STANDANDIZED INTERVIEW

1. Background and Rationale

A standardized interview permits collection of information in a uniform and consistent manner across participants and in the same individuals over time. Use of carefully worded questions with standard response options and validated questionnaires assures the same coverage of a topic area for all participants at all clinic visits.

The first part of this chapter lists the interview components and provides information on the source of each component, relevant references and key variables to be obtained, where applicable. The second part provides general interview administration guidelines, procedures for handling special difficulties, considerations for interviewing elderly persons, and specific guidelines including how to probe for answers.

The interview consists of two parts – general and medical interviews, each with multiple sections:

General interview components:
Social Demographics: age, DOB, race/ethnicity, nativity, first language, years of education, marital status, household size, housing type, health insurance coverage, household income, perceived income adequacy

All major standard socio-demographic information is captured in this section. The race/ethnicity questions use the U.S. Census designations for 2000. Housing type addresses residence in general housing, continuing care communities and assisted living facilities. Health insurance coverage identifies Medicare eligibility and use of Medigap and supplemental plans. Household income has four categories, ranging from less than $10,000 to more than $50,000. Income adequacy addresses whether family income meets expenses poorly, fairly well or very well and whether medical care was delayed and medications not purchased due to money problems.

Physical Function and Disability: difficulty/ease performing common functions (e.g., walking distances, climbing stairs, lifting/carrying) and difficulty performing basic and instrumental activities of daily living (e.g., light and heavy housework, shopping), receipt of personal assistance for basic ADL and driving difficulties

Since the majority of BLSA participants are well-functioning, ascertainment of physical function includes evaluation of "ease" of performance as well as difficulty and receipt of help. Questions that tap common functions (e.g., walking a distance, climbing stairs,

grasping) follow the format developed for the Health ABC study (see Simonsick, et al. Measuring higher level physical function in well-functioning older adults: Expanding familiar approaches in the Health ABC study. J Gerontol Med Sci 2001; 56A:M644-M649). Questions addressing basic and instrumental activities of daily living (ADL) follow the format used in the Longitudinal Study on Aging (LSOA) and common variants. Similar to the WHAS, receipt of help for all ADL is queried even in the absence of reported difficulty.

General Health and Symptoms: hospital, bed and reduced activity days in past year, tiredness, weakness, energy level, sleep habits and quality, appetite, weight loss and gain, oral health including pain and swallowing difficulty, vision problems and hearing difficulty, balance problems, dizziness/fainting, falls, fall-related injuries and fear of falling

This section ascertains general symptoms without regard to specific diseases or diagnoses using questions that have been used previously in a number of studies supported by the NIA in part or in total, such as the LSOA, WHAS and Health ABC. Questions on sleep encompass the Insomnia Rating Scale developed for the Women's Health Initiative (see Levine et al. Reliability and validity of the Women's Health Initiative Insomnia Rating Scale. Psychol Assessment 2003;15:137-148). The section on falls derives largely from Mary Tinetti's work (see Tinetti and Williams. The effect of falls and fall injuries on functioning in community-dwelling older persons. J Gerontol Med Sci 1998;53:M112-M119).

Aches and Pains: low back pain, history and current knee and hip pain, knee stiffness, shoulder and neck pain, peripheral neuropathy, headache, restless leg syndrome, presence and location of foot/ankle and hand/wrist pain

Joint pain questions focus on sustained pain (at least one month) over the past year in all the major joints. For knees and hips, WOMAC criteria for osteoarthritis is assessed, as well. Questions on headache derive from the ARIC study (see Perry Carson et al. Lifetime prevalence of migraine and other headaches lasting 4 or more hours: The Atherosclerosis Risk in Communities (ARIC) study. Headache 2003;44:20-28). Questions on restless leg syndrome were provided by Dr Earley, JHUSOM, Department of Neurology.

Lifestyle and Health Habits: physical activity and exercise, work/volunteer/care giving activities, leisure/social/recreational pursuits, time spent watching TV and reading, smoking and alcohol use

Questionnaire items that assess paid and volunteer work and caregiving activities come from the America's Changing Lives and Health ABC studies. The physical activity and

exercise questionnaire derives from the instrument developed for use in the Health ABC study, which extended the Leisure-Time Physical Activity Questionnaire (see Taylor et al.) to encompass lower level physical activities and walking. The BLSA version uses a reference period of two weeks instead of one to capture a greater variety of activities and ascertains participation in the past year for selected activities. Estimates of kilocalories of total physical activity and intense physical activity (i.e., exercise) can be derived from this instrument. Participation in leisure and recreational activities that are not primarily physical in nature, such as hobbies, crafts, reading, taking classes, visiting museums, seeing a movie, etc. is ascertained using an instrument developed for use in the Cognitive Vitality Substudy of Health ABC that encompasses a broad range of activities commonly pursued by middle-aged and older adults.

