



Manual of Procedures (MOP)

Section 10. Questionnaires

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10.1 INTRODUCTION

Participant physical activity and food intake will be assessed using the International Physical Activity Questionnaire (IPAQ) and the Multicultural Food Frequency Questionnaire (FFQ) respectively. Training on the administration of these questionnaires will take place at the investigators meeting, and during site visits or via webinars, as needed.

10.2 PHYSICAL ACTIVITY QUESTIONNAIRE

The long version of the IPAQ will be used to collect data on physical activity. The IPAQ is a validated questionnaire that covers 5 activity domains and asks questions related to physical activities participants did during the prior 7 days.

Participants will complete the IPAQ at:

- Baseline
- M06 visit
- Annual visits (M12, M24, M36 and M48)

The questionnaire is available in many languages. The D2d study will use the English and Spanish versions, which are found in the Appendix. If a site needs the IPAQ in additional languages, it needs to contact the D2d Coordinating Center (CC) at D2d@tuftsmedicalcenter.org.

10.2.1 IPAQ instructions for staff

- ✓ Sites need to make copies for use. The site research staff should ensure they have a supply of questionnaires available prior to participant visits.
- ✓ Prior to asking the participant to complete the IPAQ, the research staff will complete the document header, entering the participant's enrollment ID, name, date of completion, and visit on each page.
- ✓ The participant will self-administer the questionnaire on paper.
- ⇒ If the participant is unable to self-administer the form (e.g., due to illiteracy or vision problems), the Research Coordinator or designee may administer the questionnaire by using the Telephone IPAQ version. The rationale for using the Telephone IPAQ must be recorded in the source documents.
- ✓ If the participant is concerned about not remembering her physical activity over the last 7 days, acknowledge her concerns and encourage her to recall to the best of her ability.
- ✓ Do not assist the participant with deciding the response to questions. The participant should answer questions independently and the study staff should not assist the participant in deciding the responses to the questions. However, for certain participants, it may be helpful to read the instructions at the top of the questionnaire (first 2 paragraphs) prior to handing them the questionnaire to make sure the participant is clear about the definition of moderate and vigorous activity.

- ✓ Always review the questionnaire for completion while the participant is in the clinic to ensure that all questions are answered.
- ✓ After the IPAQ is completed, research staff will transcribe the responses into the EDC system. Refer to MOP section 15 for specific instruction on entering the date into EDC.

10.2.2 IPAQ instructions for participants

A clear, positive introduction and explanation of the questionnaire is extremely important to obtaining valid information from the IPAQ questionnaire. Such information will also allow the participant to complete the form with minimal frustration.

- ✓ Prior to giving the participant the questionnaire, research staff will tell the participant the following:

“As an important part of this study, we are asking you to complete the International Physical Activity Questionnaire. The questionnaire is designed to measure your physical activity over the last 7 days. Physical activity occurs throughout a day in many different forms. The questionnaire measures different types of physical activity. For the form to be valuable, it must be completed carefully and accurately. It will take you between 5 and 15 minutes to complete the form”.

- ✓ Research staff will:

- Instruct the participant to answer all questions as best he can. An estimate is better than leaving a question blank.
- Instruct the participant to answer the questions in the order shown.
- Let the participant know that the amount of time spent on an activity can be answered in hours only, minutes only or a combination of both.

Example 1: if you walked vigorously for 1 and ½ hours, the form can be completed in the following two ways:

<u>1</u> hours per day <u>30</u> minutes per day

or

<u> </u> hours per day <u>90</u> minutes per day

Example 2: If you walked vigorously for 1 hour, the form can be completed in the following two ways:

<u>1</u> hours per day <u> </u> minutes per day

or

<u> </u> hours per day <u>60</u> minutes per day

- Instruct the participant to answer the questions in the order shown.

10.3 FOOD FREQUENCY QUESTIONNAIRE

The FFQ will be used to collect data on nutrient and caloric intake during the *prior 12 months*.

Participants will complete the FFQ at:

- Baseline
- M12 visit in participants free of diabetes
- M36 visit in participants free of diabetes

The FFQ is available in English and Spanish and samples can be found in the Appendix.

