Calorie Level:	1600 2100 2600 3100 3600	ID# _____
		Diary Date (yesterday): _____
# of energy cookies distributed: _____		**Weight (today): _____**

Daily Diary

Please answer all questions below and fill in any additional information requested.

	yes	no	QUESTION	OFFICE USE ONLY
1.	☐	☐	Did you eat at least one meal at the feeding site yesterday?	**Y / N**
2.	☐	☐	Did you have any coffee, tea, or soda yesterday? If yes, what kind (give brand name) and how much you consumed: What Kind Caffeinated? Amount (in oz.) (coffee)_____ _____ _____ (tea) _____ _____ _____ (soda)_____ _____ _____	**Beverage total ounces** **Caf Decaf** ____ ____ ____ ____ ____ ____
3.	☐	☐	Did you drink any alcoholic beverages yesterday? If yes, what kind and how much? Kind Amount (in oz.) Beer (brand):_____ _____ Wine:_____ _____ Spirits:_____ _____	**Alcoholic Beverage ounces** _____ _____ _____

4.	☐	☐	Did you eat any of the "energy cookies" yesterday? If yes, how many?
			                                                        Amount
			
			                                                _____
				# Cookies
				
				_____

5.	☐	☐	Was there any food (including broth) left over from what you were served yesterday? If yes, please list the kind and amount, and the reason. What kind Amount Reason (please explain) _____ _____ _____ _____ _____ _____ _____ _____ _____	**# Leftover meals** _____ **# Full servings** _____
6.	☐	☐	Did you eat or drink any foods (including salt and other spices) that are not allowed by DASH2 yesterday? If yes, please list the kind and amount, and the reason. What kind Amount Reason (please explain) _____ _____ _____ _____ _____ _____ _____ _____ _____	**# Full servings** _____
7.	☐	☐	Did you take any vitamins, other dietary supplements or over-the-counter medicines such as Tylenol, cold medications? What kind Amount Reason (please explain) _____ _____ _____ _____ _____ _____	
8.	☐	☐	For women only. Were you menstruating yesterday?	**Y / N / NA**
9.	☐	☐	Is there anything you would like us to know regarding your participation in this study? _____	

Coded/reviewed by (staff ID):_____

Entered by (staff ID): _____

Calorie Level:	1600 2100 2600 3100 3600	ID# _____
		Diary Date (yesterday): _____
# of energy cookies distributed: _____		Weight (today): _____

DASH 2

Daily Diary
Administration and Coding Instructions for the Daily Diary

Purpose

The purpose of the daily diary is to collect information related to participant adherence to the protocol in the following broad categories:

- the type and amount of discretionary or "allowed" food items consumed by participants including alcoholic, and non-alcoholic beverages, as well as energy cookies.
- the kind and amount of study foods not eaten and non-study foods eaten, including dietary supplements and over-the-counter medications.
- menstruation information on female participants
- feedback from participants regarding any concerns they may have about participating in the study

The 24-hour time period of the diary covers the day before the visit at which it is given out. For example, if the Daily Diary is given to the participant on Wednesday ("today"), the participant fills it out for Tuesday ("yesterday").

Distribution and Collection

Distribute at the on-site meal Monday through Friday and with weekend meals. Prepare the form ahead. Diaries are returned at the next on-site meal, or Monday night for weekend meals. If participants forget the Monday diary, distribute a form to complete for the weekend. The dietitian enters the date, participant ID number, circles the calorie level and number of energy cookies in the shaded area before the form is given to the participant.

ID Number

Only record data for one participant per form. Record the participant's DASH2 identification number. It has five alpha characters and five numerical digits. The alpha characters are replaced by asterisks if there are not enough characters in the participant's name (e.g. ABCD*12345)

Date Field

Use the following format for the date field: mm/dd/yyyy (i.e. 01/23/1998 for January 23, 1998). This is the date of the day for which meal and snack information is obtained (a calendar day). The day includes breakfast, lunch, dinner, and snacks. Diaries (dated for the previous day) are given at mealtime, completed on-site, and returned before leaving. For example, distribute Monday, January 19 meal diary at Tuesday, January 20 dinner. This diary, 01/19/1998, includes all foods and snacks eaten on 01/19/1998.

