



33956

Subject ID

			Please write the number of times in the appropriate column.		
Each row should either get a number (for number of times) or a mark in the "Never" box.	Serving size	Never	# of times per month	# of times per week	# of times per day
a. Breads, cereals, pastas and bakery products		Intake during the <u>last month</u> of your pregnancy			
1. Bread (white, dark, crisp, whole wheat, mixed grain, french, parisien, toast), flour tortillas, bagels or rolls	1 slice or 1 piece	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Spaghetti, macaroni, or other type of pasta	1 serving	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Sweet rolls, pies, shortcakes, muffins, rusk, pastries, doughnuts, cakes, pancakes, waffles	1 slice or piece	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Cookies, biscotti, biscuits, crackers	2 pieces	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Pizza	1 slice	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Meat pot pies or meat pastries	1 piece	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Breakfast cereals or granola <u>made with wheat, barley or rye</u>	1 bowl, plateful	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Oatmeal, breakfast cereals, or granola <u>made with oats</u>	1 bowl	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Rice cereals, cooked rice or rice pudding, rice drink	1 cup	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Corn and corn-products (Corn bread, polenta, corn cereal, corn tortillas)	1 slice, piece, bowlful	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Wheat germ, bran, seeds	1 tbsp	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Buckwheat, millet, kasha	1 cup	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Other cereal products (Please describe): _____	<input type="radio"/> 1 bowl <input type="radio"/> 1 cup <input type="radio"/> 1 tbsp <input type="radio"/> 1 piece		<input type="text"/>	<input type="text"/>	<input type="text"/>
Code (office use only) <input type="text"/>					