

ACT Diet Questionnaire

DATA SET NAME: DIET

Clinic Use Only					
ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acrostic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Distributed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mon	Day	Year		
Date Returned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mon	Day	Year		
Instructor	<input type="text"/>	<input type="text"/>	(staff code)	Visit Code	<input type="text"/>
					<input type="text"/>

Summary variables are available at the end of this document

Participant Name	<input type="text"/>
<input type="text"/>	

We would like to know about the foods you most often eat. Please answer the questions at home and bring it with you to your next clinic visit. If you have any questions, please call us at _____ . Thank you for your time and effort.

- How old are you? years
- Are you a man or a woman?
- Are you on any special diet to:

lose weight	<input type="checkbox"/> Yes	<input type="checkbox"/> No
eat less fat or cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
use less salt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
treat diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. **This section asks about the foods you usually eat.** We know people don't eat the same foods every day or every week, so please think about what you ate in the last month or so.

For each food, check how often you ate the food.

We don't expect you to remember exactly what you ate. The first answer that comes to mind is usually the best choice!

- Please include foods eaten at home, at restaurants, at work, at homes of friends and family, or any other place.
- Please do not skip any foods.
- Please **be careful** which column you put your answer in.

For Example: This person ate rice about two or three times last month, ate peas about twice a week, and usually had a salad every day.

	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
rice	0	1	✓ 2	3	4	5	6	7	8
peas	0	1	2	3	✓ 4	5	6	7	8
green salad	0	1	2	3	4	5	6	✓ 7	8

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Please check how often you eat these foods.

TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
FRUITS AND JUICES									
apples, applesauce, pears	0	1	2	3	4	5	6	7	8
bananas	0	1	2	3	4	5	6	7	8
cantaloupe, watermelon, other melon	0	1	2	3	4	5	6	7	8
oranges, grapefruit	0	1	2	3	4	5	6	7	8
peaches, apricots, nectarines (canned, frozen, or dried)	0	1	2	3	4	5	6	7	8
any other fruit (grapes, strawberries, peaches, fruit cocktail, apricots, persimmons, etc)	0	1	2	3	4	5	6	7	8
dried fruits, including raisins, prunes, figs	0	1	2	3	4	5	6	7	8
orange juice or grapefruit juice	0	1	2	3	4	5	6	7	8
other fruit juice including fortified fruit drinks, Hi-C, Kool-aid, cranberry juice, apple juice, grape juice	0	1	2	3	4	5	6	7	8
VEGETABLES AND SIDE DISHES									
string beans, green beans	0	1	2	3	4	5	6	7	8
green peas	0	1	2	3	4	5	6	7	8
refried beans (<u>not</u> including those in burritos, etc)	0	1	2	3	4	5	6	7	8
other beans such as pintos, black eyed peas, black beans, garbanzos, baked beans, or lentils	0	1	2	3	4	5	6	7	8
corn, posole, chicos	0	1	2	3	4	5	6	7	8
acorn or butternut squash	0	1	2	3	4	5	6	7	8
tomatoes, tomato juice, chopped tomatoes, pico de gallo	0	1	2	3	4	5	6	7	8

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TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
salsa picante, taco sauce	0	1	2	3	4	5	6	7	8
broccoli	0	1	2	3	4	5	6	7	8
cauliflower, brussel sprouts, cabbage, sauerkraut	0	1	2	3	4	5	6	7	8
spinach, mustard greens, turnip greens, collards, kale	0	1	2	3	4	5	6	7	8
carrots, or mixed vegetables containing carrots	0	1	2	3	4	5	6	7	8
green salad	0	1	2	3	4	5	6	7	8
diet salad dressing, diet mayonnaise (including on sandwiches)	0	1	2	3	4	5	6	7	8
regular salad dressing, mayonnaise, tartar sauce (including on sandwiches)	0	1	2	3	4	5	6	7	8
French fries, fried potatoes	0	1	2	3	4	5	6	7	8
other potatoes, such as boiled, baked, mashed, potato salad	0	1	2	3	4	5	6	7	8
any other vegetable, including cooked onions, zucchini squash, asparagus, sweet peppers, bok choy, okra, etc.	0	1	2	3	4	5	6	7	8
rice (white, brown, or wild)	0	1	2	3	4	5	6	7	8
pasta, noodles, fideo, couscous (without cheese or tomato sauce)	0	1	2	3	4	5	6	7	8
butter, margarine, or other fat on vegetables, potatoes, rice, etc. at the table	0	1	2	3	4	5	6	7	8

