Mother's Baseline Questionnaire

We are very grateful to you for your participation in this study. Please take a few minutes to complete this questionnaire to the best of your knowledge. All information given by you will be held in strict confidence and will be used for the purpose of this study only after removing any identifying information.

Instructions:

1. Always carefully read the Questionnaire instructions prior to recording the data.
2. Always use a black ballpoint pen (provided) and press firmly. Never use pencil or red pen.
3. If it is necessary to make a correction, please draw a single line through the incorrect value and write the correct value nearby. Please initial and date each correction. Never use an eraser or liquid paper.
4. Include an initial for the subject's first, second/middle and surname. If the subject has no second/middle name, please draw a straight line through the middle box, as demonstrated in the example below.

   Initials | A | -- | G |
   F M L

5. Mark all choice boxes with an [X]. For example:

   Baby's gender: ☐ Male ☒ Male

6. Do not leave blank boxes where a response is expected. For example, record ND - not done; UNK - unknown; or NA - not applicable in or near the boxes where the response would be expected.
7. Record date in YYYY/MM/DD format.

   | 2 | 0 | 0 | 3 | | 1 | 2 | | 2 | 2 |
   year *month* *day*

8. Print all text and numbers clearly and in English. Print numbers inside the boxes and as simply as possible without any loops or extra strokes.

Thank you!

START

Instructions

Mother - Contact Details Page 1:

1. Print name clearly.
2. Provide full address, postal code, phone numbers and email address.
3. Complete secondary contact information.

Participant ID | | | | | | | |

Centre # *Participant #*

For Office Use Only

Initials | | | |

F M L

Today's Date: 2 0 | | | | | |

year *month* *day*

1. Please print your name: _____ _____ _____

Last Name *First Name* *Middle Name*

2. Please print your address and telephone number:

_____ _____ _____

Apt # *Street #* *Street Name*

_____ | | | | | | |

City *Postal Code*

Telephone Number: *Home* | | | | | | | | | | |

Mobile | | | | | | | | | | |

Email address: | | | | | | | | | | | | | | | | | | | | | | | | | |

3. Please provide the name, address and telephone number of two of your nearest relatives or friends, who do not live with you but live in Canada. This information may be used in the future if we are unable to locate you.

a. Name: _____

Address: _____ _____ _____

Apt # *Street #* *Street Name*

_____ | | | | | | |

City *Postal Code*

Telephone Number: | | | | | | | | | | |

Relationship to you: _____

b. Name: _____

Address: _____ _____ _____

Apt # *Street #* *Street Name*

_____ | | | | | | |

City *Postal Code*

Telephone Number: | | | | | | | | | | |

Relationship to you: _____

START

Instructions

Mother - Contact Details Page 2:

4. Check N/A if currently unemployed.

6. Leave blank only if Obstetrician is different from Family Physician

Mother - Contact Details

Participant ID ☐☐ ☐☐☐☐ **Initials** ☐☐☐

Centre # *Participant #* *For Office Use Only* *F M L*

4. Please provide your work address and telephone number. This will only be used if we are unable to contact you at home.

☐ N/A

a. Company Name ______________________________

b. Address: ________ ________ ______________________

Apt # *Street #* *Street Name*

______________________ ☐☐☐☐☐☐

City *Postal Code*

c. Telephone Number: ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐

Extension, if applicable

d. Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Name and telephone number of your Family Physician.

a. Name: ______________________________

b. Telephone Number: ☐☐☐☐☐☐☐☐☐☐

6. Name and telephone number of your Obstetrician if different from Family Physician, above.

a. Name: ______________________________

b. Telephone Number: ☐☐☐☐☐☐☐☐☐☐

START

Instructions

Screening and Eligibility Page 1:

To be filled in by an administrator.

START # 167 CRF # 011: Mother Eligibility Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre #* *Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

Screening Visit Date: ☐☐☐☐ ☐☐ ☐☐ *year* *month* *day*

Date of birth: ☐☐☐☐ ☐☐ ☐☐ *year* *month* *day* OR Age: ☐☐ yrs

I. Has patient signed informed consent ? ☐ No → STOP! Please obtain consent before proceeding

☐ Yes → Complete consent verifcation form

II. INCLUSION :

	No	Yes
a. Is participant between 18-40 years of age	☐	☐
b. Are mother, father and grandparents of South Asian origin	☐	☐

Please STOP if any of the above response is marked "NO", this patient is not eligible to continue participation in the study.

