

**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 — M / — D / — Y
- A5. INTERVIEWER'S INITIALS: — — —

SECTION B: DIETARY ASSESSMENT

PROMPT: SOME SITES WILL NOT HAVE ACCESS TO AN ASSOCIATED GCRC WHO CAN PLAN MEALS FOR PARTICIPANTS AHEAD OF TIME TO SIMULATE THEIR USUAL DIETS. IF YOUR SITE HAS ACCESS TO A GCRC THAT CAN PLAN MEALS, PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO THE GCRC. IF NOT, THE DIETARY ASSESSMENT NEED NOT BE ADMINISTERED.

INTRODUCTION TO PARTICIPANT: “We want to ask you a few questions about how you normally eat. There are no right or wrong answers, but we want you to think carefully about some of the questions we are asking so that we can plan appropriate meals for you during your PK study visit.”

B1. How many meals or snacks do you typically eat in a day?

_____ Meals _____ Snacks

B2. What do you typically eat or drink for these meals or snacks?

B3. Are there any particular foods you do not eat (for example, because of allergies or for other reasons)?

B4. 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?

B5. Do you drink coffee or tea? If yes, how many cups of each in a day?

Coffee	Tea
___ Regular	___ Regular
___ De-Caf	___ De-Caf
	___ Herbal

B6. Do you drink grapefruit or orange juice? If yes, how much and how often?

B7. Do you eat fast food? ___ Yes ___ No

B8. What fast food do you usually eat?

B9. How often do you eat fast food? _____

B10. Do you drink alcohol? ___ Yes ___ No

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?

DO NOT DATA ENTER PK-DIET.