Smoking history captures tobacco exposure from cigarettes, cigars and pipes. Responses may be used to estimate pack-years. Questions on alcohol use cover weekly consumption from all sources combined and red wine separately. Past history of excessive consumption is also ascertained as well as reasons for no current consumption.

Psychological Health: happiness, personal mastery/ control beliefs, emotional support, perceived stress, community mobility, SF-12 including self-rated health

Based on the work of Pearlin and Schooler (The structure of coping. J Health Soc Behav 1978;18:2-21), personal mastery, often called control beliefs is determined from level of agreement/disagreement with two statements. A subset of six items from the Perceived Stress Scale capture anxiety symptoms as well as life stress over the past month (see Cohen et al. A global measure of perceived stress. J Health Soc Behav 1983;24:385-396). The community mobility instrument derives from the work of Anne Shumway-Cook (Environmental components of mobility disability in community-living older persons. J Am Geriatr Soc 2003;51:393-398) and constitutes a brief assessment of the participant's capacity and willingness to leave their home and walk about in the community. Global health, social and physical functioning is captured using the 12-item version of the Short Form – 36, the SF-12 (see Gandek et al. Cross-validation of item selection and scoring for the SF-12 health survey in nine countries: Results from the IQOLA Project. J Clin Epidemiol 1998;51:1171-1178).

Medical interview components:
Medical History: health service utilization, reported diagnoses of common chronic conditions, most recent occurrence of common events (e.g., heart attack, stroke, TIA), diagnosis and treatment status for hypertension, hypercholesterolemia, diabetes and osteoporosis; receipt of common, major clinical procedures (e.g., coronary artery bypass surgery); diagnosed cancers and age of diagnosis

Participants are asked whether they had a medical visit for any reasons since their last BLSA visit or within the past 2 years and whether and how frequently they get a routine physical examination to provide the context for questions concerning whether the participant has been told by a doctor (or other health professional) they have or have had any of several common medical events or conditions. All conditions included in the Charlson index of co-morbidity are queried (see Charlson et al. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. J Chron Dis 1987;40:373-383). For events – heart attack, stroke, TIA – time since most recent attack is ascertained. For chronic, treatable conditions – hypertension, diabetes, hypercholesterolemia, osteoporosis – medication use and whether lifestyle recommendations have been followed are ascertained. With prompting, participants are asked whether they have had any of the major, common, vascular procedures. For those reporting a diagnosis of arthritis, the areas affected is ascertained. Participants are also asked what if any of the common eye conditions they experienced.

Cardiovascular and Respiratory Symptoms: Rose questionnaire for angina and intermittent claudication, shortness of breath, cough, and wheezing, edema, signs of TIA and stroke

This section includes the major symptom indexes for cardiovascular and respiratory conditions, including the Rose questionnaire for angina and intermittent claudication (see Rose. The diagnosis of ischaemic heart pain and intermittent claudication in field surveys. Bull WHO 1962;27:645-658), a subset of questions from the American Thoracic Society for respiratory symptoms (see Ferris. Epidemiology Standardization Project (American Thoracic Society). Am Rev Respir Dis 1978;118(suppl):1-120) and a standardized set of questions used in ARIC to ascertain signs of stroke and TIA (see The ARIC Investigators. The Atherosclerosis Risk in Communities (ARIC) study: Design and objectives. Am J Epidemiol 1989;129:687-702).

Reproductive History (women only): birth history and parity, surgeries, use of birth control pills and hormone replacement therapies, menopause experience

This section represents a modified and shortened version of the previous BLSA reproductive history questionnaire (see Susan Resnick, for more detail). The present version is similar to instruments used in the Study of Osteoporotic Fractures (SOF) and Multi-Ethnic Study of Atherosclerosis (MESA) study.

Prostatitis & Erectile Dysfunction (men only): history of BPH and signs of prostatitis, use of erectile aids and signs of erectile dysfunction

Questions on prostatitis derive from the NIH chronic prostatitis symptom index (see Litwin et al. The National Institutes of Health chronic prostatitis symptom index:

Development and validation of a new outcome measure. J Urol 1999;162:369-375).

