



Alliance 182

Plate #200

Visit #002

Cohort #

MR centre #

Participant #

Participant Initials

F M L

Today's date:

year

month

day

BEVERAGES

	How often? Write in ONE column only				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
1. WHOLE MILK (HOMO) (as beverage or in cereal, but not in coffee or tea)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. 2% MILK (includes Lactaid) (as beverage or in cereal, but not in coffee or tea)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. 1% MILK (as beverage or in cereal, but not in coffee or tea)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. SKIM MILK (as beverage or in cereal, but not in coffee or tea)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. COFFEE, regular (brewed or instant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. COFFEE, decaffeinated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. TEA, regular (Red Rose, Salada)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. MILK in Tea and Coffee Please mark type:								
Homo milk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 tbsp or 30 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
2%/1%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 tbsp or 30 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skim	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 tbsp or 30 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. CREAM in Tea and Coffee Please mark type:								
Coffee cream 1 tbsp	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
Half & Half	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non dairy creamer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

BEVERAGES cont.

	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
						S	M	L
10. SUGAR or HONEY in Tea and Coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp or 1 pak	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. COLAS, non dietetic (Coca Cola, Pepsi)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 can or 355 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. OTHER SOFT DRINKS, non dietetic (7-Up)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 can or 355 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. DIET COLAS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 can or 355 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. ORANGE, GRAPEFRUIT JUICE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. APPLE, PINEAPPLE, OTHER JUICES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. FRUIT DRINK (iced tea, lemonade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. VEGETABLE JUICE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. YOGURT DRINK (also Lassi with sugar)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. BEER, ALE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 bottle or 355 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. WHITE WINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 oz or 150 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. RED WINE, SHERRY, PORT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 oz or 150 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. SPIRITS, Liquor only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1.5 oz or 45 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>



Alliance 182

Plate #202

Visit #002

Cohort #

MR centre #

Participant #

Participant Initials

F M L

DAIRY PRODUCTS

How often?
Write in ONE column only

Average
Serving

Your Serving Size

Less Than Average (small) Average (medium) More Than Average (large)

Per Day Per Week Per Month Per Year or Never

23. EGG (ANDA), boiled, poached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 egg	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. EGG, fried, scrambled, curry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 egg	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. CHEESE, regular fat, CREAM CHEESE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 2 tbsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. CHEESE, part-skim	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 30 gm	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. YOGURT, CURD, plain, regular fat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
28. YOGURT, Buttermilk, plain, low fat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
29. RAITA, with vegetables (cucumber, tomato, onion)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
30. YOGURT, fruit flavored	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
31. PANIR, RICOTTA CHEESE in curry, Malai kofta, Matar pani	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>

VEGETABLES, PEAS AND BEANS

32. POTATOES, boiled, mashed or baked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium or 1/2 cup	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. POTATO SABJI, stir fried, dry or sukhi (made with no liquid, tari or sauce)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. POTATO SABJI, curry (made with liquid, tari)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

VEGETABLES, PEAS AND BEANS cont.	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average	Average	More Than Average
						(small)	(medium)	(large)
35. CAULIFLOWER or CABBAGE SABJI, stir fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
36. GREEN PEPPER SABJI, stir fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
37. FRENCH BEANS, STRING BEANS, stir fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
38. BROCCOLI SABJI, stir fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
39. PEAS or MATAR CURRY (includes corn)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
40. OKRA or BHINDI, stir fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
41. DARK LEAFY VEGETABLES (example spinach, palak ka saag, sarson ka saag)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
42. TOMATO, fresh	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. ONIONS, raw, cooked, (alone or in mixed dishes such as curries)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. YELLOW SQUASH, PUMPKIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
45. WHITE SQUASH, GHIA, ZUCCHINI, EGGPLANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. VEGETABLE KOFTA CURRY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. LETTUCE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>



Alliance 182

Plate #204

Visit #002

Cohort #

MR centre #

Participant #

Participant Initials

F M L

VEGETABLES, PEAS AND BEANS cont.

