Complete and scan this page at the Field Center only

date the form was returned by the participant and the date the form was sent to the Reading Center). After completing Separate this page from the rest of the Diet Questionnaire: do not send this page home with the participant or to the Reading Center. Fill in parts 1 and 2 (date the rest of the Diet Questionnaire was taken home by the participant, the this page, scan this page only.

| | | Part 2 | | | | Part 1 |
|--|---|---|--|----------------|---------------|---|
| Date Diet Questionnaire was sent to the Reading Center | Date Diet Questionnaire was returned by the participant | Date Diet Questionnaire was taken home by the participant | | () () () | DTETOMP1 | Was the Diet Questionnaire completed? • O Not Attempted |
| Reading Center/ | the participant | by the participant/ | 3 O Not returned by participant - Lost | 2 O Incomplete | 1 O Completed | 0 O Not Attempted |
| SNTRCDT1 | RETOT1 | SNTHMDT1 | | | | |

06/19/00

Comments

Reviewer ID

Data-Entry ID:

DCRID1

DCDID1

1452348883