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TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
MEATS, FISH, POULTRY, AND MIXED DISHES (Reminder: Please include foods eaten at home and away from home.)									
hamburgers, cheeseburgers, meat loaf, picadillo, carne guisada (asada)	0	1	2	3	4	5	6	7	8
beef (steaks, roasts, etc. including on sandwiches)	0	1	2	3	4	5	6	7	8
beef stew or pot pie with carrots or other vegetables	0	1	2	3	4	5	6	7	8
pork, including chops, roasts or ribs	0	1	2	3	4	5	6	7	8
ham, ham hocks	0	1	2	3	4	5	6	7	8
fried chicken	0	1	2	3	4	5	6	7	8
chicken, turkey or wild fowl (roasted, broiled, or ground, including on sandwiches)	0	1	2	3	4	5	6	7	8
chicken or turkey stew or pot pie with carrots or other vegetables	0	1	2	3	4	5	6	7	8
fried fish or fish sandwich	0	1	2	3	4	5	6	7	8
canned tuna fish, salmon, sardines (including tuna salad, tuna casserole)	0	1	2	3	4	5	6	7	8
shell fish (shrimp, lobster, crab, oysters, mussels, etc.)	0	1	2	3	4	5	6	7	8
other broiled or baked fish	0	1	2	3	4	5	6	7	8
gravies made with meat drippings or white sauce	0	1	2	3	4	5	6	7	8
pizza	0	1	2	3	4	5	6	7	8
spaghetti, lasagna, other pasta with tomatoes or tomato sauce, spanish rice	0	1	2	3	4	5	6	7	8
mixed dishes with cheese (including macaroni and cheese, chile rellenos, cheese quesadillas, quiche)	0	1	2	3	4	5	6	7	8

TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
burritos, including breakfast burritos, soft taco with flour tortillas	0	1	2	3	4	5	6	7	8
enchiladas, tamales, tacos, tostadas, chalupas, other mexican dishes with corn tortillas, including nachos with chili and cheese	0	1	2	3	4	5	6	7	8
red chile con carne, green chile con carne (without beans)	0	1	2	3	4	5	6	7	8
LUNCH ITEMS (Please include anytime you eat these foods, not just at lunch.)									
low fat hot dogs, bologna (include pork, beef, turkey)	0	1	2	3	4	5	6	7	8
regular hot dogs (include pork, beef, turkey)	0	1	2	3	4	5	6	7	8
regular bologna, salami, spam, other lunch meats (excluding ham)	0	1	2	3	4	5	6	7	8
vegetable and tomato soup (including vegetable beef, minestrone)	0	1	2	3	4	5	6	7	8
other broth-based soups (including caldo, tortilla soup)	0	1	2	3	4	5	6	7	8
cream soups	0	1	2	3	4	5	6	7	8
BREAD, SNACKS, SPREADS									
white bread (including sandwiches, hamburger or hotdog buns, bagels, rolls, pita bread, English muffin)	0	1	2	3	4	5	6	7	8
dark bread (including whole wheat, rye, pumpernickel, other high-fiber bread)	0	1	2	3	4	5	6	7	8
Biscuits, scones, croissants, muffins, fry bread (popover), hush puppies	0	1	2	3	4	5	6	7	8

