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Georgia Centenarian Study

Nutrition & Health Behavior Questionnaire

Pilot Testing Booklet

Summer 2002

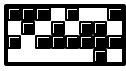
Date of Interview

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
MM			DD			YY	

Time Begun

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
HH			MM	





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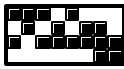
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Instructions:

The information concerning nutrition and food habits was obtained primarily from...





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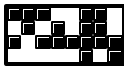


Nutrition and Food Habits

The information concerning nutrition and food habits was obtained primarily from (choose one):

- Individual in the study
- Family member
- Other proxy
- Medical chart
- Direct observation of the individual in the study





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Food Habits

1. At mealtimes, how does this individual usually eat?

Is completely unable to feed self

Can eat with some help

Is able to eat without help

2. How does this individual receive most of his/her nourishment? Choose one category.

This individual is refusing nourishment

Partial or total parenteral nutrition

Tube feeding

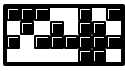
Oral liquid supplements

Blenderized or pureed liquid diet

Soft diet

Mechanically altered diet

Typical diet of regular foods



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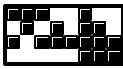
Instructions:

3. How many meals does this individual usually consume each day?

5. How many servings of oral liquid supplement does this individual usually consume (a serving is an 8 ounce cup or can)?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.





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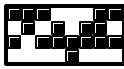
Food Habits

4. How many meals does this individual usually consume each day?

- Generally does not consume meals
- 1 meal daily
- 2 meals daily
- 3 meals or more daily
- Don't know
- Missing

5. How many servings of oral liquid supplement does this individual usually consume (a serving is an 8 ounce cup or can)?

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 per week | <input type="checkbox"/> 6 per week |
| <input type="checkbox"/> 1 per week | <input type="checkbox"/> 1 to less than 2 per day |
| <input type="checkbox"/> 2 per week | <input type="checkbox"/> 2 or more per day |
| <input type="checkbox"/> 3 per week | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 4 per week | <input type="checkbox"/> Missing |
| <input type="checkbox"/> 5 per week | |



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Instructions:

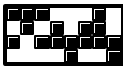
6. How many servings of milk, yogurt, and cheese does this individual usually consume? (Do not include the liquid meal replacement here).

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.

7. How many servings of meat, fish, or poultry does this individual usually consume?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.





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Food Habits

6. How many servings of milk, yogurt, and cheese does this individual usually consume? (Do not include the liquid meal replacement here).

Less than 1 per week

6 per week

1 per week

1 to less than 2 per day

2 per week

2 or more per day

3 per week

Don't know

4 per week

Missing

5 per week

7. How many servings of meat, fish, or poultry does this individual usually consume?

Less than 1 per week

6 per week

1 per week

1 to less than 2 per day

2 per week

2 or more per day

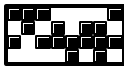
3 per week

Don't know

4 per week

Missing

5 per week



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Instructions:

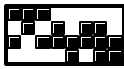
8. How many servings of green vegetables does this individual usually consume?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.

9. How many servings of orange or yellow vegetables does this individual usually consume?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.





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Food Habits

8. How many servings of green vegetables does this individual usually consume?

Less than 1 per week 6 per week

1 per week 1 to less than 2 per day

2 per week 2 or more per day

3 per week Don't know

4 per week Missing

5 per week

9. How many servings of orange or yellow vegetables does this individual usually consume?

Less than 1 per week 6 per week

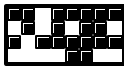
1 per week 1 to less than 2 per day

2 per week 2 or more per day

3 per week Don't know

4 per week Missing

5 per week



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Instructions:

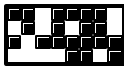
11. How many servings of citrus fruit or citrus juice does this individual usually consume?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.

12. How many servings of other non-citrus fruit or juice does this individual usually consume?

IF "DON'T KNOW" - OBTAIN THE BEST ESTIMATE RATHER THAN "SKIPPING" THIS QUESTION.