10.3.1 FFQ instructions for staff

The FFQ will be self-administered on paper using the forms supplied by the CC.

- ✓ The CC will provide the actual FFQ forms to the sites in either language based on the sites' projected needs. These forms cannot be copied.
- ✓ Sites will monitor their supply to ensure that there is always a sufficient supply of English and Spanish forms to last at least 6 weeks. If additional forms are needed, the site should contact the CC to request more forms.
- ✓ A Food Booklet accompanies the FFQ. The booklet (provided in the Appendix) provides a visual representation of different measures (e.g. teaspoon versus tablespoon) and food portion sizes. The booklet should be provided to the participant and the participant will be instructed to use it as a reference. The site may print out additional copies or laminate a copy for use.
- ✓ If the participant is unable to read the form (e.g. due to illiteracy or vision problems), the Research Coordinator or designee may help the participant complete the questionnaire by reading the questions and response options. The reason for conducting an interviewer administered FFQ must be recorded in the source documents.
- ✓ If the participant is concerned about not remembering her overall diet over the last year, acknowledge her concerns and encourage her to recall to the best of her ability.
- ✓ Provide the participant with the questionnaire and a No. 2 pencil with an eraser.
- ✓ After the participant has finished completing the form, review the questionnaire for completion while the participant is in the clinic to ensure that all questions are answered.
 - If a question was not answered, ask the participant to answer it.
 - If a question appears to have 2 answers (2 bubbles filled in for one question), have the participant correct it.
 - Look for stray marks or incomplete erasing. If found, ensure they are completely erased.

10.3.1.1 Form Management and Completion

- ✓ Prior to asking the participant to complete the FFQ, the research staff will complete the first page of the questionnaire, and the top of page 2 as shown below.
 - Write neatly.
 - Use all uppercase letters, in block style.
 - Do not use cursive or “fancy” letters.
- ✓ The form must be completed using a **No. 2 pencil**. The form is read by an optical scanner, which will not recognize any ink; therefore, a pen should NOT be used. If the respondent completes the questionnaire in ink, the response must be covered with pencil.
- ✓ Do not apply any tape, staple or hole punch to any part of the form or use a questionnaire that is damaged. If the form is torn, it will not be accepted by the scanner and will need to be transcribed onto another form.
- ✓ Please erase all stray marks. The scanner is very sensitive and will pick up any leftover erasure material and count it as duplicate.
- ✓ Completed FFQs will be shipped to the CC twice a year.

10.3.1.2 Instructions for completing page 1 and 2 of FFQ

Complete page 1 of FFQ as follows:

Study name: *D2d Study*

Participant Name: **do not record** the participant name. These forms will be sent to the CC for analysis. Record your site name (i.e. Tufts Medical Center)

Today' Date: *record the date of the visit*, and fill in the corresponding bubbles below.

Protocol Number: *leave blank*

Visit Number: *record the visit month* as follows:
 00 = baseline visit
 12 = month 12 visit
 36 = month 36 visit
 Fill in the corresponding bubbles

Interviewer ID: *leave blank*

Volunteer ID Number: enter the *participant's 6-digit enrollment ID*. Fill in the corresponding bubbles.

Ethnicity: *leave blank*

Age: select the correct age range for the participant and fill in the bubble.

Sex: Fill in the bubble for the participant's sex.

STUDY NAME:
Please do not write outside the boxed area.

PARTICIPANT NAME:

Please use a number 2 pencil. Completely fill in bubbles, and erase completely if you make any change. Do not fold, tear, or staple form.

TODAY'S DATE						OFFICE USE ONLY:										
Month		Day		Year		Protocol Number				Visit Number		Interviewer ID				
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Volunteer ID Number						Ethnicity	Age
0	0	0	0	0	0	<input type="checkbox"/> Mexican- American	<input type="checkbox"/> 14 - 18
1	1	1	1	1	1	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> 19 - 30
2	2	2	2	2	2	<input type="checkbox"/> Cuban-American	<input type="checkbox"/> 31 - 50
3	3	3	3	3	3	<input type="checkbox"/> Dominican	<input type="checkbox"/> 51 - 70
4	4	4	4	4	4	<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> 71 - 80
5	5	5	5	5	5	<input type="checkbox"/> Non-Hispanic White	<input type="checkbox"/> > 80
6	6	6	6	6	6	<input type="checkbox"/> Non-Hispanic Black	
7	7	7	7	7	7	<input type="checkbox"/> Asian	
8	8	8	8	8	8	<input type="checkbox"/> Other including Multi-Ethnic	
9	9	9	9	9	9		

Sex
 Male
 Female

Version 3 2010

At the top of page 2 of the FFQ, record the number "12" on the line.