Urinary Problems: urinary symptoms including frequency, retention and incontinence

Presence of problems with urination is ascertained using the American Urological Association Symptom Score. Incontinence questions derive from those used in the Health ABC study among other general epidemiological studies.

History of Depressive Symptoms: History and signs of major depression and dysthymia

History of major depressive episode and dysthymia are assessed using questions from the Composite International Diagnostic Interview (CIDI).

2. Equipment and Supplies

There is no required equipment for the interviewer-administered questionnaire at this time. To facilitate good interviewing technique, however, the interviewer should have a standard clipboard to provide a solid surface on which to write and carry at least 2 pen/pencils for recording participant responses on the interview forms.

3. Safety Issues and Exclusions

There are no safety issues related to interview administration. However, some participants, either because of cognitive deficits, hearing, vision, or reading difficulties may require the use of a proxy respondent, visual presentation of the questions, or verbal presentation of the response options.

4. Participant and Exam Room Preparation

All interviews should be conducted in privacy. Both the interviewer and participant should be seated comfortably in a quiet location. When conducting the interview:

1) Sit across from the participant to allow easy eye contact
2) Sit close enough for you to be heard by the participant without needing to raise your voice
3) Choose a well illuminated room, but avoid glaring light in either your or the participant's eyes (e.g., from the sun)
4) Bring a clipboard to provide a writing surface in the event a table is not available. Using a clipboard to hold the questionnaire will also facilitate eye

contact, since you will not need to look down at the table to record each response
5) Carry at least two pen/pencils, to avoid unnecessary interruption.
6) Have tissues available in the event a participant becomes upset.

5. Detailed Measurement Procedures (*include estimated preparation and administration time and frequency of repeat administration (e.g. every visit, every 3 to 4 years)*

Even though a standardized interview promotes uniform and consistent collection of data across participants and over time, the way in which an interviewer administers the questions and questionnaires can also facilitate the standardized collection of data.

Conducting a standardized interview and administering a standardized questionnaire, requires good preparation, a serious, but pleasant demeanor, patience and enthusiasm. It is critically important for the interviewer to understand the purpose and meaning of each of the areas of questioning and to be familiar with skip patterns, response options, and alternative phrasing where applicable.

5.1 Interviewing Guidelines

The quality of the data collected depends largely on the quality of the interview. The following guidelines are provided to assist in obtaining unbiased, high quality interviews.

1) Know the forms thoroughly.
2) Follow all instructions and read questions and scripts on the questionnaire form as written to assure consistent data collection.
3) Become familiar with the questionnaire items so that you can *ask* the questions instead of just *reading* them, but don't try to ask questions from memory alone.
4) Use the form as a reference at all times.
5) Practice parts of the interview that seem awkward or unnatural until you can ask the questions in a natural, neutral manner.
6) Regularly review the instructions for each form or section.

5.2 Administering the Interview

When administering the interview, look directly at the participant and speak in a clear, neutral tone.

Follow a brisk, businesslike pace, but don't rush the participant or show impatience.

Modify the pace of the interview in response to participant cues. If the participant shows frustration or lack of understanding, slow down. If the participant shows annoyance or jumps in with answers to anticipated questions, then speed up. Do not skip questions under any circumstances.

Maintain a neutral tone when asking questions and giving the response options. Do not draw undue attention to any part of any question and do not place emphasis on specific response alternatives.

Maintain a neutral response to participant answers and actions. Record information faithfully, whether you feel the response is correct or not. Keep your reactions to yourself. Do not indicate surprise, approval, disapproval, etc. of any answer (or participant question) by word or action. Project smooth gracious acceptance of information, no matter how outrageous the content.

Deliver questions smoothly, naturally, and enthusiastically, no matter how many times you've asked the questions before. Use a conversational tone to avoid sounding like a robot.

Use the questions, scripts and recommended remarks as they are written, without apology.

Emphasize that there are no right or wrong answers.

5.3 Common Interviewing Difficulties

1) Participant with difficulty hearing:

Sit a little closer to the participant to reduce the need to shout. Make sure your face and mouth are clearly visible for participants who may rely on lip-reading.

Slow down your rate of speaking and speak in a lower-pitch (more bass-pitch, not soft-spoken or high-pitched) tone.

Avoid shouting, since raising your voice may distort the sound making it even harder for the participant to understand what you are saying

2) Participant with limited vision:

Since most questions are conveyed verbally, this is generally not a major interviewing impediment. For response options provided on cards, you may have to read them to the participant several times.