How often?
Write in ONE column only

Average Serving

Your Serving Size

Less Than Average (small)	Average (medium)	More Than Average (large)
---------------------------	------------------	---------------------------

Per Day	Per Week	Per Month	Per Year or Never
---------	----------	-----------	-------------------

48. CUCUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

1/2 cup or 125 ml

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

49. CARROTS, raw or boiled

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

1/2 cup or 125 ml

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

50. CARROTS SABJI, stir fried

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo A, small (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

51. MIXED VEGETABLE SALADS (kachumbar, onion, tomato, pepper)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

1/2 cup or 125 ml

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

52. SWEET POTATO, LEEKS, RADISH, OTHER ROOTS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

1/2 cup or 125 ml

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

53. OTHER VEGETABLES, CURRY (example mushrooms, celery)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo B, medium (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

54. OTHER VEGETABLES, STIR FRIED (example mushrooms, celery)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo A, small (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

COOKED DRIED BEANS AND LENTILS

55. LENTIL/DAL CURRY (moong, masoor, urad, chana dal, split peas, besan curry)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo B, medium (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

56. SAMBHAR, RASAM

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo B, medium (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

57. CHICK PEAS CURRY (chane, white gram)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo B, medium (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

58. OTHER DRIED BEANS CURRY (kidney beans/Rajmah, black-eyed beans)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

photo B, medium (1/2 cup)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



Cohort #

MR centre #

Participant #

Participant Initials

F M L

COOKED DRIED BEANS AND LENTILS cont.	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
59. DHOKLA, IDLI (includes KHICHRI, no ghee)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2, 2" pieces	<input type="text"/>	<input type="text"/>	<input type="text"/>
60. DOSA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
61. BUTTER/PURE GHEE on lentils, baghar	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp or 1 pat	<input type="text"/>	<input type="text"/>	<input type="text"/>
62. MARGARINE on lentils, baghar	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp or 1 pat	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEATS/GOSHT								
63. BEEF CURRY, kofta, no vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
64. GROUND BEEF (mince, hamburger, keema kabob, dry kofta)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6" kabob or 2 kofta or 3" patty	<input type="text"/>	<input type="text"/>	<input type="text"/>
65. OTHER BEEF (roast, steak)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
66. PORK CURRY, kofta, no vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
67. OTHER PORK (pork chop, mince, keema, kabob, dry kofta)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6" kabob or 2 kofta or 3" patty	<input type="text"/>	<input type="text"/>	<input type="text"/>
68. GOAT, LAMB CURRY, no vegetables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
69. OTHER GOAT, LAMB (mince, roast, steak, chop, keema, kabob, dry kofta, raan)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6" kabob or 2 kofta or 3" patty	<input type="text"/>	<input type="text"/>	<input type="text"/>
70. HOT DOGS, SAUSAGES (example pork, link sausages)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 hot dog or 2 links	<input type="text"/>	<input type="text"/>	<input type="text"/>



Alliance 182

Plate #206

Visit #002

Cohort #

MR centre #

Participant #

Participant Initials

F M L

MEATS/GOSHT cont.

	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
71. LUNCH MEAT (ham, salami, bologna, bacon)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice (about 30 g)	<input type="text"/>	<input type="text"/>	<input type="text"/>
72. LIVER, fried or tala kaleja	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
73. FRIED CHICKEN, (includes chicken nuggets), CHICKEN WINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium or 4 wings	<input type="text"/>	<input type="text"/>	<input type="text"/>
74. CHICKEN CURRY (includes turkey, duck)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
75. ROAST, TANDOORI CHICKEN, tikka, in rice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
76. FRESH FISH, MACHLI, steamed, baked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
77. FISH CURRY, fish ball, kofta curry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
78. CANNED FISH, salmon, sardines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 can or 50 gm	<input type="text"/>	<input type="text"/>	<input type="text"/>
79. DEEP FRIED FISH, breaded, battered, fish stick, tali machli	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo C, medium or 5 fish sticks	<input type="text"/>	<input type="text"/>	<input type="text"/>
80. SEAFOOD, SHRIMP CURRY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo B, medium (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
BREADS, CEREALS AND GRAINS								
81. WHITE BREAD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice	<input type="text"/>	<input type="text"/>	<input type="text"/>
82. WHOLE WHEAT BREAD, 100% (includes dark rye)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice	<input type="text"/>	<input type="text"/>	<input type="text"/>
83. WHOLE WHEAT BREAD, 60% (includes light rye)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