Weight

The participant's weight is measured and recorded to the nearest 0.1 kg. (see Clinical MOP, Chapter 13).

This is a four digit field (e.g., 102.3). The weight is recorded on the previous day's diary (e.g. Wednesday weight goes on Tuesday's diary).

Calorie Level

Circle the participant's assigned calorie level that coordinates with date field.

Number of Energy Cookies Distributed

Record the number of energy cookies distributed to the participant and coordinates with the date field.

Reviewing the Daily Diary

Review the diary as soon as possible. All data should be entered within 24 hours and <u>must</u> be entered within one week.

Make sure the participant has marked either a "Yes" or "No" in the columns asking for this information. Circle the appropriate response in the shaded area on the right for questions 1 and 8. For questions answered "Yes" and requiring additional information from the participant, complete the information before the participant leaves the center. Total amounts of beverages and/or foods and enter in the appropriate section in the shaded area. Leave no fields blank. If appropriate, enter zeros in those fields.

Question 1: Circle the appropriate participant response, "Yes," or "No," in the shaded area. Make sure participants answers are accurate. Verify the participant's answer with your site's attendance records.

Question 2: Record the brand and ounces of non-alcoholic, discretionary beverages the participant consumes. Indicate if the beverage is caffeinated or not. Make sure "Yes" or "No" is marked under the word "Caffeinated?" In the shaded area, note the ounces of both caffeinated and decaffeinated beverages consumed, including coffee, tea, and soda. Crystal Light beverages are recorded in the "Tea" space. See Guidelines for Beverages and Seasonings (Form #106) for a complete list of allowed beverages. **Any coffee, tea, or soda not found on this list is reported in question # 6 and in question #2.**

Examples

Participant drank 4, 12 oz. servings of Diet Pepsi. Record 48 under caffeinated soda.

Participant drank 28 oz. coffee with milk. Clarify if the milk was off the menu and if the coffee was caffeinated. If it was additional milk, record this under question 6. Record 28 under appropriate column in the shaded area. If participant unable to identify if beverage contained caffeine, use caffeinated by default in coding.

Question 3: The participant indicates the ounces of alcoholic discretionary beverages consumed in this question. Make sure the correct brand or type and amount is noted. Record the total ounces of alcohol for each kind of beverage (beer, wine, and spirits) in the shaded area. Record all alcohol consumed, allowed or not allowed here. If a not allowed alcoholic beverage is consumed, such as dark beer, record here and also under Question 6. **If an allowed alcoholic beverage is mixed with a non-allowed beverage, such as whiskey and soda, record the amount of alcohol here, and record the non-allowed beverage in Question 6 and Question 2.** O'Douls is recorded here by participant, but no alcohol is coded in shaded area. If more than allowed amount of O'Douls is consumed, record amount above allowed in Question #6.

Question 4: The participant indicates the number of energy cookies consumed. Total the units of energy cookies consumed and record in the shaded area. Round the amount to the nearest 0.5 serving of cookie.

Question 5: The participant indicates the kind and amount of study foods and beverages not eaten and the reason. If the participant has marked the "Yes" column, complete the kind, amount, and reason section. Probe for reasons, if not stated. Calculate the number of leftover meals and/or leftover full servings and record in the shaded area. Use Tables A and B to refer to actual menu portions. An entire meal not eaten is counted as one "leftover meal." For example the participant was sick and did not eat the study meal.

For any one food not eaten and less than an entire meal, count the individual number of full servings missed. Combine the uneaten servings of items to determine "full servings". Indicate missed meals in increments of 1,2,3 etc., not partial meals missed. Use 0.5 to record a partial serving. Data is recorded in no less than 0.5 increments**.** To code, count each food item or serving missed. Total the partial servings in increments of 0.5 to determine the total number of full servings. (For example, participant missed 1/4 of the rice and 1/4 of the milk. Each item is 0.5 serving missed and totals 1.0 full servings).

Guidelines for Counting Servings and Scoring Missed Study Foods

See attached weekly menus (Tables A and B) for clarification. Foods combined into one serving are in **bold**. All other foods listed = 1 serving.