This section asks about your usual eating habits, over the past 12 month(s). Your answers should reflect your average intake (at home and away from home over that time period).

First: Mark how often, on the average, you ate the food item (fill in only one frequency per food item).

Second: Mark your usual portion size (if you ate more than one food in a line, pick the one eaten the most).

Important: If you don't eat an item, fill in "never" and skip the portion size related to that food item.

10.3.2 FFQ instructions for participant

A clear, positive introduction and explanation of the questionnaire is extremely important to obtaining valid information from the FFQ. Such information will allow the participant to complete the form with minimal frustration.

- ✓ Prior to giving the participant the questionnaire, research staff will tell the participant the following:

“As an important part of this study, we are asking you to complete a food frequency questionnaire. The questionnaire is designed to measure your dietary patterns over the last year. For the form to be valuable, it must be completed carefully and accurately. It will take you between 20 and 40 minutes to complete the form.”

- ✓ Instruct the participant to:
 - Answer all questions as best he can. An estimate is better than leaving a question blank.
 - Answer the questions in order.
 - Completely fill in the bubble in the circle, and only fill in one bubble per question.
 - Skip the food in the portion question, if the food is never eaten.
- ✓ After giving the participant the FFQ, read the instructions at the top of page two to the participant, emphasizing that the questionnaire is referring to their usual eating habits over the past *12 months*. Where it says “First: Mark how often, on the average, you ate the food item” point out the frequency table. Where it says “Second: Mark your usual portion size” point out the questions below the frequency table.
- ✓ Point out the section instructions at the top left hand corner of the frequency table.
- ✓ Participants *do not* need to complete the supplements section.

10.3.3 FFQ completion tips

Note: not all FFQ pages are included here.

FFQ Page 2

FRUIT	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
For seasonal fruits, answer with which frequency you eat them during the Summer. For all other fruits, with which frequency you consider you eat them year-round.										
Apples, applesauce, pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges, tangerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit (white or pink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches, nectarines, apricots, plums (fresh, canned, or frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado, fresh (including guacamole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi, or Acerola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papaya/ mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruit (e.g. raisins, prunes, apricots, dried cranberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe, honeydew melon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other berries (e.g. blackberries, blueberries and raspberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the participant only eats one of the food items, fill in the frequency for that one food. If the participant eats more than one of the food items, select the frequency of the food with the highest frequency of consumption.

Only one answer should be selected for each frequency table line.

Second column is medium serving.

- If you eat dried fruit, your portion is usually closest to ...
 - 1/8 cup
 - 1/4 cup
 - 3/8 cup
 - 1/2 cup or more
- If you eat cantaloupe or honeydew, your portion is usually closest to (1 wedge = 1/4 melon) ...
 - 1/2 wedge or 1/2 cup
 - 1 wedge or 3/4 cup
 - 1 1/2 wedges or 1 cup
 - 2 or more wedges or 1 1/2 cups or more
- If you eat watermelon, your portion is usually closest to (1 med. slice watermelon = 7 1/2" dia. x 1" thick) ...
 - 1 sm. slice or 1/2 wedge
 - 1 med. slice/wedge
 - 1 lg. slice/wedge
 - more than 1 lg. slice/wedge
- If you eat strawberries, cherries and/or other berries, your portion is usually closest to ...
 - 1/2 cup
 - 1 cup
 - 1 1/2 cups
 - 2 cups or more
- If you eat any other cut up or canned fruit, pineapple, cherries, or fruit cocktail, your portion is usually closest to ...
 - 1/2 cup
 - 1 cup
 - 1 1/2 cups
 - 2 cups or more

Only one answer should be selected for each portion size question unless it says otherwise (i.e. "choose all that apply" or "select one or two only").