BREADS, CEREALS AND GRAINS cont.	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
84. BREAD ROLLS (white flour), kaisers, bagels, hamburger/hot dog buns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
85. BREAD ROLLS (whole wheat), kaisers, bagels	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
86. ROTI, CHAPATI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
87. NAAN, PITA BREAD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
88. PARATHA, made with:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
	oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
	pure ghee	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
vegetable ghee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 6" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
89. PURI / MATHRI, fried in oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1, 4" diameter	<input type="text"/>	<input type="text"/>	<input type="text"/>
90. BRAN/GRANOLA CEREALS Specify usual brand:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3/4 cup or 175 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>

91. WHOLE WHEAT CEREALS (such as Shreddies) Specify usual brand:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>

92. SUGAR COATED CEREALS (Frosted Flakes, Fruit Loops) Specify usual brand:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>

93. NO SUGAR CEREALS (Corn Flakes, Rice Krispies) Specify usual brand:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250ml	<input type="text"/>	<input type="text"/>	<input type="text"/>



 Participant Initials

Cohort # MR centre # Participant # F M L

	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
BREADS, CEREALS AND GRAINS cont. 94. COOKED CEREALS (porridge, oatmeal, dalia, bulgar) Specify usual brand:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or 250ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
95. SUGAR on cereal (white, brown)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
96. CRACKERS (soda or snack type)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 crackers	<input type="text"/>	<input type="text"/>	<input type="text"/>
97. MUFFINS (bran, oat, fruit, fruit breads)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 small or 1/2 large	<input type="text"/>	<input type="text"/>	<input type="text"/>
98. RICE, boiled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
99. FRIED RICE, plain or pulao	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
100. BUTTER on breads, roti or boiled rice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp or 1 pat	<input type="text"/>	<input type="text"/>	<input type="text"/>
101. MARGARINE on breads, roti or boiled rice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp or 1 pat	<input type="text"/>	<input type="text"/>	<input type="text"/>
SNACKS								
102. FRENCH FRIED POTATOES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cup or small McDonald's	<input type="text"/>	<input type="text"/>	<input type="text"/>
103. SAMOSA, vegetable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
104. SAMOSA, meat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
105. VEGETABLE PAKORAS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, small (1/2 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
106. PAPAD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 small	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
MIXED DISHES, PIZZA AND PASTA cont.								
120. PASTA WITH CHEESE/MEAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	photo A, medium (1 cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRUITS								
121. APPLE, PEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
122. CITRUS FRUITS (oranges, clementines, grapefruit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 orange or 2 clementines or 1/2 grapefruit	<input type="text"/>	<input type="text"/>	<input type="text"/>
123. BANANA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium	<input type="text"/>	<input type="text"/>	<input type="text"/>
124. GRAPES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
125. BERRIES (strawberries, raspberries)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
126. PEACH, PLUM, NECTARINE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 medium peach or 1 large plum	<input type="text"/>	<input type="text"/>	<input type="text"/>
127. CANTELOUPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 1/2 cup	<input type="text"/>	<input type="text"/>	<input type="text"/>
128. WATERMELON, HONEYDEW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 wedge or 1 cup or 250 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
129. MANGO, PAPAYA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 mango or 1/2 cup	<input type="text"/>	<input type="text"/>	<input type="text"/>
130. ALL OTHER FRUIT (such as pineapple, kiwi)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 1/2 cup	<input type="text"/>	<input type="text"/>	<input type="text"/>
131. CANNED FRUIT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
132. DRIED FRUIT (such as raisins, dates)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp raisins or 2 dates	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant
Initials

F M L

DESSERTS AND SWEETS	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average	Average	More Than Average
						(small)	(medium)	(large)
133. CAKES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 2" x 4" x 1"	<input type="text"/>	<input type="text"/>	<input type="text"/>
134. DOUGHNUTS, SWEET ROLLS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 doughnut or 1 sweet roll	<input type="text"/>	<input type="text"/>	<input type="text"/>
135. ICE CREAM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
136. PIES AND TARTS, danish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 slice or 1/6 pie	<input type="text"/>	<input type="text"/>	<input type="text"/>
137. COOKIE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 cookie	<input type="text"/>	<input type="text"/>	<input type="text"/>
138. CHOCOLATE (includes chocolate candy, bar)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 small-size bar (45 gm) or 5 chocolates	<input type="text"/>	<input type="text"/>	<input type="text"/>
139. CANDY, no chocolate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 candies	<input type="text"/>	<input type="text"/>	<input type="text"/>
140. BARFI / LADOO, milk based, gajjar halwa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 piece, 1"	<input type="text"/>	<input type="text"/>	<input type="text"/>
141. BARFI / LADOO, (lentil, chick pea flour, besan- based, fried jalebi, bundi)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 piece, 1"	<input type="text"/>	<input type="text"/>	<input type="text"/>
142. CHUMCHUM / RASGULLA - type desserts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 piece	<input type="text"/>	<input type="text"/>	<input type="text"/>
143. GULAB JAMUN - type desserts, fried	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 piece	<input type="text"/>	<input type="text"/>	<input type="text"/>
144. SUJI KA HALWA / LENTIL HALWA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
145. RASMALAI - type desserts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 piece	<input type="text"/>	<input type="text"/>	<input type="text"/>
146. RICE KHEER (suji kheer, seviaan)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

