

# ACT Diet Questionnaire

**DATA SET NAME: DIET**

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

**Summary variables are available at the end of this document**

Participant Name	<input type="text"/>
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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  Yes  No
  - eat less fat or cholesterol  Yes  No
  - use less salt  Yes  No
  - treat diabetes  Yes  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
<b>FRUITS AND JUICES</b>									
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
<b>VEGETABLES AND SIDE DISHES</b>									
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
<b>MEATS, FISH, POULTRY, AND MIXED DISHES (Reminder: Please include foods eaten at home and away from home.)</b>									
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
<b>LUNCH ITEMS (Please include anytime you eat these foods, not just at lunch.)</b>									
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
<b>BREAD, SNACKS, SPREADS</b>									
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
<b>BREAKFAST FOODS (Please include anytime you eat these foods, not just at breakfast.)</b>									
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
<b>SWEETS</b>									
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
<b>DAIRY PRODUCTS</b>									
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?

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
0	1	2	3	4	5	6	7	8
0	1	2	3	4	5	6	7	8

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																																	
<p>Review required for coding food items?</p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p> <p>↓</p> <p>Review Completed?</p> <p>1 <input type="checkbox"/> Yes</p>	<table border="1"><tbody><tr><td>Editor ID</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Data Entry ID</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1st Key Punch</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td></td><td>Mon</td><td>Day</td><td>Year</td><td></td><td></td></tr><tr><td>2nd Key Punch</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td></td><td>Mon</td><td>Day</td><td>Year</td><td></td><td></td></tr></tbody></table>	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"/>		Mon	Day	Year			2nd Key Punch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Mon	Day	Year		
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	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