***Extremely important to complete – these questions take into account if there is any over or under estimation in the frequency table selections.

SUMMARY QUESTIONS	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
How often do you usually eat fruit of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you eat sliced breads or bakery breads, these are usually (choose all that apply) ...

- white (includes bakery bread)
- multi-grain/cracked wheat (light brown)
- 100% whole wheat (dark brown)
- rye
- other

If you eat sliced bread, your portion is usually closest to ...

- 1 slice or piece
- 2 slices or pieces
- 3 slices or pieces
- 4 slices or pieces or more

If you eat bagels or English muffins, your portion is usually closest to (1 medium = Dunkin Donuts bagel) ...

- 1/2 medium
- 1 medium
- 1 1/2 medium
- 2 medium or more

If you eat tortillas or wraps, they are usually made from (choose all that apply) ...

- white flour
- corn flour
- 100% whole wheat flour
- unknown type

If you eat tortillas or wraps, your portion is usually closest to (1 medium = 8" diameter) ...

- 1 medium
- 2 medium or 1 large
- 3 medium
- 4 medium or 2 large or more

If you eat pancakes, waffles, french toast or mayorca, your portion is usually closest to (1 pancake/waffle = 4" diameter) ...

- 1 pancake, waffle or slice of french toast or less
- 2 pancakes, waffles or slices of french toast
- 3 pancakes, waffles or slices of french toast
- 4 pancakes, waffles or slices of french toast or more

If you add butter or margarine to breads, bagels and/or pancakes, your portion per slice/piece is usually (1 tsp = 1 pat) ...

- 1/2 pat
- 1 pat
- 1 1/2 pats
- 2 pats or more

If you add cream cheese to breads and/or bagels, your portion per slice/piece is usually ...

- 1 tablespoon
- 2 tablespoons
- 3 tablespoons
- 4 tablespoons or more

SUMMARY QUESTIONS										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat breads of any kind (not including tortillas, pancakes, waffles or french toast)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you eat sliced breads, what two types (brand name and type) do you eat most often? (e.g. Wonder, whole wheat)

- I do not know the brand and type

1. Participant does not need to complete.
2.

Do not write in shaded area:

CODE	1	2	3	4	5	6	7	8	9
CODE	1	2	3	4	5	6	7	8	9
CODE	1	2	3	4	5	6	7	8	9
CODE	1	2	3	4	5	6	7	8	9

Leave blank.

VEGETABLES										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Salad greens (e.g. lettuce, raw spinach, mixed greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked greens (e.g. spinach, kale, mustard, turnip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes, including canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed vegetables (frozen, fresh, or canned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, raw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
String beans, green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Refers only to the lettuce or uncooked greens --- all other ingredients of salad should be listed separately

SOUP (continued)										
If you eat beef stew, include in the "Beef, Pork and Lamb" section (not this section). If you eat chicken stew, include in the "Poultry" section (not this section).										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
Homemade or home-style soup, without meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken noodle, ramen noodle and/or chicken rice soup: canned or instant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable and/or tomato based soup: canned or instant (e.g. veg. beef, minestrone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you eat homemade or home-style soup, with or without meat, your portion is usually closest to ...
 1 cup 2 cups 3 cups 4 cups or more

If you eat canned or instant soup, your portion (prepared amount) is usually closest to ...
 1/2 cup 1 cup 1 1/2 cups 2 cups or more

Milk or cream added to beverages should be *not* be listed here. Instead, list under "Coffee, Tea and Cocoa"

DAIRY PRODUCTS AND EGGS										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+ x per day
Milk, plain (including soymilk; as beverage, <u>not</u> in cereal or coffee/tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate or flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, hard (e.g. cheddar, parmesan, swiss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, soft (e.g. mozzarella, brie, farmer's style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese, processed (American slices, Velveeta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese spreads or dips, or sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage cheese, fresh or farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt (not frozen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs (e.g. soft or hard-boiled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs (e.g. fried, scrambled, omelets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg salad (incl. in a sandwich, sub or wrap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast food egg sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you drink milk and/or flavored milk, it is usually ...
 skim/nonfat or 1% 2% whole soymilk lactose-free (e.g. Lactaid)