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TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
flour tortilla (by itself, not in burritos, etc)	0	1	2	3	4	5	6	7	8
corn tortilla (by itself, not in enchiladas, etc)	0	1	2	3	4	5	6	7	8
corn bread, corn muffins	0	1	2	3	4	5	6	7	8
snacks such as crackers, potato chips, corn chips, tortilla chips, pretzels, popcorn	0	1	2	3	4	5	6	7	8
nuts and seeds, including peanuts, peanut butter, pine nuts, sunflower seeds	0	1	2	3	4	5	6	7	8
margarine on bread or roll	0	1	2	3	4	5	6	7	8
butter on bread or rolls	0	1	2	3	4	5	6	7	8
BREAKFAST FOODS (Please include anytime you eat these foods, not just at breakfast.)									
high fiber, bran or granola cereals, shredded wheat	0	1	2	3	4	5	6	7	8
highly fortified cereals, such as Product 19, Total, or Most	0	1	2	3	4	5	6	7	8
cold cereals such as Corn Flakes, Rice Krispies, Frosted Flakes, Fruit Loops	0	1	2	3	4	5	6	7	8
cooked cereals (including oatmeal, cream of wheat, grits)	0	1	2	3	4	5	6	7	8
eggs (include omelettes, fritatta)	0	1	2	3	4	5	6	7	8
low-fat bacon, sausage	0	1	2	3	4	5	6	7	8
bacon, sausage, chorizo	0	1	2	3	4	5	6	7	8

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TYPE OF FOOD	NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
SWEETS									
ice cream	0	1	2	3	4	5	6	7	8
frozen yogurt, low-fat ice cream	0	1	2	3	4	5	6	7	8
doughnuts, cookies, cakes, pastry, brownies, sopapillas, pan dulce	0	1	2	3	4	5	6	7	8
pies	0	1	2	3	4	5	6	7	8
chocolate including Hershey's kisses, M&M'S, chocolate candy bars	0	1	2	3	4	5	6	7	8
other candy, jelly, honey, brown sugar, jams, or molasses, including on cereal, bread or crackers	0	1	2	3	4	5	6	7	8
DAIRY PRODUCTS									
cottage cheese, ricotta cheese	0	1	2	3	4	5	6	7	8
cheese (cheddar, American, cream cheese, parmesan, Velveeta, other cheeses or cheese spreads; including on sandwiches or as snacks)	0	1	2	3	4	5	6	7	8
low-fat flavored yogurt (2% or non-fat)	0	1	2	3	4	5	6	7	8
flavored yogurt (regular, from whole milk)	0	1	2	3	4	5	6	7	8

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BEVERAGES Note: Your choices for how often you drink these beverages are different. Please read the new choices carefully. You may report up to 6 or more times per day.

TYPE OF BEVERAGE	NEVER OR LESS THAN 1 PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
whole milk and beverages with whole milk (do not count the milk you put on your cereal)	0	1	2	3	4	5	6	7	8
2% milk and beverages with 2% milk (do not count the milk you put on your cereal)	0	1	2	3	4	5	6	7	8
skim milk, 1%, or buttermilk, and beverages made with these (do not count the milk you put on your cereal)	0	1	2	3	4	5	6	7	8
regular soft drinks (including colas, 7-up, lemonade, sweetened mineral water, etc) Do not count diet soft drinks.	0	1	2	3	4	5	6	7	8
beer	0	1	2	3	4	5	6	7	8
wine	0	1	2	3	4	5	6	7	8
liquor or mixed drinks	0	1	2	3	4	5	6	7	8
coffee or tea, regular or decaffeinated	0	1	2	3	4	5	6	7	8
sports drinks such as Gatorade, Power-Aid	0	1	2	3	4	5	6	7	8
non-dairy creamer in coffee or tea (including flavored creamers)	0	1	2	3	4	5	6	7	8
milk in coffee or tea	0	1	2	3	4	5	6	7	8
cream or half-and-half in coffee or tea	0	1	2	3	4	5	6	7	8
sugar in coffee or tea (do not count artificial sweeteners)	0	1	2	3	4	5	6	7	8

5. We did not have room to list all of the different foods that people eat. On this page, please list all foods that you eat at least once per week that we missed. Here are some foods you can think about.