III. EXCLUSION :

	No	Yes
a. Has mother had more than 4 live births	☐	☐
b. Is participant a surrogate mother	☐	☐
c. Has mother had active cancer	☐	☐
d. Has mother had HIV, Hepatitis B and/or C	☐	☐
e. Has mother lived in Canada for less than 9 months	☐	☐
f. Has mother had fertility treatments for artificial fertilizaton (eg. IVF)	☐	☐

Please STOP if any of the above response is marked "YES", this patient is not eligible to continue to paricpate in the study

START

Instructions

Baseline Questionnaire Page 1:

1. Select only ONE.
2. Select only ONE.
4. Select only ONE.
5. Select only ONE.
6. Skip questions 7 and 8 if NO.
7. Fill in Age, Sex, whether Premature, whether by C-Section and the Birth Weight

START # 167 CRF # 012: Baseline Pg1 Mother - Baseline Visit # 011

Participant ID Centre # Participant # *For Office Use Only*

Initials F M L

Baseline Visit Date year month day

1. What is your ancestral country of origin?

☐ India ☐ Pakistan ☐ Sri Lanka ☐ Bangladesh ☐ Other: _____

2. Place of birth: ☐ Canada ☐ Country of Origin ☐ Other (specify): _____

3. How long have you lived in Canada? ☐ since birth ☐☐ years ☐☐ months

4. What is your mother tongue?

☐ English ☐ Punjabi ☐ Hindi ☐ Urdu ☐ Bengali ☐ Tamil ☐ Other: _____

5. What is your religious practice?

☐ Hindu ☐ Sikh ☐ Christian ☐ Jain ☐ Muslim ☐ Other: _____

PAST PREGNANCY INFORMATION

6. Do you have any other children, not including your unborn child? ☐ No → *Go to question 9*

☐ Yes → How many? ☐

7. List the age and sex of your other children; provide information on whether your child was born premature or by C-section.

Child #	Age (yrs)	Sex		Premature (<32 Weeks)		C-Section		Birth Weight					
		Male	Female	No	Yes	No	Yes						
1.	☐☐	☐	☐	☐	☐	☐	☐	☐☐ lbs.	☐☐ oz.	**OR**	☐.☐☐	Kg	
2.	☐☐	☐	☐	☐	☐	☐	☐	☐☐ lbs.	☐☐ oz.	**OR**	☐.☐☐	Kg	
3.	☐☐	☐	☐	☐	☐	☐	☐	☐☐ lbs.	☐☐ oz.	**OR**	☐.☐☐	Kg	
4.	☐☐	☐	☐	☐	☐	☐	☐	☐☐ lbs.	☐☐ oz.	**OR**	☐.☐☐	Kg	

START

Instructions

Baseline Questionnaire Page 2:

8. Complete all sub-questions.

9. Complete a. and b.

10. If YES complete both a. and b.

11. If YES complete a.

START # 167 CRF # 013: Baseline Pg2 Mother - Baseline Visit # 011

Participant ID Centre # Participant # *For Office Use Only* **Initials** F M L

8. In this section please provide details about your past pregnancies

	No	Yes		
a. Have you had any live births?	☐	☐	→ How many? ☐	
b. Have you ever had still birth?	☐	☐	→ How many? ☐	At what gestational age? ☐☐ weeks
c. Have you ever had any spontaneous abortions?	☐	☐	→ How many? ☐	At what gestational age? ☐☐ weeks
d. Have you ever had any therapeutic abortions?	☐	☐	→ How many? ☐	At what gestational age? ☐☐ weeks
e. Have you ever had high blood pressure during pregnancy?	☐	☐		
f. Have you ever had gestational diabetes during pregnancy?	☐	☐		

How many times in total have you been pregnant (including your current pregnancy)? ☐

CURRENT PREGNANCY

9. What is the date of your:

a. last menstrual period? ☐☐☐☐ *year* ☐☐ *month* ☐☐ *day*

b. expected delivery? ☐☐☐☐ *year* ☐☐ *month* ☐☐ *day*

10. Have you had ultrasounds during this pregnancy?
☐ No
☐ Yes → a. How many? ☐ b. Time of most recent ultrasound? ☐☐ weeks.