MISCELLANEOUS

	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
						S	M	L
147. TOFU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 cup or 125 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
148. PEANUT BUTTER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
149. JAM, SYRUP, HONEY (not used in beverages)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
150. KETCHUP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
151. SALAD DRESSING, creamy type, regular	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
152. SALAD DRESSING, oil/vinegar, regular	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
153. MAYONNAISE on sandwiches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 15 ml	<input type="text"/>	<input type="text"/>	<input type="text"/>
154. CORIANDER, MINT, PARSLEY (includes chutneys)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4-5 stalks or 1 tbs ground	<input type="text"/>	<input type="text"/>	<input type="text"/>
155. COCONUT, fresh, in cooking, desserts, chutneys	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tbsp or 1" piece	<input type="text"/>	<input type="text"/>	<input type="text"/>
156. SOUTH ASIAN PICKLES, oil based (mango, lime, chili)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
157. PICKLES in brine (such as dills, relish, Kanji)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 dill or 1 tbsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
158. SOY SAUCE, in cooking, added to food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
159. GINGER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>
160. FRESH GARLIC (includes use in cooking)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1/2 tsp	<input type="text"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant
Initials

F M L

MISCELLANEOUS cont.	How often? <i>Write in ONE column only</i>				Average Serving	Your Serving Size		
	Per Day	Per Week	Per Month	Per Year or Never		Less Than Average (small)	Average (medium)	More Than Average (large)
						S	M	L
161. CHILIES, green, red	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 small	<input type="text"/>	<input type="text"/>	<input type="text"/>
162. ADDED SALT AT TABLE on raw or cooked dishes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 sprinkles	<input type="text"/>	<input type="text"/>	<input type="text"/>
163. SUGAR SUBSTITUTES (such as Equal, Nutrasweet)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 pak or 1 tablet	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR THE FOLLOWING QUESTIONS, PLEASE MARK **X** IN THE BOX THAT BEST DESCRIBES YOUR ANSWER

1. Are you a (*Please mark one box only*):

- Non-vegetarian (eats **ALL** meat, chicken and fish)
- Vegan (eats **NO** meat, **NO** chicken, **NO** fish, **NO** milk/dairy foods, **NO** eggs)
- Lacto-vegetarian (eats milk/dairy foods, but **NO** meat, **NO** chicken, **NO** fish, **NO** eggs)
- Lacto-ovo vegetarian (eats milk/dairy foods and eggs, but **NO** meat, **NO** chicken, **NO** fish)
- Semi-vegetarian (eats meat occasionally)
- Vegetarian who eats chicken and fish, but **NO** meat

2. How much of the visible fat on the meats do you eat? (*Please mark one box only*):

- most of it
- some of it
- as little as possible
- do not eat meat



Cohort #

MR centre #

Participant #

Participant
Initials

F M L

3. How often do you eat the skin on chicken? (*Please mark one box only*):

- always
- often
- sometimes
- never
- do not eat chicken

4. What kind of fat do you usually use for cooking curries, sabji? (*Please mark one box only*):

- vegetable oil pure ghee or butter do not cook
- vegetable shortening or vegetable ghee other, please specify: _____

5. What kind of fat do you usually use for frying? (*Please mark one box only*):

- vegetable oil pure ghee or butter do not fry
- vegetable shortening or vegetable ghee other, please specify: _____

6. What kind of fat do you usually use for baking? (*Please mark one box only*):

- butter vegetable shortening or vegetable ghee
- margarine pure ghee do not bake
- vegetable oil other, please specify: _____

7. What type of oil do you usually use? (*Mark all that apply*):

- corn oil sunflower oil vegetable oil
- canola oil soybean oil mustard oil
- peanut oil olive oil sesame oil or Til
- coconut oil other, please specify: _____