Examples

Participant left 2 T rice and 1 (of 3 as shown on actual Master Production Menu) slice of bread at a meal. All assigned bread (3 slices in this case) at this meal = 1 serving, therefore both items are less than a full serving of two foods. Record 1.0 in the appropriate shaded area.

Participant left all of the baked potato and green beans. This is one full serving each, therefore = 2 servings. Record 2.0 in the shaded area.

Participant left 1/2 serving of Spanish Rice with Chicken. This is one serving on the Food Production from regardless of the calorie level. Record 0.5 in the shaded area.

Participant left all of the turkey/rice/gravy entree served. This entree equals one serving. Record 1.0 in the shaded area.

Food replaced and eaten is not recorded.

Question 6: The participant indicates the kind and amount of non-study foods and beverages consumed and the reasons for the consumption. If the participant has marked the "Yes" column, see that the amount and reason are completed. Probe for reasons if not stated. Calculate the number of full servings and record in the shaded area. See Table C. Combine the number and amount of consumed servings of foods to determine "full servings." Include any not allowed beverages recorded in Questions 2 and 3. Use Table C to determine the amount of a single serving. For foods not on the list, refer to a similar food on the list to determine serving size. If there are no similar foods, send a message to the CC that includes the food and amount determined to be a single serving. Use 0.5 to record a partial serving. Data is recorded in no

less than 0.5 increments. Total the partial and full servings and record.

Questions 7: The participant indicates the kind and amount of dietary supplements and over-the-counter medications taken and the reason for taking them. If the participant has marked the "Yes" column, complete kind, amount, and reason section. Probe for reasons if not stated. Review "Yes" responses with the dietitian and/or clinician within 24 hours.

Question 8: If the participant is **female**, the "Yes" or "No" column on the left side of the form should be checked. Circle the appropriate response "Yes," "No," or "Not Applicable" in the shaded area.

If the participant is a **male**, the "Yes" and "No" column on the left side of the form should be left blank. Circle "Not Applicable" in the shaded area.

Question 9: The question is followed by a narrative if a participant marks the "Yes" column. However, participants may wish to talk to staff rather than make a written comment. Follow-up with participants any "Yes" responses. This information is not recorded in the shaded area. Have the participants use the back of the form if they need more space.

Coder ID#

Record the identification number of the person who reviews and records information in the box at the bottom of the diary.

General Coding Instructions

1) Use correct version of form. The correct version will always be on the file server.
2) Use black or blue pen on all forms, not pencil.
3) Make sure that there is a correct ID # on each page of a form. It is strongly suggested that you use a printed label for ID numbers.
4) Make sure each question is answered. Be sure to resolve any questions before the respondent leaves and before entering data.
5) Check each question for ambiguous answers. Be sure to resolve these before the respondent leaves and before entering data.
6) Do not obliterate or erase any entry of the respondent.
7) All corrections are made by making a slash through the incorrect entry and writing the correct entry next to it. Then, alongside the corrected entry, write your initials, the date of the correction and a note about why the correction was made (e.g., RL, 7/30/97, incorrect ID).
8) Flag any questions you are not sure of and give them to the clinic coordinator or dietitian for review.
9) Check all lead-in questions for correct skip patterns.
10) When filling out the "Reviewed by" and "Entered by" box, be sure to use the correct staff ID number. For this form, the person who completes the "Office Use Only" section is the "Reviewer." The "Entered by" staff ID # should not be written until the form is entered into the computer.

Entry of the Daily Diary

The only responses entered from the Daily Diary are in the shaded area on the right hand side of the form. The shaded area is completed by the reviewing dietitian. If a field is blank or unclear the data entry person flags the field and sends it back to the reviewing dietitian. The Data Entry person makes no attempt to correct, recalculate, or interpret the data. At the completion of the entry, the Data Entry person records his/ her staff ID number in the field at the bottom of the form.

