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For DCC Use Only
Rev. 2 10/4/90

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Form # 80
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MDRD

Modification of Diet in Renal Disease Study Low Protein Entrees Acceptability

Purpose: To assess the acceptability and convenience of Baxter Low Protein Entrees being introduced to the study. To determine the use and acceptability of other low protein food products. To investigate other types of food products that would be acceptable to MDRD patients.

To be given to the patient when he/she receives his/her first sample package of Baxter Low Protein Entrees. The patient is asked to taste each of the four entrees, complete the form and return the form at his/her next visit.

Procedure: The form is to be explained to the patient by the designated reviewer and reviewed for completeness when returned by the patient.

FORM # 8 0

1. Patient Identification Number.....

2. Patient Name Code.....

103. Date form entered..... / /

104. Certification number of data entry person

Send the original to the MDRD Study Nutrition Coordinating Center. Please use MDRD Study mailing labels.

**Modification of Diet in Renal Disease Study
 Low Protein Entrees Acceptability**

**Baxter Low Protein Entrees
 Taste Test**

Thank you for taking the time to answer this Questionnaire

Please fill in the blanks or circle the most appropriate response.

CONVENIENCE AND HANDLING

1. Please write down the date you received these products. _____/_____/_____

2. What was the condition of the carton when you received it?

Poor Condition 1 2 3 4 5 Excellent Condition

3. Please indicate with an "X" the meal at which you ate the entree. (Please circle the "X" if the entree was not prepared at home.)

| | Weekday | | | Weekend | | |
|-------------------|-----------|-------|--------|-----------|-------|--------|
| | Breakfast | Lunch | Dinner | Breakfast | Lunch | Dinner |
| Country Stew | | | | | | |
| Corn Chowder | | | | | | |
| Pasta Alfredo | | | | | | |
| Vegetable Stirfry | | | | | | |

4. If you prepared any of these meals outside your home, list where you most often prepared them.....

- 1 - Work
- 2 - Travel
- 3 - Home of friend or relative
- 4 - Other

TASTE AND APPEARANCE

Please rate and provide any comments on the taste, texture, and appearance of the four different meals. Circle the number below which most accurately reflects your rating.

5. **COUNTRY STEW WITH BEEF** - If you did not taste this entree, skip to the next entree.

a. **Taste**

Poor taste 1 2 3 4 5 Very delicious

b. **Texture**

Unacceptable 1 2 3 4 5 Acceptable

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c. Appearance

Unappetizing 1 2 3 4 5 Very appetizing

d. Comments (up to 60 characters):

6. HEARTY CORN CHOWDER - If you did not taste this entree, skip to the next entree.

a. Taste

Poor taste 1 2 3 4 5 Very delicious

b. Texture

Unacceptable 1 2 3 4 5 Acceptable

c. Appearance

Unappetizing 1 2 3 4 5 Very appetizing

d. Comments (up to 60 characters):

7. PASTA ALFREDO WITH BACON - If you did not taste this entree, skip to the next entree.

a. Taste

Poor taste 1 2 3 4 5 Very delicious

b. Texture

Unacceptable 1 2 3 4 5 Acceptable

c. Appearance

Unappetizing 1 2 3 4 5 Very appetizing

d. Comments (up to 60 characters):

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8. **VEGETABLE STIR FRY WITH PORK** - If you did not taste this entree, skip to the next entree.

a. **Taste**

Poor taste 1 2 3 4 5 Very delicious

b. **Texture**

Unacceptable 1 2 3 4 5 Acceptable

c. **Appearance**

Unappetizing 1 2 3 4 5 Very appetizing

d. **Comments** (up to 60 characters):

9. For products which were consumed away from home, did you experience any difficulty?

a. **Transporting** 1 = Yes 2 = No....._____

b. **Storage** 1 = Yes 2 = No....._____

c. **Heating** 1 = Yes 2 = No....._____

10. Did these entrees make it difficult to meet your MDRD protein goal?

Difficult 1 2 3 4 5 Easier

11. Overall, based on convenience and taste, how would you rate these entrees?

Poor 1 2 3 4 5 Excellent

12. Do you currently use food products supplied by the MDRD Study? (1 = Yes, 2 = No)....._____

13. If these products were available through the MDRD Study would you order them through your dietitian? (1 = Yes, 2 = No)....._____

14. If yes, which products would you order and how many entrees would you order per month?

| Entrees | Number you would order per month |
|-----------------------------|----------------------------------|
| a. Country Stew..... | _____ |
| b. Hearty Corn Chowder..... | _____ |
| c. Pasta Alfredo..... | _____ |
| d. Vegetable Stirfry..... | _____ |

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15. If these products were available after the MDRD Study is over, would you want to buy these products? (1 = Yes, 2 = No).....

16. If yes, how much would you be willing to pay for each entree:

a. Country Stew\$ _____ . _____

b. Hearty Corn Chowder.....\$ _____ . _____

c. Pasta Alfredo.....\$ _____ . _____

d. Vegetable Stirfry.....\$ _____ . _____

17. What other food products would you like to see developed for your use? (Up to 60 characters)

THANK YOU for your valuable comments!