

Women's Health Initiative

Form 62 - Four-Day Food Record

Name of participant: _____

For the period of:

Day (such as Friday):

Date (such as September 10, 1993):

1 _____

2 _____

3 _____

4 _____

If you have questions, call: _____

at: _____



Next Appointment

Date: _____

Time: _____

Place: _____

General Instructions For Keeping Record

- Please use **black ink** and write clearly.
- Record each meal/snack **right** after it is eaten.
- Fill in the **Meal** and **Place Prepared** sections for each meal or snack.
- In the **Place Prepared** column, write **H** for foods prepared at **Home**, **R** for foods prepared in a **Restaurant**, and **O** for foods prepared in **Other** places.
- Write each food or ingredient on a **separate line**.
- **Skip** a line after each meal or snack.
- If more space is needed for the same day, use the next page.
- Start each **new day** on a **new page**.
- Use the **recipe pages** starting on page 35 to describe homemade recipes. See sample on page 34.
- Use additional pages if needed and staple them to the food record.

Instructions For Recording Foods and Beverages

Please keep the following things in mind when you write down the foods you eat. See sample on pages 6, 8, and 10.

- **Fully describe** foods, beverages, sauces, spreads, etc.
Example: chicken thigh, skin not eaten; French dressing, low calorie.
- Write down **brand names** if you know them.
- Explain how foods are prepared. Example: Is meat fried, broiled, baked, breaded, etc.?
- For foods **prepared with fat**, write down the kind of fat used.
Example: fried in margarine (list brand name).
- Include foods you add at the table. Write these down on a **separate line**. Example: baked potato with
1 TB (tablespoon) butter
- List **each food or ingredient** used in sandwiches and mixed dishes.
- Record **exact** amounts. **Measure** all foods in cups, tsp (teaspoons), TB (Tablespoons), or size in inches.

If you have any questions, call your study contact person.

Vitamin and Mineral Supplements

Did you take a multivitamin during the days you kept this record?

Yes

No



If Yes, check the type(s) you used:

_____ One-a-day type multivitamins with minerals, such as
Centrum, or Theragran

with Beta-Carotene

without Beta-Carotene (look on the label)

_____ One-a-day type multivitamins without minerals

with Beta-Carotene

without Beta-Carotene (look on the label)

_____ Stress type multivitamins such as Stresstabs

with Beta-Carotene

without Beta-Carotene (look on the label)

_____ Antioxidant mixture such as Protegra

Did you take any vitamins or minerals as a separate pill?

Yes

No



Dose per pill

_____ Vitamin C _____ mg.

_____ Vitamin E _____ IU

_____ Vitamin A/Beta-Carotene _____ IU

_____ Beta-Carotene _____ IU

_____ Calcium _____ mg.

_____ Iron _____ mg.

Do you take a fiber supplement such as Metamucil or Citrucel?

If yes, Name: _____

Please write these vitamins and minerals in your daily food record when you take them.

General Questions

What brands and types of foods did you use while keeping this record?

Milk:

- whole 2% 1% skim

Margarine:

- stick tub squeeze
 regular diet/low fat fat free

Brand Name: _____

Salad Dressings:

- regular diet/low fat fat free

Type (Such as French, Italian, Ranch): _____

Brand Name: _____

Oil:

Type (Such as Corn, Canola, Soybean): _____

Brand Name: _____

Mayonnaise:

- regular light/reduced calorie fat free
 cholesterol free/reduced calorie cholesterol free

Brand Name: _____

PARTICIPANT ID# _____ - _____ - _____

Place Prepared H = Home R = Restaurant O = Other		Day: <u>Sunday</u>		Date: <u>9/26/93</u>	
Meal B = B'fast L = Lunch D = Dinner S = Snacks		S A M P L E			
↓		Foods And Beverages			Amount
↓	↓				
1	B	H	Orange Juice, unsweetened	2/3 cup	
2			Oatmeal, quick cooking made with water	1/3 cup	
3			Margarine, Mazola, stick	1 tsp	
4			2% milk	1/2 cup	
5			Brown Sugar	2 tsp	
6			Coffee, decaffeinated	2 cups	
7			Cream, half and half	2 TB	
8			Toast, whole wheat	1 slice	
9			Margarine, Mazola, stick	1 tsp	
10			Multivitamin	1 pill	
11			Vitamin C	1 pill	
12					

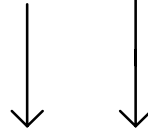
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Enter a **N** = No **Y** = Yes or **U** = Unknown for each column.

Was Fat Added at the Table?
Was Fat Added in Preparation?



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Place Prepared H = Home R = Restaurant O = Other		Day: <u>Sunday</u>		Date: <u>9/26/93</u>	
Meal B = B'fast L = Lunch D = Dinner S = Snacks		SAMPLE			
↓	↓	Foods And Beverages			Amount
1	L	H	Sandwich:		
2			Whole Wheat Bread	2 slices	
3			Ham, boiled, deli (4"L x 4"W x 1/8th)	1 slice	
4			Cheese, American Processed (3/4 oz/slice)	2 slices	
5			Best Foods Mayonnaise	1 TB	
6			Potato chips, ripple type	1 oz bag	
7			Diet Coke with caffeine	1 can	
8			Nabisco Oreo Cookies	2	
9					
10	D	H	Beef Stew (see recipe page 34)	1 serving	
11			Salad:		
12			Lettuce, romaine	1 cup	

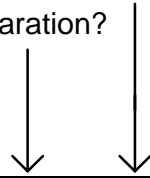
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Meal B = B'fast L = Lunch D = Dinner S = Snacks		<h1>SAMPLE</h1>			
↓	↓	Foods And Beverages			Amount
1			Tomato, peeled	1/4 med	
2			Cucumber, sliced	2" piece	
3			Hidden Valley Ranch dressing, regular	1 TB	
4			Roll, white, yeast 2"W x 2"L x 1"th	1	
5			Butter	2 tsp	
6					
7	S	H	Chocolate Ice Cream, Dryer's Grand	3/4 cup	
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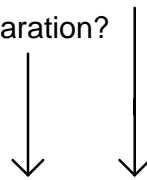
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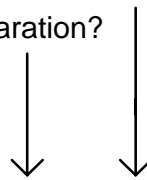
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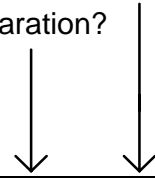
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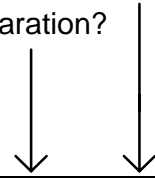
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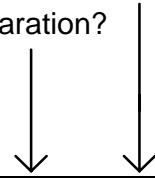
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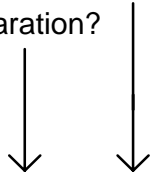
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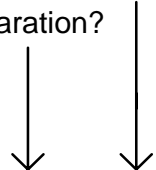
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Sample Recipe: Beef Stew

Name _____

Number of servings recipe made: 6

Number of servings you ate: 1

Ingredients	Amount
Stew beef, boneless chuck roast, trimmed	2 lbs
browned in Crisco Shortening	1/4 cup
white flour	1 TB
onion, chopped	1 large
beef broth, canned	1 cup
tomato sauce, canned	1 cup
dry red wine	1/2 cup
potatoes, medium sized, white, peeled, cut in half	6
carrots (about 6" long), sliced	6
celery, chopped	1 cup
fresh parsley, chopped	1/4 cup
Simmer 2-3 hours	