11. Is this a multiple pregnancy (twins, triplets)?
☐ No
☐ Yes → a. How many? ☐

12. What was your weight before becoming pregnant?

☐ Don't know **OR** ☐☐☐.☐ Kg **OR** ☐☐☐.☐ lbs

13. During this pregnancy, have you been diagnosed with:

a. high blood pressure? ☐ No ☐ Yes

b. high blood sugar? ☐ No ☐ Yes → Was this confirmed to be diabetes? ☐ No ☐ Yes

START

Instructions

Baseline Questionnaire Page 3:

14. Conditions experiences not during pregnancy period.

15. Answer both “12 months prior to pregnany” and “During pregnany”

START # 167 CRF # 014: Baseline Pg3 Mother - Baseline Visit # 011

Participant ID Centre # Participant # *For Office Use Only* **Initials** F M L

MEDICAL HISTORY

14. Have you ever been diagnosed, by a doctor, as having any of the conditions listed below **(not during pregnancy)**?

	No	Yes	Age Diagnosed
a. High blood pressure (excluding pregnancy)	☐	☐	→ ☐☐
b. High blood cholesterol	☐	☐	→ ☐☐
c. Diabetes	☐	☐	→ ☐☐
d. Heart attack or stroke, angioplasty or coronary bypass	☐	☐	→ ☐☐
e. Heart valve problem	☐	☐	→ ☐☐
f. Blood clot to veins of lungs or legs	☐	☐	→ ☐☐
g. Current wheezing (in past 12 months)	☐	☐	
h. Asthma	☐	☐	→ ☐☐
i. Eczema	☐	☐	→ ☐☐

15. During the 12 months prior to your pregnancy or during your pregnancy, have you ever taken any of the following medications or had any of the following treatments? Check all that apply.

	a. 12 months prior to pregnancy: No	Yes	**b. During pregnancy:** No	Yes
a. Blood pressure pills	☐	☐	☐	☐
b. Lipid/cholesterol lowering pills	☐	☐	☐	☐
c. Insulin	☐	☐	☐	☐
d. Pills for diabetes	☐	☐	☐	☐
e. Prescribed diet for diabetes	☐	☐	☐	☐
f. Angioplasty or coronary bypass	☐	☐	☐	☐
g. Thyroid hormone	☐	☐	☐	☐
h. Antibiotics	☐	☐	☐	☐
i. Nicotine replacement therapy	☐	☐	☐	☐
j. Asthma medication (puffers)	☐	☐	☐	☐
k. Multivitamins	☐	☐ specify:_____	☐	☐ specify:_____
l. Other medication	☐	☐ specify:1)_____	☐	☐ specify: 1)_____
	specify: 2)_____	specify:3)_____	specify:2)_____	specify: 3)_____

START

Instructions

Baseline Questionnaire Page 4:

16. Select ONE option each for “Prior to pregnancy” and “During pregnancy”
17. Select ONE of “Never”, “Former Smoker” or “Currently smokes cigararettes.”
    If you are a “Former Smoker” then answer “When did you quit smoking?”.
    If you “Currently smoke cigarettes” then answer “How many cigarettes do you smoke?” and “For how many years have you smoked?”

