD NO.
	Enter "9" if there is a continuation sheet →													
17-18						25		26	31		35	37	40	78-80

COMMENTS: *(Give question or line number when appropriate)*

D ¥ ¥ 4 1 (1-5)

Subject ID Number (6-14)

ONE DAY DIETARY RECALL

VERSION 4

74148

1. *If Prevention Subject enter visit number; if Prevalence Subject enter RL for a recall or RD for a record* (15-16)

O.M.B. 68-S73044 68-S72041

2. Date of Visit: Month / (17-22) / Year

3. Last Name: (23-34)

4. Initials: 1st 2nd (35-36)

5. *Time of evening meal (day before yesterday):*

6. *Time of arising yesterday:*

CONDUCT RECALL BEFORE COMPLETING QUESTIONS 8-13

7. *For CPR Use Only* (37-42)

8. *Yesterday was:*

Sunday 1
Monday 2
Tuesday . . . 3
Wednesday . . 4
Thursday . . . 5
Friday 6
Saturday . . . 7 (43)

If subject is a Prevention Trial Subject not at Visit 1, go to question 11; otherwise continue.

9a. Are you on a special diet?

No 1
Yes . . . 2 (44)

If "No," go to question 10 otherwise ask question 9b.

9b. Are you on any of these kinds of diets?

	No	Yes	
Weight reducing?	1	2	(45)
Diabetic?	1	2	(46)
Bland?.	1	2	(47)
Fat modification?	1	2	(48)
Low cholesterol?	1	2	(49)
Other?*	1	2*	(50)

10. How many eggs do you eat a week? (51-52)
(Don't include eggs used in cooking)

11. *Interviewer's opinion:*

a. *Was subject's recall:*

Reliable 1

Unreliable--unable to recall substantial part of intake, i.e., one or more meals? . . . 2

*Unreliable for other reasons? Specify** . . 3* (53)

11b. *Was the intake:*

Typical for the subject? 1

Considerably less than usual? 2

Considerably more than usual? 3 (54)

12. *Recall interviewer:* Code Number

Initials: _____ (55-56)

13. *Transcriber:* Initials: Code Number
If none, mark through with horizontal slash. _____ (57-58)

CODING RECORD:

14. *Person responsible for coding:*

NCC (59-60) _____ Initials LRC (61-62)

15. *Current codebook edition:* (63-64)

16. *Date of coding:* Month / (65-70) / Year

17. *last record number used:* (71-73)

**If an answer marked with an asterisk is circled please make an explanatory comment at the bottom of this page.*

Keypuncher: *For first card below punch* D ¥ ¥ 4 2 *(1-5), duplicate columns 6-16 and leave 17-39 blank; for succeeding cards duplicate 1-39.*

LINE NO.	RECORD NO.	PLACE 1 = Home 2 = Away	TIME A = am P = pm Hour	TIME Min.	FOODS and BEVERAGES	WAS FAT ADDED? 1 = No 2 = Yes 9 = Unknown	AMOUNT	COMPLETE DESCRIPTION	NHLI FOOD CODE	FREQUENCY Whole	FREQUENCY Decimal	FOOD UNIT	PREP. CODE	FAT CODE	DO NOT USE
010															
020															
030															
040															
050															
060															
070															
080															
090															
100															
110															
120															

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360	
370	

Enter "*" If there is a continuation page. →

40 43 46 52 53 58 60 62 64 67 71

COMMENTS: (Give question or line number when appropriate)

Reviewed using Documentation Guidelines by: Initials: ______ Date: ______

Nutrition Coding Center Copy

ONE DAY DIETARY RECALL

CONTINUATION PAGE

VERSION 4

74148

Page _____ of _____

O.M.B. 68-S73044 68-S72041

D Y Ø 4 3 (1-5)

Subject ID Number (6-14)

If Prevention Subject enter visit number; if Prevalence enter RL for recalls or RD for records (item 1, page 1) (15-16)

Record Number (43-45)

Keypuncher: *For first card below punch* D Y Ø 4 2 (1-5), *duplicate columns 6-16 and leave 17-39 blank; for succeeding cards duplicate 1-39.*

LINE NO.	RECORD NO.	PLACE 1 = Home 2 = Away	TIME A = am P = pm Hour	TIME Min.	FOODS and BEVERAGES	WAS FAT ADDED? 1 = No 2 = Yes 9 = Unknown	AMOUNT	COMPLETE DESCRIPTION	NHLI FOOD CODE	FREQUENCY Whole	FREQUENCY Decimal	FOOD UNIT	PREP. CODE	FAT CODE	DO NOT USE

Enter "*" If there is a continuation page. →

40 43 52 53 58 60 62 64 67 71

COMMENTS: (Give question or line number when appropriate)

Peripheral Coding Copy