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	${\mathrm{M}}$ $^{\prime}$ ${\mathrm{D}}$ $^{\prime}$ ${\mathrm{Y}}$		
A5.	INTERVIEWER'S INITIALS:	<u> </u>		
	SECTION B: DIETARY	ASSESSMENT		
PRO	OMPT: SOME SITES WILL NOT HAVE ACCESS PLAN MEALS FOR PARTICIPANTS AH USUAL DIETS. IF YOUR SITE HAS ACC 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."	, 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?		
B2.		r snacks?		
B2.		r snacks?		
B2.		r snacks?		
B2.		r snacks?		

	reasons)?		
	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?		
	Do you drink coffee or tea? If yes, how many cups of each in a day?		
	Coffee Tea		
	RegularRegular		
	De-CafDe-Caf		
	Herbal		
	Do you drink grapefruit or orange juice? If yes, how much and how often?		
	Do you eat fast food?YesNo		
	XXII C C 1 . 1		
	What 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?		