START # 167 CRF # 015: Baseline Pg4 Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre #* *Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

ALCOHOL USE

16. During the 12 months prior to your pregnancy, and during your pregnancy, how often do you have a drink of beer, wine, liquor or any other alcoholic beverage?

a. Prior to pregnancy (check one only):	**b. During pregnancy (check one only):**
☐ a. Never, or less than 1 drink a month	☐ a. Never, or less than 1 drink a month
☐ b. Once a month	☐ b. Once a month
☐ c. Between 2 and 3 times a month	☐ c. Between 2 and 3 times a month
☐ d. Once a week	☐ d. Once a week
☐ e. Between 2 and 3 times a week	☐ e. Between 2 and 3 times a week
☐ f. Between 4 and 6 times a week	☐ f. Between 4 and 6 times a week
☐ g. Everyday	☐ g. Everyday
☐ h. Greater than 5 drinks in a single day	☐ h. Greater than 5 drinks in a single day

TOBACCO USE

17. Which best describes your history of smoking cigarettes? (Select one only)

☐ Never

☐ Former Smoker — When did you quit smoking? ☐☐ Months ago ☐☐ Years ago

☐ Currently smoke cigarettes
- → How many cigarettes do you smoke? ☐☐ # /day OR ☐☐ # /week
- → For how many years have you smoked? ☐☐ years

18. Did you stop smoking since becoming pregnant? ☐ No

☐ Yes → When during pregnancy did you stop? ☐☐ weeks

19. Over the past 12 months what has been your typical exposure to other people's smoke? *(Select one only)*

☐ Never

☐ 1 or more times per week
- → How many days/ week? ☐☐ days per week
- → How many hours/ day? ☐☐ hours per day

START

Instructions

Baseline Questionnaire Page 5:

20. Select “UK” if history of the ailment is UNKNOWN.
21. Select ONE option for “Prior to pregnancy” and ONE option for “During pregnancy”.
22. Answer for both “Prior to pregnancy” (first answer box) and for “During pregnancy” (second answer box)
23. Answer for both “Prior to pregnancy” (first answer box) and for “During pregnancy” (second answer box)

START # 167 CRF # 016: Baseline Pg5 Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre #* *Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

FAMILY HISTORY

20. Have members of your immediate family (mother, father, biological full brother or sister) ever had any of the following?

Check all that apply. *(If you have no siblings or if sibling is a half brother or sister, please mark N/A)*

	YOUR MOTHER			YOUR FATHER			YOUR SISTER(S) ☐ N/A			YOUR BROTHER(S) ☐ N/A		
	No	Yes	UK*	No	Yes	UK*	No	Yes	UK*	No	Yes	UK*
a. Heart attack < 65yrs of age	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b.Toxemia or pre-eclampsia	☐	☐	☐		N/A		☐	☐	☐		N/A	
c. Asthma diagnosed by doctor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Eczema	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Blood clots to veins of lungs or legs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

**Unknown*

PHYSICAL ACTIVITY - PRIOR TO AND DURING PREGNANCY

21. On an average day considering your work and leisure activities, how active have you been prior to and during this pregnancy?

	Prior to pregnancy	During pregnancy
a. Mainly sedentary (using computer, answering telephones)	☐	☐
b. Mainly walking on one level, or other mild exercise	☐	☐
c. Mainly walking, including climbing stairs, walking uphill or lifting heavy objects	☐	☐
d. Heavy physical labour or moderate/strenuous exercise	☐	☐

22. How many minutes per day do you watch television, use the internet/email or computer screens (ipad, kindle etc.) or play video/computer games? ☐☐☐ min/day ☐☐☐ min/day

23. How many minutes per day did you excercise so that you get out of breath or sweat (example: walking, jogging)? ☐☐☐ min/day ☐☐☐ min/day

START

Instructions

Baseline Questionnaire Page 6:

24. Select ONE option each for “Yourself”, “Baby’s Father”, “Your Father” and “Your Mother”.
25. Select only ONE.
26. Select ONE of “Employed”, “Unemployed” or “Retired” for both yourself and the Baby’s Father.
27. Select only ONE.

START # 167 CRF # 017: Baseline Pg6 Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre #* *Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

EDUCATION

24. What is the highest level of education obtained by yourself, your husband, your father and your mother?)
(Mark ONE box in EACH column)

	Yourself	Baby's Father	Your Father	Your Mother
a. No formal studying	☐	☐	☐	☐
b. Completed High School (secondary school)	☐	☐	☐	☐
c. Diploma or Certificate from Trade, Technical or Vocational School	☐	☐	☐	☐
d. Bachelor's or Undergraduate Degree or Teacher's College (example B.A. or B.Sc.)	☐	☐	☐	☐
f. Master's (example M.A., M.Sc., M.Ed.) or Doctorate (example Ph.D.)	☐	☐	☐	☐
e. Professional Degree (example M.D., D.D.S., D.V.M.)	☐	☐	☐	☐