Cohort #

MR centre #

Participant #

Participant
Initials

F M L

8. How often do you eat fried foods? (Please mark one box only):

At homeAway from home

daily

daily

4-6 times per week

4-6 times per week

1-3 times per week

1-3 times per week

less than 1 per week

less than 1 per week

9. How often do you eat fresh fruits and vegetables? (Please mark one box only):

more than 6 servings per day

2-4 servings per day

5-6 servings per day

less than 1 serving per day

10. How often do you eat "take out" or meals away from home? (Please mark one box only):

daily

1-3 times per week

4-6 times per week

less than 1 per week

11. How often do you use coconut oil in cooking or coconut milk (liquid removed from shredded coconut which has been soaked in water)?

often

sometimes

never

12. What type of the following items do you use? (Please mark one box per line):

butter

regular

light

both

none

margarine

regular

light

both

none

mayonnaise

regular

light

both

none

cream cheese

regular

light

both

none

salad dressing

regular

calorie-
wise

both

none

sour cream

regular

light

both

none



Cohort #
 MR centre #
 Participant #
 Participant Initials F M L

13. VITAMINS

During the last year, did you take any of the following multivitamins or multivitamins with minerals?

If no, put an **X** in the box NONE and continue to the next item.

If yes, please write the brand name, if known, the number of **pills** taken **per week** (*mark X*) and the number of **years** and **months** that you took them in the past.

VITAMINS/SUPPLEMENTS	None	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
Multiple vitamins, no minerals Brand: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Multiple plus iron Brand: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Multiple plus minerals Brand: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
B complex: Brand: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Brewer's yeast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Cod liver or halibut oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo

Do not include your intake of multivitamins for the following. For each item, please mark (X) the number of **pills** taken **per week**, the number of **years** or **months** that you took them in the past and the **strength** you currently take (for example, 500 mg of Vitamin C),

Vitamin C only yrs mo

- 250 mg or less
- 500
- 1,000
- 1,500 or more



Alliance 182

Plate #217

Visit #002

Cohort #

MR centre #

Participant #

Participant Initials

F M L

VITAMINS/SUPPLEMENTS cont.	None	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
Vitamin E only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 200 IU or less							
<input type="checkbox"/> 400							
<input type="checkbox"/> 800							
<input type="checkbox"/> 1,000 or more							
Vitamin A only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 5,000 IU or less							
<input type="checkbox"/> 10,000							
<input type="checkbox"/> 15,000							
<input type="checkbox"/> 25,000 or more							
Beta carotene only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 5,000 IU or less							
<input type="checkbox"/> 10,000							
<input type="checkbox"/> 15,000							
<input type="checkbox"/> 25,000 or more							
Other vitamins:							
Folic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
Pyridoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo



Cohort #

MR centre #

Participant #

Participant Initials

F M L

VITAMINS/SUPPLEMENTS cont.	None	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
Iron only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 50 mg or less							
<input type="checkbox"/> 100							
<input type="checkbox"/> 200							
<input type="checkbox"/> 300 or more							
Calcium only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 500 mg or less							
<input type="checkbox"/> 1,000							
<input type="checkbox"/> 1,500							
<input type="checkbox"/> 2,000 or more							
Magnesium only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 100 mg or less							
<input type="checkbox"/> 200							
<input type="checkbox"/> 300 or more							
Selenium only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> yrs	<input type="text"/> mo
<input type="checkbox"/> 50 ug or less							
<input type="checkbox"/> 100							
<input type="checkbox"/> 150							
<input type="checkbox"/> 200 or more							



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Participant Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cohort #	MR centre #	Participant #			F	M	L

VITAMINS/SUPPLEMENTS cont.	None	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
	Zinc only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> 20 mg or less							
<input type="checkbox"/> 50							
<input type="checkbox"/> 75							
<input type="checkbox"/> 100 or more							

14. Other health or nutritional products (example, ginseng) *Please specify:*

Garlic pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Metamucil, psyllium, Isabgol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

NAME OF ITEM	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



Cohort #

MR centre #

Participant #

Participant Initials

F M L

Other FOODS or BEVERAGES consumed frequently

How often?
Write in ONE column only

Average Serving

Your Serving Size

1. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

4. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

5. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

6. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

7. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

8. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

9. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

10. _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

THANK YOU FOR YOUR HELP AND PARTICIPATION IN THE ALLIANCE FOR HEALTHY HEARTS & MIND.