3) Participant with difficulty understanding a question:

When a participant does not understand a question, repeat it slowly using a clear voice, possibly altering the tone of your voice to help clarify potentially confusing text (e.g., emphasize key words or phrases). Repeat the question no more than twice. *Under no circumstances reword, explain, or otherwise interpret the question for the participant.* Simply encourage the participant to do the best they can. If the participant still does not understand the question, record as missing data and go on to the next question.

4) An exceptionally talkative participant:

Occasionally you may encounter a participant who wants to talk incessantly. Be accepting of the participant's needs, but do not hesitate to interrupt the participant gently, but firmly, saying something like, "I don't want to take up too much of your time, so let me continue with the next question."

It also helps to suspend eye contact with the participant. You can look down at the questionnaire, then look up at the participant and say something like, "perhaps you can tell me more about that when we are finished." If necessary, you can tell the participant that we have a schedule to follow and that you need to continue with the interview.

5) A participant who becomes upset:

Occasionally a participant may become upset or cry during the interview. Remain calm, but not distant or cold, and let the emotion run its course. Be sympathetic, without becoming involved. When the participant is able, return to the interview. In most instances, continuing with the interview will have a calming effect. If the interview has been completed and the participant is still upset, stay with them until they regain their composure.

6) A participant who is too impaired to handle the interview:

In rare instances, during the course of the interview, it may become apparent that the participant is too physically, emotionally, or cognitively incapacitated to provide accurate responses to the interview questions, even if they signed the consent form.

If a participant provides several or a series of responses that indicate gross cognitive incompetence, poor comprehension of the questions, or inability to provide appropriate answers, and/or provides grossly contradictory responses, you may need to discontinue the interview.

In some instances, a participant who is not oriented to place or time, etc., may still be capable of providing accurate, valid information about their feeling and symptoms, in which case, most parts of the interview can still be administered. For other parts, especially those requiring factual information, a well-informed proxy respondent may be required.

7) A participant who has strong objections to a question or line of questioning:

If a participant is reluctant to answer a question or set of questions, respond in a non-defensive tone, saying something like, "I understand your objection to this/these question(s). It is always your choice whether to answer a question or not. We value your opinions and feelings about all aspects of the study, including offensive or confusing questions." In many cases, the participant may change their mind about providing a response, especially after you show some sensitivity to their discomfort. Thus it is important to then ask, "Would you like me to repeat, the question?" If "no", then graciously move on to the next question or section. If "yes", then repeat the question and thank the participant for providing a response.

If a participant pursues the objection, e.g., asking the purpose of including questions on that topic, even if you know the purpose, say something like, "the study investigators felt that these questions would provide important information to help understand the aging process." Be responsive, but then quickly continue with the interview.

8) A participant who is curious about the research:

Occasionally, a participant (even when willing to answer a set of questions) will want to know the purpose for including a set of questions or other measures. It is important that you provide a neutral response, such as, "The study investigators feel that these questions will provide important information to help understand the aging process." Even if you know the purpose, do not share it with the participant. If the participant persists in their inquiry, you can say, "I don't have the authority to provide you that information, but you may speak with my supervisor, if you like." Graciously and quickly, continue with the interview.

5.4 Specific Guidelines for Conducting the Interview, Asking Questions and Recording Responses

1) Interviewer instructions and introductory comments:

In addition to the questions and response options, the interview data collection forms will include interviewer instructions and introductory text.

Interviewer instructions will be clearly indicated and are intended to assist the interviewer

in administering a particular set of questions. The interviewer should become familiar with these instructions during interviewer training. They are included on the form as a reminder and are NOT to be read aloud to the participant.

Introductory comments should be read aloud to the participant. These comments are provided to transition into or introduce a new line of questioning. It is important to read the introduction as written.

2) Stem and conditional questions:

Stem or primary questions are to be asked of all participants and will be numbered with a whole number and be aligned flush with the left margin.

Conditional questions are not typically asked of all participants. Whether and which questions are asked depends on the participant's response to the related stem question(s). In most cases interviewer instructions will provide a detailed description of the questioning procedures. Conditional questions will carry the stem question number followed by a letter. In some cases directional arrows may be used, as well.

3) Response options:

Most questions will have specific response options. When the response options are extensive, a response card will be prepared for you to show to the participant. Even though the words will be in large print, you should read through the responses for the first and possibly the second time they apply. In most cases the responses will be numbered. You can tell the participant that they can give you the actual response or simply provide the number that corresponds to their selected response.