MARITAL STATUS

25. What is your marital status?

☐ Never married ☐ Currently married ☐ Common law/Living with partner ☐ Widowed ☐ Separated/ Divorced

EMPLOYMENT AND HOUSEHOLD INCOME

26. Which of the following best describes your and your baby's father's current employment status?

Yourself

- ☐ Employed (including self employed)
  - ☐ Full time
  - ☐ Part time
- ☐ Unemployed
- ☐ Retired

Baby's Father

- ☐ Employed (including self employed)
  - ☐ Full time
  - ☐ Part time
- ☐ Unemployed
- ☐ Retired

27. What is your best estimate of the total income of ALL household members, from ALL sources, in the past twelve (12) months (before taxes)?

☐ $0 - 14,999 ☐ $15,000 - 19,999 ☐ $20,000 - 29,999 ☐ $30,000 - 39,999 ☐ $40,000 - 49,999
☐ $50,000 - 59,999 ☐ $60,000 - 69,999 ☐ $70,000 - 79,999 ☐ $80,000 and above

28. Does the father of your baby share your home? ☐ No ☐ Yes

29. How many people currently share your home, including yourself? ☐☐

30. How many of these are children under the age of 18? ☐☐

START

Instructions

Baseline Questionnaire Page 7:

31. Select only ONE option (Strongly disagree, Disagree...etc.) for each statement (a.,b. ... etc.)

32. Select only ONE option (Definitely not enough, Not anough ... etc.) for each question.

START # 167 CRF # 018: Baseline Pg7 Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre #* *Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

STRESS

31. To what extent do you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do not work
a. At work I feel I have control over what happens in most situations	☐	☐	☐	☐	☐	☐
b. I feel what happens in my life is often determined by factors beyond my control	☐	☐	☐	☐	☐	
c. Over the next 5-10 years, I expect to have more positive than negative experiences	☐	☐	☐	☐	☐	
d. I often have the feeling I am being treated unfairly	☐	☐	☐	☐	☐	
e. In the past 10 years my life has been full of changes without my knowing what will happen next	☐	☐	☐	☐	☐	
f. I gave up trying to make big improvements in my life a long time ago	☐	☐	☐	☐	☐	

PERSONAL MENTAL HEALTH

32. In the past 30 days, how often do you feel:

	None of the time	A little of the time	Most of the time	All of the time
a. Tired out for no good reason?	☐	☐	☐	☐
b. Nervous?	☐	☐	☐	☐
c. So nervous that nothing could calm you down?	☐	☐	☐	☐
d. Hopeless?	☐	☐	☐	☐
e. Restless or fidgety?	☐	☐	☐	☐
f. So restless you could not sit still?	☐	☐	☐	☐
g. Depressed?	☐	☐	☐	☐
h. That everything was an effort?	☐	☐	☐	☐
i. So sad that nothing could cheer you up?	☐	☐	☐	☐
J. Worthless?	☐	☐	☐	☐

START

Instructions

Baseline Questionnaire Page 8:

31. Select only ONE option (Definitely not enough, Not enough ... etc.) for each question.

START # 167 CRF # 019: Baseline Pg8 Mother - Baseline Visit # 011

Participant ID ☐☐ ☐☐☐☐ *Centre # Participant #* *For Office Use Only*

Initials ☐☐☐ *F M L*

SOCIAL SUPPORT

33. The following questions are related to your personal life situation, your children, your spouse or partner and other people you deal with. Please give a response that fits best with your typical experiences.

