

<b>Section Q. VITAMIN AND MINERAL INTAKE — CHILD</b>				RT 69
				3-4
<b>Q1</b>	Refer to Table A, Cover page		Sample Person Number _____	
	<input type="checkbox"/> Children 2-6 in family (Enter sample person number and name, THEN 1) <input type="checkbox"/> No children 2-6 in family (NEXT SP)		First name _____	
<b>HAND CALENDAR</b> Read to respondent: The following questions concern (name) use of vitamin and mineral products.				7
<b>1. During the past 2 weeks, (that is, the 2 weeks outlined in red on that calendar), beginning Monday (date) and ending this past Sunday (date), did — take any vitamin, mineral, or fluoride products?</b>				1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (Next SP)
<b>2. How many DIFFERENT vitamin, mineral, or fluoride products did — take during the past 2 weeks?</b>				2. _____ Number of different products 99 <input type="checkbox"/> DK
<b>3. [May I see the container(s)/Would you please bring to the telephone the container(s) for (ALL) the vitamin or mineral product(s) — took during the past 2 weeks, including any fluoride or vitamin fluoride product(s)?</b>				
RECORD FROM THE PRODUCT LABEL. IF NO CONTAINER AVAILABLE AND FOR TELEPHONE, ASK 4 FOR EACH PRODUCT.				
<b>PRODUCT 1</b>	<b>4a. What is the (first) product name?</b>			10-54
	<input style="width: 100%; height: 15px;" type="text"/>			55-99
				100
<b>Q2</b>	Refer to FLASHCARD Q.		<input type="checkbox"/> Both names NOT on card, container available and legible (5) <input type="checkbox"/> Both names NOT on card, container not available or illegible (6) <input type="checkbox"/> Both names on card (Enter code _____, THEN 6)	
<b>5. Nutrients</b>				
		Quantity	Units	RT 70 3-4
Vitamins				
01	Vitamin A	5-6	7-11	12-13
02	Vitamin D	14-15	16-20	21-22
03	Vitamin E (Tocopherol)	23-24	25-29	30-31
04	Vitamin C (Ascorbic Acid)	32-33	34-38	39-40
05	Folic Acid (Folacin)	41-42	43-47	48-49
06	Thiamine (B <sub>1</sub> )	50-51	52-56	57-58
07	Riboflavin (B <sub>2</sub> )	59-60	61-65	66-67
08	Niacin (Niacinamide)	68-69	70-74	75-76
09	Vitamin B <sub>6</sub> (Pyridoxine)	77-78	79-83	84-85
10	Vitamin B <sub>12</sub> (Cyanocobalamin)	86-87	88-92	93-94
11	Biotin	95-96	97-101	102-103
12	Pantothenic Acid (Pantothenate)	104-105	106-110	111-112
Minerals		Compound	Quantity	Units RT 71 3-4
13	Calcium	5-6	7-8	9-13
14	Phosphorus	16-17	18-19	20-24
15	Iodine	27-28	29-30	31-35
16	Iron (Ferrous/Ferric)	38-39	40-41	42-46
17	Magnesium	49-50	51-52	53-57
18	Copper (Cuprous/Cupric)	60-61	62-63	64-68
19	Zinc	5-6	7-8	9-13
20	Potassium	16-17	18-19	20-24
21	Chromium	27-28	29-30	31-35
22	Manganese	38-39	40-41	42-46
23	Selenium (Selenate)	49-50	51-52	53-57
24	Fluoride	60-61	62-63	64-68
25	Non-listed nutrient	71-72		

Circle if known, otherwise ask:

**6a. In what form did — take this product —**

1. Capsules, tablets, or pills?    1 2 3 4 5 8 9

2. Wafers?    1 2 3 4 5 8 9

3. Teaspoon(s)?

4. Tablespoon(s)?

5. Drops/Droppers?

8. Some other form? \_\_\_\_\_ (Specify)

9. DK

Record from label, ask if telephone interview:

**6b. How many (entry in 6a) must — take to obtain the amount of nutrients listed on the label?**

\_\_\_\_\_ Number  
99  DK

**7a. During the past 2 weeks, on how many days did — take [(product name in 4a)/the vitamin or mineral]?**

14  Every day    77-78

\_\_\_\_\_ Number of days  
99  DK

**7b. On the day(s) when — took [(product name in 4a)/the vitamin or mineral], how many (entry in 6a) did — take per day?**

\_\_\_\_\_ Number per day  
99  DK

**8. For how long has — been taking this type of product?**

Number {  Days  
           Weeks  
           Months  
           Years

84  
85

**9. Did — have a doctor's prescription to obtain this product?**

1  Yes  
2  No  
9  DK } (Next product)

LIST OF COMPOUNDS FOR ITEM 5

1 - Aluminum citrate	7 - Fumarate	13 - Lactate
2 - Aspartate	8 - Gluconate	14 - Oxide
3 - Bitartrate	9 - Glycerophosphate	15 - Phosphate
4 - Carbonate	10 - Hydroxide	16 - Pyrophosphate
5 - Chloride	11 - Iodate	17 - Sodium
6 - Citrate	12 - Iodide	18 - Sulfate

