

Modification of Diet in Renal Disease Study

Instructions for completing Form 74

DIETARY SATISFACTION QUESTIONNAIRE

- PURPOSE
1. To assess and monitor changes in the degree of satisfaction with the quantity and quality of foods in the patient's diet. To assess and monitor problems in planning and preparation of the diet, attitudes toward the diet, and acceptability of the diet.
 2. To serve as a basis for evaluating changes in the patient's diet and the effect these have had on the enjoyment of eating.
 3. To provide a specific opportunity for the patient to summarize his/her feelings about his/her diet.

COMPLETED BY: The patient at Baseline Visit 0, Follow-Up Visit 6, Follow-up Visit 12 and annually thereafter. In addition to visit types B and F, use K for post stop point Study C visits. Visit numbers must end in .0.

INSTRUCTIONS:

1. To reduce the possibility of bias, it is suggested that the study coordinator, (or someone whom she/he designates), rather than the dietitian review this form with the patient. Explain the form by using the example at the beginning of the form.
2. The study coordinator, or designate, will ask the patient to complete this form as honestly as possible based on his/her current feelings about his/her eating habits over the past time period.
3. Suggest that there are NO right or wrong answers to these questions.
4. Inform the patient that he/she will be asked to complete the form at Baseline Visit 0, Follow-Up Visit 6, 12 and annually thereafter.

- 5. Ask the patient not to put his/her name on the form for reasons of confidentiality. Spaces for the patient ID number are included.
- 6. Ask the patient to notice a few questions in particular:
 - a) Questions 6,7,8,9 - check the appropriate blank if they do not eat that meal.
 - b) Question 20 - write in the number of hours per day spent in meal planning and preparation.
 - c) Question 21 and 22 - give the patient an example of a special food product the patient might use, such as "light" mayonnaise or low calorie salad dressing. Ask the patient to write in any special food products and to ignore the coding section on the right.
- 7. Code Special Food Products in questions 21 and 22 using the following codes: (only code low protein food products)

LO-PRO Imitation Dairy Drink Mix.....	01
Kingsmill Unimix Baking Mix.....	02
Wel-Plan Cream Filled Vanilla Wafers.....	03
LO-PRO Rice Starch Bread Pre-baked.....	04
Prono Gelled Dessert Mix.....	05
Wel-Plan--pasta (spaghetti, macaroni).....	06
Aproten Rusks.....	07
Med-Diet Chocolate Chip Cookies.....	08
Med-Diet Spice Cookies.....	09
Ratatouille (R & D Labs).....	10
Aproten pasta (tagliatelle, ditalini, rigatini, anellini).....	11
R+D Labs Creamy Lemon Sauce.....	12
R+D Labs Garlic Herb.....	13
R+D Labs Tomato Sauce.....	14
other low protein sauce.....	15
other low protein bread.....	16
other low protein pasta.....	17
other low protein baking mix.....	18
other low protein cookies.....	19

other low protein gelled dessert mix.....20
 low protein crackers.....21
 low protein wheat starch.....22
 low protein rice flour.....23

Non-dairy liquid creamer (any brand).....24
 Non-dairy powdered creamer (any brand).....25
 Non-dairy whipped topping.....26
 Non-dairy imitation ice cream.....27
 other non-dairy substitutes.....28
 Cheddar cheese sauce mix.....29
 Apple chips/peach/pear.....30
 Low protein rice.....31
 Low protein porridge.....32
 Country stew with beef.....33
 Hearty corn chowder.....34
 Pasta alfredo with bacon.....35
 Oriental style rice.....36
 Go.....37
 Carnation Instant Breakfast.....38
 Pasta Buitoni.....39

8. At the Baseline 0 visit, ask the patient to complete the form only up to question number 24. After randomization, at Follow-Up Visits 6, 12, etc., ask the patient to complete all of the form including questions 24 through 30. Only Diet K patients need to complete questions 26 through 30.
9. For question number 25 regarding out of pocket costs of foods, ask the patient to circle the number which best corresponds to their current spending for food. Write their numerical response in the blank in the right margin for DCC coding.

Example: If you spent more. 2

1. up to \$5.00 per week more
2. \$5.01 to \$10.00 per week more
3. \$10.01 to \$20.00 per week more
4. over \$20.00 per week more

For DCC Use Only
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E ___
V ___
T ___

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Modification of Diet in Renal Disease Study Dietary Satisfaction Questionnaire

Purpose: To assess and monitor changes in the degree of satisfaction with the quantity and quality of foods in the patient's diet. To assess and monitor problems in planning and preparation of the diet, attitudes toward the diet, and acceptability of the diet. To serve as a basis for evaluating changes in the patient's diet and the effect these have on the patient's enjoyment of eating. To provide a specific opportunity for the patient to summarize his/her feelings about his/her diet.

To be completed by the patient at Baseline Visit 0, Follow-Up Visit 6, 12 and annually thereafter.

Procedure: The form is to be explained to the patient by the designated reviewer using the example at the beginning of the form. The form is reviewed for completeness.

FORM # 74

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center
- 4. a. Date of visit..... / /
- b. Visit Type (B = baseline, F = follow-up)
- c. Visit Number.....
- 5. Diet assigned (1 = Diet K, 2 = Diet L, 3 = Diet M, 4 = Baseline)

- 101. Date this form completed..... / /
- 102. Certification number of person reviewing form
- 103. Date form entered..... / /
- 104. Certification number of data entry person

Modification of Diet in Renal Disease Study Dietary Satisfaction Questionnaire

Please answer these questions to help us learn more about how you feel about what you eat.