veal, lamb, goat
 liver, chicken livers
 game, including venison, rabbit
 casseroles with meat (describe)
 casseroles with chicken (describe)
 chile without meat
 low-fat or low-calorie frozen entree or dinner ("Lean Cuisine" type)
 TV dinner or frozen entree (not diet)
 fat free cheese

pancakes, waffles, French toast, syrup
 Instant Breakfast supplement
 fortified diet drinks (Slim Fast, Cambridge, Se-go, etc.)
 milkshake
 hot chocolate
 pudding, rice pudding, bread pudding, custard
 plain, non-fat yogurt
 avocado, guacamole
 cole slaw

Chinese food
 Thai or Vietnamese food
 sour cream, dips
 tofu
 green chiles, jalapenos
 pickles
 olives
 catsup or barbecue sauce
 any other (describe)

FOOD (PLEASE DESCRIBE)	FOOD CODE (CLINIC USE ONLY)	AVERAGE USE LAST MONTH					
		1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8
		3	4	5	6	7	8

6. These questions are about vitamin pills. Please give an answer for each kind of vitamin pill in the questions below.

	NEVER	LESS THAN ONCE PER WEEK	ONCE A WEEK OR MORE
How often do you take a "one-a-day" type vitamin pill?	0	1	2
How often do you take a "stress tab" or theragram-type vitamin pill?	0	1	2
How often do you take extra vitamin E?	0	1	2
How often do you take extra vitamin C?	0	1	2
How often do you take extra vitamin A or beta-carotene?	0	1	2
How often do you take potassium pills?	0	1	2
How often do you take any other vitamin or mineral pills? Please describe: _____	0	1	2

7. Please check (✓) the answer that best describes your eating habits.

	SELDOM/ NEVER	SOMETIMES	OFTEN/ ALWAYS
How often do you eat the skin on chicken?	1	2	3
How often do you eat the fat on meat?	1	2	3
How often do you add salt, seasoned salt (garlic salt, celery salt, etc), or meat tenderizer to your food when cooking?	1	2	3
How often do you add salt to your food at the table? How many shakes do you use? <input type="checkbox"/>	1	2	3

The next few questions are about the fat used in cooking the foods you eat.
If someone else usually does the cooking, please answer as best you can.

8. How often is fat or oil used in cooking the foods you eat? For example, in frying eggs, meat or vegetables?

NONE	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
0	1	2	3	4	5	6	7	8

9. What kind of fat or oil is used in cooking? (You may select up to two choices)

- 1 Don't know 2 Soft margarine 3 Stick margarine 4 Butter 5 Lard, fatback, bacon fat
- 6 Pam or no oil 7 Olive oil 8 Canola oil 9 Other oil (such as corn, sunflower, or vegetable)

10. If you eat refried beans, what kind of fat or oil is used in cooking the beans? (You may select up to two choices)

- 1 Don't know/Don't eat beans 2 Soft margarine 3 Stick margarine 4 Butter 5 Lard, fatback, bacon fat
- 6 Pam or no oil 7 Olive oil 8 Canola oil 9 Other oil (such as corn, sunflower, or vegetable)

11. What kind of fat do you add to vegetables, potatoes, etc. at the table? (You may select up to two choices)

- 1 Don't add fat 2 Soft margarine 3 Stick margarine 4 Butter 5 Half butter, half margarine
- 6 Lard, fatback, bacon fat 7 Olive oil 8 Canola oil 9 Other oil (such as corn, sunflower, or vegetable)

- 12. Not counting salad or potatoes, about how often do you eat vegetables?
- 13. About how often do you eat cold cereal?
- 14. Not counting juices, how often do you eat fruit?

	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
12.	0	1	2	3	4	5	6	7
13.	0	1	2	3	4	5	6	7
14.	0	1	2	3	4	5	6	7

15. Please check whether or not you usually use low-salt foods.

	Don't Use at All	Regular Salt	Low Salt
Canned soups	0	1	2
Canned or frozen vegetables	0	1	2
Lunch meats like hotdogs, ham, bologna, etc.	0	1	2
Snacks like pretzels, potato chips, corn/tortilla chips, crackers, popcorn	0	1	2

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Thank you very much for answering these questions about how you eat. If there is anything else you would like us to know, please tell us in the space below.