If you drink milk and/or flavored milk, your portion is usually closest to (8 fl. ounces = 1 cup) ...
 4 fl. ounces 8 fl. ounces 12 fl. ounces 16 fl. ounces or more

If you eat cheese, it is usually ...
 regular low/reduced fat nonfat/fat free

If you eat cheese, your portion is usually closest to ...
 1 slice or 2 tablespoons 2 slices or 3 tablespoons 3 slices or 4 tablespoons 4 slices or 5 tablespoons or more

If you eat cottage cheese, your portion is usually closest to ...
 1/4 cup 1/2 cup 3/4 cup 1 cup or more

If you eat yogurt, it is usually ...
 regular low/reduced fat nonfat/fat free light/no sugar added

Please continue on the next page.



SUMMARY QUESTIONS (Please note that the frequency headings are different)										
	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
How often do you usually drink fruit juice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you usually drink fruit drinks that are not 100% fruit juice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you usually drink soft drinks and/or energy drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COFFEE, TEA AND COCOA (Please note that the frequency headings are different)										
	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
Hot chocolate, cocoa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (all types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea (all types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you drink coffee, it is usually (choose all that apply) ...
 regular decaffeinated café con leche pre-sweetened coffee drinks (e.g. Colado, Dunkin Donuts' Coffee Coolatta, Starbucks' Frappuccino)

If you drink tea (hot or iced), it is usually (choose all that apply) ...
 black, regular herbal bottled or powdered iced tea, pre-sweetened (not fresh brewed)
 black, decaffeinated green bottled or powdered iced tea, un-sweetened or diet (not fresh brewed)

If you drink hot chocolate or cocoa, your portion is usually closest to ...
 Small (6 fl. ounces or 3/4 cup) Medium (12 fl. ounces or 1 1/2 cups) Large (18 fl. ounces or 2 1/4 cups) Extra Large (24 fl. ounces or 3 cups) or more

If you drink coffee or tea, your portion (including milk/cream) is usually closest to ...
 4 fl. ounces or 1/2 cup sm. (8 fl. ounces or 1 cup) med. (12 fl. ounces or 1 1/2 cups) lg. (16 fl. ounces or 2 cups) extra lg. (24 fl. ounces or 3 cups) or more

If you add sugar to coffee and/or tea, it is usually (indicate if sugar is for coffee and/or tea by marking below selection) ...
 1 teaspoon 2 teaspoons 3 teaspoons 4 teaspoons or more I use artificial sweetener
 coffee coffee coffee coffee coffee
 tea tea tea tea tea

If you add milk or cream to coffee and/or tea, it is usually prepared (indicate if milk or cream is for coffee and/or tea by marking below selection) ...
 dark (very little milk/cream) light (some milk/cream) half milk/cream, half coffee more milk/cream than coffee
 coffee coffee coffee coffee
 tea tea tea tea

If you add milk or cream to coffee and/or tea, it is usually ...
 milk half & half creamer cream non dairy creamer

SUMMARY QUESTIONS (Please note that the frequency headings are different)										
	Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
How often do you usually drink coffee and tea (hot or iced) and/or hot chocolate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page.

Milk or cream added to beverages should be accounted for *here* rather than under "Dairy Products and Eggs"

10.4 APPENDICES

- Appendix 1 International Physical Activity Questionnaire – Long Form | English**
- Appendix 2 International Physical Activity Questionnaire – Long Form | Spanish**
- Appendix 3 International Physical Activity Questionnaire – Telephone Form | English**
- Appendix 4 International Physical Activity Questionnaire – Telephone Form | Spanish**
- Appendix 5 Multicultural Food Frequency Questionnaire – English**
- Appendix 6 Multicultural Food Frequency Questionnaire – Spanish**
- Appendix 7 Multicultural Food Frequency Questionnaire – Food Booklet English**
- Appendix 8 Multicultural Food Frequency Questionnaire – Food Booklet Spanish**