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Food Habits

11. How many servings of citrus fruit or citrus juice does this individual usually consume?

Less than 1 per week 6 per week

1 per week 1 to less than 2 per day

2 per week 2 or more per day

3 per week Don't know

4 per week Missing

5 per week

12. How many servings of other non-citrus fruit or juice does this individual usually consume?

Less than 1 per week 6 per week

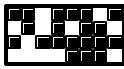
1 per week 1 to less than 2 per day

2 per week 2 or more per day

3 per week Don't know

4 per week Missing

5 per week



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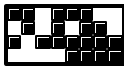
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Instructions:

13. Has this individual had a change in body weight in the past three months?

14. This information about body weight is from:





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Body Weight

13. Has this individual had a change in body weight in the past 3 months?

No (0 to 4 pounds)

Yes, of 5 to 9 pounds

Yes, of 10 to 14 pounds

Yes, of 15 to 19 pounds

Yes, of 20 or more pounds

Has this weight change been weight gain or loss?

Weight gain

Weight loss

14. This information about body weight is from:

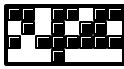
Individual in the study

Family member

Other proxy

Medical chart

Direct observation of the individual in the study



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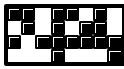
Instructions:

Mini-Nutrition Assessment

A. Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

B. Weight loss during last three months





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Mini-Nutrition Assessment

A. Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Severe loss of appetite

Moderate loss of appetite

No loss of appetite

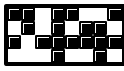
B. Weight loss during the last three months

Weight loss greater than 3 kg (6.6 lbs)

Does not know

Weight loss between 1 and 3 kg (2.2 and 6.6 lbs)

No weight loss



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Tobacco Use

Instructions:

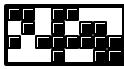
1. Have you ever used tobacco?

If yes,

What type?

When using tobacco the most, how much did you use?





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Five empty boxes for ID entry

Health Behavior - Tobacco Use

1. Have you ever used tobacco?

Yes

No → **GO TO QUESTION 3 (Pages 22-23)**

Don't Know

Refused

If **YES**, what type? **CHECK ALL THAT APPLY**

Cigarettes

Cigars

Pipe

Chewing tobacco

Snuff

When using tobacco the most, how often did you use?

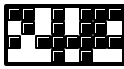
6 or more times a day

3 to 5 times a day

1 or 2 times a day

Less than 1 time a day

Other



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Tobacco Use - Currently Smoking

Instructions:

2. Do you use tobacco now?

If no,

When did you begin and stop?

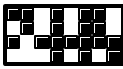
If yes,

When did you begin?

What type do you use?

When using tobacco the most, hHow often do you use?





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Four empty boxes for ID number

Health Behavior - Tobacco Use

2. Do you use tobacco now?

Yes

No

If **NO**, approximately when did you **begin & stop**?

Began Smoking

Year

OR

Years ago

OR

At age

Stopped Smoking

Year

OR

Years ago

OR

At age

If **YES**, approximately when did you **begin** smoking?

If **YES**, what type? **CHECK ALL THAT APPLY**

Cigarettes

Cigars

Pipe

Chewing tobacco

Snuff

When using tobacco the most, how often do you use?

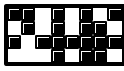
6 or more times a day

3 to 5 times a day

1 or 2 times a day

Less than 1 time a day

Other



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Alcohol Use

Instructions:

3. Have you ever used alcohol?

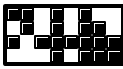
If YES,

What type?

How often did you use alcohol?

For how long did you use alcohol?





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Four empty boxes for ID number

Health Behavior - Alcohol Use

3. Have you ever used alcohol?

Yes

No → Survey Complete

If YES, what type? **CHECK ALL THAT APPLY**

Beer (12 oz)

Wine (4 oz)

Whiskey (1 oz)

When using alcohol the most, how much did you drink?

More than 3 drinks a day

1 to 2 drinks a day

Less than 1 drink a day

Less than 1 drink a week

When did you begin and stop (if applicable) using alcohol?

Began Drinking

Year

OR

Years ago

OR

At age

Stopped Drinking

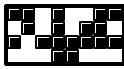
Year

OR

Years ago

OR

At age



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Alcohol Use - Currently Drink

Instructions:

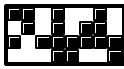
4. Do you use alcohol now?

If YES,

What type?

How often do you use alcohol?





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Five empty boxes for ID number

Health Behavior - Alcohol Use

4. Do you use alcohol now?

Yes

No

If YES, What type? **CHECK ALL THAT APPLY**

Beer (12 oz)

Wine (4 oz)

Whiskey (1 oz)

When using alcohol the most, how much do you drink?

More than 3 drinks a day

1 to 2 drinks a day

Less than 1 drink a day

Less than 1 drink a week

Time Ended

Two pairs of empty boxes for HH and MM

HH

MM