In some cases, even though specific response options are not provided, they are implied. For example, for the question, how many days in the past two weeks, did you go for a brisk walk, the response options range from 0 to14. If a participant has difficulty providing a response, you can prompt them, by giving examples of acceptable responses. Using the example, you could ask, "not at all, 2 or 3 times per week, every other day, most every day?" If the participant selects a response you provide, be sure to translate that response back to the possible options. For instance, if they say 2 or 3 times per week, you should ask, "do you mean 5 days in the past 2 weeks?" Clarify and modify the response as needed.

Some questions will allow, in addition to a pre-coded response, an open-ended response. Typically, this involves questions seeking a reason for a behavior or condition. The most common reasons will be provided as a standard response, but "other, specify" will be included to capture atypical reasons. In this case "other (specify)" should be recorded

and the explanation of "other" should be written clearly in the space provided.

4) Changing an answer / editing:

If the participant changes their mind after you record a response or if you make a recording error, put a slash through the answer that was incorrectly marked and mark the correct one. Initial and date the correction.

Occasionally, over the course of the interview, the participant may realize they provided incorrect information to an earlier question. In this case, you should go back to the earlier (set of) question(s), repeat the question(s) and record the correct response, following the procedure described above.

In some cases you may notice an inconsistent response. Probe to correct for obvious contradictions and make the necessary changes following the procedures described above.

All answers must be obtained and recorded at the time of the interview. When you have completed the questionnaire, quickly review the forms to make sure you haven't skipped any sections or questions while the participant is still present.

5) Obtaining adequate and complete responses:

All questions should be asked in the order in which they appear on the forms and exactly as they are printed. Ask every question, unless it's conditional and the conditions for asking have not been met. Even if you believe you know the answer to a question, you still need to ask the participant directly.

Record a response for every question. Do not leave anything blank. Even though most questions include "don't know" and "refused" as response options, do not accept "don't know" or a refusal, without probing at least once. Often, a participant will respond with "don't know", when all they need is some time to think about the correct response. It is OK for you to encourage a participant to take some time to collect their thoughts and then repeat the question.

If a participant's response does not fit into a response category or is ambiguous, e.g., "sometimes yes, sometimes no", help the participant select one of the standard responses. You can say something like, "if you had to choose, is it usually yes or is it usually no?"

For questions that refer to a specific time period, e.g., over the past 12 months, be sure to emphasize the time period covered. It is usually a good strategy to restate the time frame also, e.g., since this time last (December).

For questions that inquire about how often or the number of times something is done or occurred within a given time period, it may be necessary to help the participant choose the most appropriate answer. Most people don't think about behaviors or events in terms of frequency. When someone responds, "a few days per week", when you need the number of times in the past two weeks, you need to work out the numbers yourself and then check with the participant to make sure they agree. For this example, you can say, "would you say then that you typically walk briskly 4, 5, or 6 times in two weeks?"

Many questions concern the participant's current status – their current behaviors (e.g., how often they go for brisk walks, visit with family), symptoms, feelings, living arrangement, etc. Occasionally, unusual or temporary circumstances such as a major holiday, social event, or severe weather may affect "current" situations. When this occurs, you may need to modify your instructions to the participant to clarify that when the question states currently, we mean usually. This situation most commonly occurs with activity related questions, which may refer to the past two weeks. If a major snowstorm occurred in the past two weeks, for instance, then the actual frequency of walking outside would not accurately reflect the usual frequency of outdoor walking in a two-week period. On the other hand, if a change in activity level, visit frequency, etc. stems from a recent injury or health event the participant sustained, we want to know the actual level of activity, etc., not the "usual" (or in this case, previous).

6. Procedures for Performing the Measurement at Home

The interview can easily be conducted in the participant's home, but it is critically important that you find a quite, private place in which to conduct the interview.

7. Alert Values/Follow-up/Reporting to Participants

None.

8. Quality Assurance

8.1. Training Requirements

The interviewer does not need to have any special qualifications, except for a clear speaking voice and good reading skills.

Training should include:

Reading and studying the operations manual
Thorough review of the BLSA interview
At least 2 practice administrations to willing volunteers

8.2. Certification Requirements

Observation and evaluation of two to three mock interviews by clinic coordinator (or their designate).

Observation and evaluation of one interview with a BLSA participant by the clinic coordinator (or their designate).