<b>FOOTNOTES</b>	
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<b>Section Q. VITAMIN AND MINERAL INTAKE — ADULT</b>						RT 73
						Sample Person Number <span style="border: 1px solid black; padding: 0 5px;">3-4</span>
<b>Q1</b>						First name <span style="border: 1px solid black; padding: 0 5px;">5-6</span>
<b>PRODUCT 6</b>	4a. What is the (sixth) product name? <span style="float: right;">10-54</span>					
	b. What is the manufacturer's or distributor's name? <span style="float: right;">55-99</span>					
<b>Q2</b>	Refer to FLASHCARD Q.					100
<input type="checkbox"/> Both names NOT on card, container available and legible (5) <span style="float: right;">101-102</span> <input type="checkbox"/> Both names NOT on card, container not available or illegible (6) <span style="float: right;">101-102</span> <input type="checkbox"/> Both names on card (Enter code <span style="border: 1px solid black; padding: 0 5px;">  </span> , THEN 6) <span style="float: right;">101-102</span>						
<b>5. Nutrients</b>						RT 74 3-4 73-74
		Vitamins		Quantity	Units	
01	Vitamin A	5-6	7-11	12-13		
02	Vitamin D	14-15	16-20	21-22		
03	Vitamin E (Tocopherol)	23-24	25-29	30-31		
04	Vitamin C (Ascorbic Acid)	32-33	34-38	39-40		
05	Folic Acid (Folacin)	41-42	43-47	48-49		
06	Thiamine (B <sub>1</sub> )	50-51	52-56	57-58		
07	Riboflavin (B <sub>2</sub> )	59-60	61-65	66-67		
08	Niacin (Niacinamide)	68-69	70-74	75-76		
09	Vitamin B <sub>6</sub> (Pyridoxine)	77-78	79-83	84-85		
10	Vitamin B <sub>12</sub> (Cyanocobalamin)	86-87	88-92	93-94		
11	Biotin	95-96	97-101	102-103		
12	Pantothenic Acid (Pantothenate)	104-105	106-110	111-112		
		Minerals		Quantity	Units	RT 75 3-4
13	Calcium	5-6	7-8	9-13	14-15	
14	Phosphorus	16-17	18-19	20-24	25-28	
15	Iodine	27-28	29-30	31-35	36-37	
16	Iron (Ferrous/Ferric)	38-39	40-41	42-46	47-48	
17	Magnesium	49-50	51-52	53-57	58-59	
18	Copper (Cuprous/Cupric)	60-61	62-63	64-68	69-70	
19	Zinc	5-6	7-8	9-13	14-15	
20	Potassium	16-17	18-19	20-24	25-28	
21	Chromium	27-28	29-30	31-35	36-37	
22	Manganese	38-39	40-41	42-46	47-48	
23	Selenium (Selenate)	49-50	51-52	53-57	58-59	
24	Fluoride	60-61	62-63	64-68	69-70	
25	Non-listed nutrient	71-72				

**Circle if known, otherwise ask:**

**6a. In what form did you take this product —**

1. Capsules, tablets, or pills?    1 2 3 4 5 8 7 9

2. Wafers?

3. Teaspoon(s)?

4. Tablespoon(s)?

5. Drops/Droppers?

8. Some other form? \_\_\_\_\_ (Specify)

9. DK

*Record from label, ask if telephone interview:*

**b. How many (entry in 6a) must you take to obtain the amount of nutrients listed on the label?**    \_\_\_\_\_ Number.    99  DK    75-76

**7a. During the past 2 weeks, on how many days did you take [(product name in 4a)/the vitamin or mineral]?**    14  Every day    77-78

\_\_\_\_\_ Number of days

99  DK

**b. On the day(s) when you took [(product name in 4a)/the vitamin or mineral], how many (entry in 6a) did you take per day?**    \_\_\_\_\_ Number per day

99  DK    79-80

**8. For how long have you been taking this type of product?**    81-83

Number { 1  Days  
2  Weeks  
3  Months  
4  Years

**9. Did you have a doctor's prescription to obtain this product?**    1  Yes    84  
2  No    85  
9  DK    (Next product or Q3)

**LIST OF COMPOUNDS FOR ITEM 5**

1 — Aluminum citrate	7 — Fumarate	13 — Lactate
2 — Aspartate	8 — Gluconate	14 — Oxide
3 — Bitartrate	9 — Glycerophosphate	15 — Phosphate
4 — Carbonate	10 — Hydroxide	16 — Pyrophosphate
5 — Chloride	11 — Iodate	17 — Sodium
6 — Citrate	12 — Iodide	18 — Sulfate

<b>Q3</b>	Refer to age and sex on Household Composition Page.					36
<input type="checkbox"/> Sample Person is female 18-44 (10) <input type="checkbox"/> Other (Cover page)						
<b>It is important to know about vitamin and mineral use or nonuse by women who where pregnant or were breastfeeding a baby during the past 2 weeks.</b>						
<b>10a. Were you pregnant during the past 2 weeks?</b>						87
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK						
<b>b. Were you breastfeeding a baby during the past 2 weeks?</b>						88
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK						
FOOTNOTES						