	Definitely not enough	Not enough	Enough	Definitely enough
a. Do you feel there are enough people in your environment who would help you with your daily chores if you were sick (e.g. cooking, cleaning, grocery shopping etc.)	☐	☐	☐	☐
b. Do you feel there are enough people in your environment who would look after your children if you were called for an emergency.	☐	☐	☐	☐
c. Do you feel there are enough people in your environment who would lend or give you something you need (eg. food, clothing, money etc.)	☐	☐	☐	☐
d. Do you feel there are enough people in your environment who would take you and your child to the doctor in an emergency?	☐	☐	☐	☐
e. Do you feel there are enough people in your environment to give you advice (e.g., specific suggestions on what to do when your child has a health problem, or advice on your household management or financial matters?	☐	☐	☐	☐
f. Do you feel there are enough people in your environment to give you the information you need (eg. people who can tell you about all the people you can go to if your child needs a tutor, or who can tell you what the options are for your sick child: going to the doctor or eating a particular type of food)?	☐	☐	☐	☐
g. Do you feel that there are enough people in your environment to talk to about things that are very personal and private, like difficulties in your relationship with your husband, family matters, physicial complaints, family planning etc.?	☐	☐	☐	☐
h. Do you feel there are enough people in your environment who listen to you when you want to talk about your sorrows, or about your child's education or health?	☐	☐	☐	☐
i. Do you feel there are enough people in your environment who can comfort you when you feel unhappy about your daily life?	☐	☐	☐	☐
j. Do you feel there are enough people in your environment who can show interest and concern in your well being (e.g. when you are sick)?	☐	☐	☐	☐
k. Do you feel there are enough people in your environment who can tell you that you did a good job handling a problem (e.g. your child's difficult behaviour, your child's health problem, or a problem at work or in the household)?	☐	☐	☐	☐
l. Do you feel there are enough people in your environment who express their respect for one of your personal qualities (e.g. your personal strength in facing difficulties, being a very friendly person helping other people when they have problems)?	☐	☐	☐	☐

START

Instructions

Baseline Questionnaire Page 9:

a. Chicken, Beef, Pork etc.

d. Brown rice, Bulgur, Oatmeal, Whole-grain corn, Whole oats, Whole rye and Whole wheat.

e. Refined rice, refined wheat, Refined flour, White bread and White rice.

f. Milk, Cream ,Cheese, Butter, Paneer and Yoghurt.

j. South Asian bottled pickles, Dill pickles etc.

n. Dal, Channa, Kidney beans, red beans etc.

o. Cashews, Peanuts, Almonds, Walnuts, Sunflower seeds, Pistachios etc.

r. Lettuce, Spinach etc.

START # 167 CRF # 020: Baseline Pg9 Mother - Baseline Visit # 011

Participant ID Centre # Participant # *For Office Use Only* **Initials** F M L

DIET

34. How often do you eat foods from each of the following categories? See facing page CRF 10 & 11 for examples of foods. For each food item, check how often you consume the food (either **never, monthly, weekly or daily**) and then record the actual number of times the food is eaten during that time.

	Never	**< 1 per month - Monthly**	#times	**Weekly**	#times	**Daily**	#times
a. Meat/poultry	☐	☐		☐		☐	
b. Fish	☐	☐		☐		☐	
c. Eggs	☐	☐		☐		☐	
d. Whole grains	☐	☐		☐		☐	
e. Refined/milled grains	☐	☐		☐		☐	
f. Dairy Products (not in tea/coffee)	☐	☐		☐		☐	
g. Deep fried food/snacks/fast food	☐	☐		☐		☐	
h. Soy sauce, fish sauce	☐	☐		☐		☐	
i. Salty foods, snacks	☐	☐		☐		☐	
j. Pickled vegetables (brine)	☐	☐		☐		☐	
k. Desserts/sweet snacks	☐	☐		☐		☐	
l. Sugar/sweeteners	☐	☐		☐		☐	
m.Tofu/soyabean curd	☐	☐		☐		☐	
n. Legumes	☐	☐		☐		☐	
o. Nuts/Seeds	☐	☐		☐		☐	
p. Fruits	☐	☐		☐		☐	
q. Fruit juices	☐	☐		☐		☐	
r. Leafy green vegetables	☐	☐		☐		☐	
↳ *Usually eaten:*	☐ *raw*	☐ *cooked crisp*		☐ *cooked soft*			
s. Other vegetables (raw)	☐	☐		☐		☐	
t. Other vegetables (cooked)	☐	☐		☐		☐	

START

Instructions

Version: 2.0 June 15, 2012