WOMENS INTERAGENCY HIV STUDY INTENSIVE PK STUDY FORM PK-DIET: DIETARY ASSESSMENT

SECTION A: GENERAL INFORMATION

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	
A2.	LAST WIHS CORE VISIT #:	
A3.	VERSION DATE:	04/01/03
A4.	DATE OF CALL TO PARTICIPANT	
A5.	INTERVIEWER'S INITIALS:	
	SECTION B: DIETARY	ASSESSMENT
PRO	OMPT: SOME SITES WILL NOT HAVE ACCESS PLAN MEALS FOR PARTICIPANTS AH USUAL DIETS. IF YOUR SITE HAS ACCEDED MEALS, PLEASE PROVIDE A COPY OF GCRC. IF NOT, THE DIETARY ASSESS	EAD OF TIME TO SIMULATE THEIR CESS TO A GCRC THAT CAN PLAN THIS COMPLETED FORM TO THE
1	RODUCTION TO PARTICIPANT: "We want to normally eat. There are no right or wrong answers some of the questions we are asking so that we can PK study visit."	s, but we want you to think carefully about
B1.	How many meals or snacks do you typically eat in a	day?
	MealsSnacks	
B2.	What do you typically eat or drink for these meals or	r snacks?

reasons)	re any particular foods you do not eat (for example, because of allergies or for other)?	
Do you ever get up in the middle of the night to eat or drink anything? If yes, how often and what do you eat or drink?		
	drink coffee or tea? If yes, how many cups of each in a day?	
F	CoffeeTeaRegularRegularDe-CafDe-CafHerbal	
	o you drink grapefruit or orange juice? If yes, how much and how often?	
	ou eat fast food?YesNo fast food do you usually eat?	
How often do you eat fast food?		
Do you drink alcohol?YesNo		
	If yes, please answer all that apply:	
	Beer. How much each time and how often?	
	Wine. How much each time and how often?	
	Hard liquor. How much each time and how often?	