TABLE A

	Breakfast	Lunch	Dinner	Snack
Monday	Apple juice Corn Flakes Milk Toast w/ jelly butter	**Chicken or ham sandwich** **w/ lettuce / mayonnaise / mustard** Fruit Punch Hard Candy, Jello Chicken Broth	**Spaghetti w/meat sauce** **Parmesan cheese** Steamed cauliflower Bread w/butter Frosted Pound Cake Chicken broth	Fruit Punch Butter Cookie
Tuesday	Cranberry juice **Bread w/peanut butter** **and jelly** butter	Lean Cuisine Pizza (French Bread) Salad/Italian dressing Chicken breast (roasted) Hard candy Fruit punch and Jello	**Hamburger w/roll, ketchup,** **lettuce, onion** Potato salad, chicken broth Peaches Butter	Shortbread cookies Lemonade Drink Applesauce
Wednesday	Apple juice Milk Cinnamon raisin bagel w/jam and butter Cream cheese	**Roast Beef sandwich w / lettuce** **mayonnaise, mustard** Brownie, M&Ms Pretzels Chicken broth	**Spanish Rice w/Chicken** Green Peas **Salad w/cucumbers** **French dressing** Roll w/butter	Sugared orange slices Butter cookie Lemonade
Thursday	Egg bagel Orange marmalade Cream cheese Butter Cranberry-apple juice	**Tuna salad sandwich w/tomato** Milky Way bar Lemonade drink	**Meatloaf w/BBQ sauce** Baked potato w/sour cream Bread w/butter Green beans Jello Chicken or beef broth	Cranberry juice **Ritz crackers** **Cheddar cheese**
Friday	Cranberry juice Frosted Flakes cereal Milk Toast w/jelly butter	**Chicken breast sandwich w/** **mayonnaise** **Mustard** Fruit cocktail Chicken broth	Spicy Seafood Scallion Rice Steamed carrots Bread or roll w/butter Pineapple Milk	**Cream cheese** **frosting** **Butter cookie** Fruit Punch
Saturday	Pork Sausage Milk Grits Toast w/butter Apple juice	**Tuna Fish salad sandwich w/lettuce** Applesauce Butter cookies	Turkey w/rice and gravy Green beans Yellow cake w/choc frosting Bread w/butter Apple juice	Cranberry juice Kit Kat Jello
Sunday	Grits Toast w/jelly butter Cranberry juice Milk	**Turkey breast or Turkey Pastrami** **sandwich w/ bread or** **Sesame roll, lettuce, mayonnaise,** **mustard American cheese,** cucumber, Applesauce / Peaches & strawberries Lemon cookie Chicken broth	**Roast beef round and** **gravy with Rice** Summer squash Bread w/ butter Chocolate chip cookie Fruit Punch Beef broth	Animal crackers Apple juice

TABLE B

	Breakfast	Lunch	Dinner	Snack
Monday	Milk Orange juice Bran chex w/sugar or Shredded Wheat Banana/dried apricots Whole wheat toast w/ margarine & jelly	**Chicken breast sandwich** **w/ lettuce / mayonnaise/ tomato** **American or Swiss cheese** Apple juice Jello	**Spaghetti w/veg. Sauce** **Parmesan cheese** Mashed sweet potato Turnip greens Dinner rolls Fruit Punch	Orange juice Apple Mixed nuts
Tuesday	Prune juice Banana Milk Oatmeal Whole wheat toast w/ margarine & jelly	**Beef w/ BBQ sauce sandwich on** **Sesame seed roll** **w/ lettuce / tomato /pickles** **Cheddar cheese** Potato salad, beef broth Fruit punch	Cod w/lemon Brown rice Cornbread muffins or rolls w/ margarine Spinach Milk	Oranges Mixed dried fruit Graham crackers Milk
Wednesday	Orange juice Milk Oatmeal or Corn Flakes Banana Whole wheat toast w/butter, jelly	**Ham sandwich on whole wheat w/** **mayonnaise /mustard /lettuce** **Cheddar cheese** Fruit cocktail Chicken broth	**Spanish w/chicken** Green Peas Milk Roll w/butter Cantaloupe	Dried apricots Nuts Orange juice
Thursday	Orange juice/milk Banana Frosted Mini Wheats Cinnamon-raisin bagel Cream cheese	**Tuna salad on whole wheat bread** Cantaloupe **Cottage cheese with pineapple** Lemonade and hard candy	**Turkey meatloaf w/BBQ** **sauce** Baked potato w/margarine Sour cream and scallions Collard greens Chicken broth Jello/ fruited yogurt	Orange juice **Peanut butter** **Triscuit** **crackers**
Friday	Orange juice Yogurt Milk Toasted oats granola bar Bananas	**Turkey sandwich on ww bread /w** **mayonnaise, mustard, lettuce** **Cheddar cheese** Oranges Fruit cocktail Chicken broth	Spicy Seafood Scallion Rice, Spanish Spinach Milk Pineapple Bread w/butter or marg Beef broth	Roasted peanuts Apricots Fruit Punch
Saturday	Grape juice/orange juice Kellogg's bran flakes or shredded wheat cereal Milk Whole wheat toast w/marg. Or cinnamon toast Banana / orange	**Tuna Salad on whole wheat /pita** **bread w/lettuce, cucumber & tomato** Apple Apricot nectar	**Zucchini lasagna w/** **Parmesan cheese** Spinach, stewed tomatoes Raw carrots Roll w/butter Melon/peaches Milk Beef or chicken broth	Raisins Almonds Fruit yogurt Cranberry juice
Sunday	Bran chex Milk Banana Whole wheat toast w/jelly & margarine Orange juice Yogurt	**Chicken salad on ww bread** **w/mayonnaise cucumber & tomato** Fruit cocktail Chicken broth	**Roast beef and gravy** Baked potato w/ sour cream Bread w/margarine or butter Green beans Milk Peaches Beef broth	Orange juice Nuts Raisins Dried apricots