Comments: _____

CLINIC USE ONLY	
Review required for coding food items? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ Review Completed? 1 <input type="checkbox"/> Yes	Editor ID <input type="text"/> <input type="text"/> <input type="text"/> Data Entry ID <input type="text"/> <input type="text"/> <input type="text"/> 1st Key Punch <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mon Day Year 2nd Key Punch <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mon Day Year

DIET SUMMARY VARIABLES

BA_CARB = Before Alcohol: Carbohydrates
BA_KCAL = Before Alcohol: Kilo Calories
BA_NIAC = Before Alcohol: Niacin
BA_PCARB = Before Alcohol: % Calories Carbohydrates
BA_PFAT = Before Alcohol: % Calories Fat
BA_PHOS = Before Alcohol: Phosphorus
BA_POTAS = Before Alcohol: Potassium
BA_PPROT = Before Alcohol: % Calories Protein
BA_PROT = Before Alcohol: Protein
BA_RIBO = Before Alcohol: Riboflavin
BA_TFAT = Before Alcohol: Total Fat

DT_ACAR = Daily Dietary: Alpha Carotene
DT_ANZN = Daily Dietary: Zinc from Animals
DT_A_IU = Daily Dietary: Vitamin A (IU)
DT_A_RE = Daily Dietary: Vitamin A Retinol
DT_B1 = Daily Dietary: Vitamin B1
DT_B6 = Daily Dietary: Vitamin B6
DT_BCAR = Daily Dietary: Beta Carotene
DT_CALC = Daily Dietary: Calcium
DT_CARB = Daily Dietary: Carbohydrates
DT_CHOL = Daily Dietary: Cholesterol
DT_CRYP = Daily Dietary: Crypto-Xanthin
DT_DFIB = Daily Dietary: Dietary Fiber
DT_FAT = Daily Dietary: Fat
DT_FE = Daily Dietary: Iron
DT_FOL = Daily Dietary: Folic Acid
DT_KCAL = Daily Dietary: Kilo Calories
DT_LIN = Daily Dietary: Linoleic
DT_LUT = Daily Dietary: Lutein
DT_LYC = Daily Dietary: Lycopene
DT_MG = Daily Dietary: Magnesium
DT_NA = Daily Dietary: Sodium
DT_NIAC = Daily Dietary: Niacin
DT_OLEC = Daily Dietary: Oleic Acid
DT_PHOS = Daily Dietary: Phosphorus
DT_POTA = Daily Dietary: Potassium
DT_PROA = Daily Dietary: Pro-A-Carotene
DT_PROT = Daily Dietary: Protein
DT_RET = Daily Dietary: Retinol
DT_RIBO = Daily Dietary: Riboflavin
DT_SFAT = Daily Dietary: Saturated Fat
DT_VITC = Daily Dietary: Vitamin C
DT_VITE = Daily Dietary: Vitamin E
DT_ZINC = Daily Dietary: Zinc

FIBBEAN = Fiber from beans
FIBGRAIN = Fiber from grain
FIBVEGFR = Fiber from vegetables

GRAMSSF = Grams saturated fat

IS_ACAR = In Season: Alpha Carotene
IS_A_IU = In Season: Vitamin A (IU)
IS_A_RE = In Season: Vitamin A Retinol
IS_BCAR = In Season: Beta Carotene
IS_CRYP = In Season: Crypto-Xanthin
IS_DFIB = In Season: Dietary Fiber
IS_FOL = In Season: Folic Acid
IS_LUT = In Season: Lutein
IS_LYC = In Season: Lycopene
IS_PROA = In Season: Pro-A-Carotene
IS_RET = In Season: Retinol
IS_VITC = In Season: Vitamin C

OTHVITA = Other source Vitamin A

PCTALCH = % Alcohol
PCTCARB = % Carbohydrates
PCTFAT = % Fat
PCTPROT = % Protein
PCTSWEET = % Sweets