EXAMPLE:

In general, to what degree do you like the taste of spaghetti?

Dislike extremely	1	2	3	4	5	Like very much
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Below is a list of questions to which there are no right or wrong answers. Please circle the number which best corresponds to your current feelings. Consider your eating habits over the past four months before answering these questions.

1. Rate your overall satisfaction with the way you are currently eating:

Dislike extremely	1	2	3	4	5	Like very much
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2. How often are you hungry?

Hungry often	1	2	3	4	5	Almost never hungry
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3. How would you describe your appetite?

Poor	1	2	3	4	5	Excellent
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4. In general, are you satisfied with the taste of the food you are currently eating?

Not satisfied	1	2	3	4	5	Very satisfied
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5. In general, are you satisfied with the amount of food you are currently eating?

Not enough	1	2	3	4	5	Too much
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6. a. Check here if you do not eat Breakfast and go on to question 7.

- b. Are you satisfied with the amount of food you eat for BREAKFAST?

Not enough	1	2	3	4	5	Too much
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7. a. Check here if you do not eat Lunch and go on to question 8.

- b. Are you satisfied with the amount of food you eat for LUNCH?

Not enough	1	2	3	4	5	Too much
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8. a. Check here if you do not eat Dinner and go on to question 9.

- b. Are you satisfied with the amount of food you eat for DINNER?

Not enough	1	2	3	4	5	Too much
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9. a. Check here if you do not eat Snacks and go on to question 10.

b. Are you satisfied with the amount of food or beverage you eat for SNACKS?

Not enough	1	2	3	4	5	Too much
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10. How different do you feel your eating pattern is from what other people eat?

Very different	1	2	3	4	5	Not different at all
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11. How do you feel about other people knowing you will be or are currently changing your eating habits?

It bothers me quite a lot	1	2	3	4	5	I don't mind at all
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12. Do other people seem to be bothered by the fact you may eat differently than they do?

They seem to be bothered quite a lot	1	2	3	4	5	They don't mind at all
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13. Does eating out in restaurants cause you difficulty?

It causes me a lot of difficulty	1	2	3	4	5	It is not difficult
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14. Does eating out at someone else's home cause you difficulty?

It causes me a lot of difficulty	1	2	3	4	5	It is not difficult
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15. How much does how and what you eat interfere with other activities in your life?

It interferes a lot	1	2	3	4	5	It doesn't interfere at all
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16. How much do you think what you eat affects your health?

No affect	1	2	3	4	5	It affects it a lot
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17. To what degree do you feel that making changes in your diet helps to improve how you feel?

Does not help at all	1	2	3	4	5	Helps a lot
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18. How difficult do you (or whomever does the shopping) find food shopping?

Very difficult	1	2	3	4	5	Very easy
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Dietary Satisfaction Questionnaire**

19. How difficult is it to plan and prepare your meals?

Very difficult	1	2	3	4	5	Very easy
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20. How much time, on average, is involved in planning, shopping, and preparing your meals? (hours per day)

21. Are there any special food products which you currently use and enjoy? (Staff person needs to enter the food codes.) (Y/N).....

If no, skip to item 22. If yes, specify:

- a. _____
- b. _____
- c. _____

22. Are there any special food products you have tried but do not enjoy? (Staff person needs to enter the food codes.) (Y/N).....

If no, skip to item 23. If yes, specify:

- a. _____
- b. _____
- c. _____

23. Are there any specific problems, additional comments or suggestions you would like to make about your current eating pattern, nutritional supplements, or special food products?

For patients who have been randomized into the MDRD Study Follow Up:

24. How do you enjoy eating now as compared to how you ate in the past (before you joined the MDRD Study)?

I liked my <u>previous</u> eating pattern much better	1	2	3	4	5	I like my <u>present</u> eating pattern much better
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Modification of Diet in Renal Disease Study Dietary Satisfaction Questionnaire

25. Since you began your MDRD Study diet, do you spend more or less out of your own pocket on food than you did before beginning the diet (excluding any supplements you might receive from the clinic)? Indicate the number which best corresponds to your current spending.....
- 1 = I spend more
 - 2 = I spend less
 - 3 = I spend about the same
- a. If you spend more than you did, indicate the number which best corresponds to your current spending.....
- 1 = Up to \$5.00 per week more
 - 2 = \$5.01 to \$10.00 per week more
 - 3 = \$10.01 to \$20.00 per week more
 - 4 = Over \$20.00 per week more
- b. If you spend less than you did, indicate the number which best corresponds to your current spending.....
- 1 = Up to \$5.00 per week less
 - 2 = \$5.01 to \$10.00 per week less
 - 3 = \$10.01 to \$20.00 per week less
 - 4 = Over \$20.00 per week less

If not on Diet K, STOP.

For patients on Diet K only:

26. How difficult is it for you to remember to take the keto acids?

Very difficult	1	2	3	4	5	Very easy
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27. How difficult is it for you to actually take the keto acids?

Very difficult	1	2	3	4	5	Very easy
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28. How important do you think the keto acids are to your health?

Not very important	1	2	3	4	5	Very Important
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29. How much do you think the keto acids help to improve how you feel?

Do not help at all	1	2	3	4	5	Help a lot
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30. In general, are you satisfied with the taste of the keto acids?

Not satisfied at all	1	2	3	4	5	Very satisfied
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