TABLE C

Guidelines for Counting Servings of Non-Study Foods Eaten

All Food Items = 1 Serving

Food	Amount
Bagel, English muffin, croissant (large)	1 each
Beer	12 ounces
Cake	1/12 of whole
Candy, (hard, sourballs, candy kisses)	2 pieces
Casserole	1 cup
Cereal, cooked (w, w/o milk and/or sugar)	1 cup
Chewing gum, regular	1 stick or piece
Chili	1 cup
Cocoa (hot chocolate)	1 cup
Cookies	2 small, 1 medium, 1 large
Corn on cob, medium	1 ear
Crackers, Saltine or Ritz	6 each
Cream, half & half	1 tablespoon
Doughnut	1
French Fries w/condiments	1/2 cup
French Fries	1/2 cup
Fruit	1
Hamburger or hot dog roll	1 each
High sodium condiments	any amount
Hot dog (bun, condiments	1 whole
Ice Cream w/toppings	1/2 cup
Ice Cream	1/2 cup
Juice	6 ounces
Lasagna	4" x 4" square
Liquor	1.5
Meat w/sauce	1 piece (4 oz.)
Oil	1 teaspoon
Pancakes, 4 inch diameter	2 each
Peanut butter	2 tablespoons
Peanuts/Nuts	1/4 cup
Pie, fruit (2 crust)	1/6 pie
Pie, pumpkin or custard	1/8 pie
Pizza	1 slice
Popcorn, popped	3 cups
Pot Pie	1
Rice, pasta, beans, cooked	1/2 cup
Salt	any amount
Sandwich (2 bread, filling, condiments)	1 whole
Soda	12 ounces
Sourballs, or any hard candy, candy kisses	2 pieces
Soup	1 cup
Sugar, jam, jelly	1 teaspoon
Syrup or honey	1 tablespoon
Taco	1
Tossed Salad (w, w/o dressing)	1 cup
Vegetables w/sauce	1/2 cup
Vegetables, cooked	1/2 cup
Vegetables, raw	1 cup
Wine	5 ounces

	Example	Serving	Answer
Participant ate/drank:	1 Girl Scout cookie	2 small cookies = 1 serving	0.5 serving
	2 scoops ice cream (1 cup)	1/2 cup = 1 serving	2 servings
	2 tacos	One taco = 1 serving	2 servings
	1 small bowl Corn Chex with milk and sugar	1 cup cold cereal with or without milk and sugar = 1 serving	1 serving
	3 glasses of red wine (5 oz. each)*	5 oz. = 1 serving	3 servings

*Record 15 oz under alcohol in question #3 and code 3 servings under question #6.
Note: Red wine is not allowed.