8.3. Quality Assurance/Certification Checklist

Questionnaire Administration

- ☐ Reads script and questions exactly as written (same order, same wording)
- ☐ Response options read / not read when appropriate
- ☐ Uses all mandatory response cards with the appropriate questions
- ☐ Uses optional response cards appropriately
- ☐ Follows skip patterns in questionnaire
- ☐ Accurately and clearly records participant responses
- ☐ Follows guidelines for recording data on scannable forms
- ☐ At the end of interview, reviews forms for completeness

Interviewing Techniques

- ☐ Reads slowly, speaks clearly and uses appropriate inflection
- ☐ Maintains a neutral attitude toward participant responses
- ☐ Elicits accurate and complete information using non-directive probes
- ☐ Keeps interview on track by presenting questions at a regular pace
- ☐ Directs participant's attention to answering questions, politely and thoughtfully
- ☐ Treats participant with respect
- ☐ Maintains a professional and friendly manner
- ☐ Leaves participant with an overall positive feeling about the interview

9. References

See text.

NUTRITION

9. Background and Rationale

Dietary intake may strongly affect the aging process and the development of age-related diseases**.**

9.1 Recommended Instrument(s)

- Instructions for BLSA Participants recording food intake for Nutrition Study
- Recording Diet Records – Instructions
- UDSA Food Intake Record
- Food Frequency Questionnaire

9.1.1 Strengths and weaknesses of selected approach

Participants are asked to complete the Food Intake Record prior to arriving for their visit. The number of days recorded on the record was recently decreased from seven (7) days to three (3) days. Participants have been more receptive to completing three days.

9.1.2 Analogous (past) measures used in the BLSA (including time periods covered)

In the past, the Food Intake Record and Questionnaire were given to the participant during the BLSA visit. It was requested that the participant complete the Food Intake Record at home and mail it back to the NIA. Participants were requested to complete seven (7) days on the Food Intake Record and often refused or did not complete or return the record.

9.2 Maintenance

A database containing a record of participants who have completed the Food Intake Record and Food Frequency Questionnaire is maintained by the BLSA Coordinator.

10. Safety Issues and Exclusions

There are no safety issues related to completing the Food Intake Record or Food Frequency Questionnaire. However, some participants, either because of cognitive deficits, vision, reading or writing difficulties may require the use of a proxy for

completion of the information.

11. Detailed Measurement Procedures

BLSA subjects are asked to record their food intake for three (3) days prior or after coming for each visit and to deliver the record back to NIA for review, coding and electronic input. The coding and electronic input of these data is done by NIA investigators in collaboration with researchers from other Universities. All data on dietary intake delivered to NIA collaborators are completely de-identified. The UDSA Food Intake Record Booklet is mailed to the participant prior to their scheduled visit. Instructions on how to record food intake are sent with the Food Intake Record. During their visit, participants are also asked to complete the Food Frequency Questionnaire, which asks about usual eating habits over a 12 month period.

12. References

Chernoff, R., Normal aging, nutrition assessment, and clinical practice. Nutr Clin Pract. 2003 Feb;18(1):12-20.

INSTRUCTIONS FOR BLSA PARTICIPANTS
RECORDING FOOD INTAKE FOR NUTRITION STUDY

Enclosed you will find the blue USDA booklet for recording your Food Intake Record. We ask that you record everything you eat and drink for 3 consecutive days in the blue USDA booklet. Please return the blue booklet when you come for your BLSA visit. Listed below are the instructions for completing the Food Intake Record. Thank you for your participation.

Please do not write your name on the booklet – your BLSA number is listed.

1. Record everything you eat and drink. Record all that you eat and drink as soon after eating as possible.

2. Use a separate line to record each item.

3. Record the time the food is eaten.

4. Indicate where you are eating (Pl=Place). You may use the following abbreviations:

   H=Home R=Restaurant C=Cafeteria FH=Friend's Home

   FF=Fast Food Restaurant (i.e.-McDonald's, Burger King, Taco Bell)

   If other, indicate where.

5. Describe the food/beverage. Remember to tell everything you possibly can about a food. For example, was it fried, baked, broiled, buttered, creamed with sauce or gravy? If any fat was used in the preparation, please indicate the type by brand name, if known.

6. Record whether salt was added during preparation of foods or at the table.

7. Describe the amount eaten as accurately as possible. Use household measuring cups and spoons to determine teaspoons, tablespoons, cups and ounces. If the amount does not fit into this description, use the "other" column and enter dimensions, numbers, etc. (one slice of bread, 4x4x42" cake).