

<b>Section Q. VITAMIN AND MINERAL INTAKE — CHILD</b>				RT 69	
				3-4	
<b>Q1</b>	Refer to Table A, Cover page <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	
				5-6	
<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 <input type="checkbox"/> 8-9 <input type="checkbox"/> 99 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>					
<b>RECORD FROM THE PRODUCT LABEL. IF NO CONTAINER AVAILABLE AND FOR TELEPHONE, ASK 4 FOR EACH PRODUCT.</b>					
<b>PRODUCT 1</b>	<b>4a. What is the (first) product name?</b>			10-54	
	<input type="text"/> <input type="text"/> <input type="text"/>			55-59	
				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)			101-102	
				73-74	
<b>5. Nutrients</b>					
		Vitamins	Quantity	Units	RT 70 3-4
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	14-15
14	Phosphorus	16-17	18-19	20-24	25-26
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	25-26
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: <b>6a. In what form did — take this product —</b>					
1. Capsules, tablets, or pills?    1 2 3 4 5 8 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>b. How many (entry in 6a) must — take to obtain the amount of nutrients listed on the label?</b>					
_____ Number <input type="checkbox"/> 99 DK					
<b>7a. During the past 2 weeks, on how many days did — take [(product name in 4a)/the vitamin or mineral]?</b>					
14 <input type="checkbox"/> Every day _____ Number of days <input type="checkbox"/> 99 DK					
<b>b. On the day(s) when — took [(product name in 4a)/the vitamin or mineral], how many (entry in 6a) did — take per day?</b>					
_____ Number per day <input type="checkbox"/> 99 DK					
<b>8. For how long has — been taking this type of product?</b>					
Number { <input type="checkbox"/> 1 Days <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Years					
<input type="checkbox"/> 84 <input type="checkbox"/> 85					
<b>9. Did — have a doctor's prescription to obtain this product?</b>					
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Next product)					
<b>LIST OF COMPOUNDS FOR ITEM 5</b>					
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. What is the manufacturer's or distributor's name?						55-99																																																																																																															
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Refer to age and sex on Household Composition Page.						1 <input type="checkbox"/> Sample Person is female 18-44 (10)																																																																																																															
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<p><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></p> <p><b>10a. Were you pregnant during the past 2 weeks?</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">87</p> <p><b>b. Were you breastfeeding a baby during the past 2 weeks?</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">88</p>																																																																																																																					
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