

Multi-Ethnic Study of Atherosclerosis



Vitamins, Minerals,
other Nutritional Supplements

Participant ID:

Visit Date: / /

Acrostic:

Draft

Section I:

1. Do you take any vitamins, minerals, or other supplements at least once per week? Yes
 No → go to the **END OF THE FORM**

Section II: Multi Vitamins and/or Multi-Vitamins + Minerals (please give title and brand name)

Name/Brand	# Pills per week (i.e., daily use = 7)	Duration of use <i>i.e., how long has ppt been using this product or another similar to it? (choose one option)</i>
1.		<input type="radio"/> < 1 mon. <input type="radio"/> ≥1 mon., but <6 mons. <input type="radio"/> ≥6 mons., but <1 yr. <input type="radio"/> ≥ 1 yr.
2. <i>(will allow expansion of the # of entries as needed)</i>		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Other: (not on the list)

1. <i>(will allow expansion of the # of entries as needed)</i>		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
--	--	---

Section III: Single Nutrient Supplements (e.g., vitamin C) or Combination Nutrient Supplements (e.g. calcium + vitamin D)

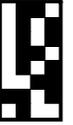
Nutrient(s)	# Pills per week (i.e., daily use = 7)	Dose per pill (units)	Duration of use <i>i.e., how long has ppt been using this product or another similar to it? (choose one option)</i>
1.			<input type="radio"/> < 1 mon. <input type="radio"/> ≥1 mon., but <6 mons. <input type="radio"/> ≥6 mons., but <1 yr. <input type="radio"/> ≥ 1 yr.
2. <i>(will allow expansion of the # of entries as needed)</i>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Other: (not on the list)

1. <i>(will allow expansion of the # of entries as needed)</i>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
--	--	--	---

Section IV: Other Supplements (e.g. brewer's yeast, fish oil)
(Mark only those that apply)

Draft



Supplements	Duration of use			
	<i>i.e., how long has ppt been using this product or another similar to it? (choose one option)</i>			
1. DHEA	<input type="radio"/> < 1 mon.	<input type="radio"/> >1 mon., but <6 mons.	<input type="radio"/> >6 mons., but <1 yr.	<input type="radio"/> ≥ 1 yr.
2. Echinacea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ginseng	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ginko	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Glucosamine/Chondroitin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Kelp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Melatonin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Primrose oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Saw Palmetto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. St. John's Wort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Metamucil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other fiber supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Garlic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Bilberry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. MSM (methylsulfonylmethane)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: (not on the list)

1. (<i>line for name</i>)	<input type="radio"/> < 1 mon.	<input type="radio"/> >1 mon., but <6 mons.	<input type="radio"/> >6 mons., but <1 yr.	<input type="radio"/> ≥ 1 yr.
2.				
3.				

Draft

