

DIETARY SCREENING QUESTIONNAIRE

These questions are about foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks at home, at work or school, in restaurants, and anyplace else.

Mark an to indicate your answer. To change your answer, completely fill the box for the incorrectly marked answer (). Then mark an X in the correct one. Your answers are important.

1 How old are you (in years)?

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 years

2 Are you male or female?

- Male
 Female

3 During the past month, how often did you eat **hot or cold cereals**? *Mark one* .

- Never ◦ **Go to question 6.**
- 1 time last month
 2-3 times last month
- 1 time per week
 2 times per week
 3-4 times per week
 5-6 times per week
- 1 time per day
 2 or more times per day

4 During the past month, what kind of cereal did you usually eat? – *Print cereal.*

5 If there was another kind of cereal that you usually ate during the past month, what kind was it? – *Print cereal, if none leave blank.*

6 During the past month, how often did you have any **milk** (either to drink or on cereal)? Include regular milks, chocolate or other flavored milks, lactose-free milk, and buttermilk. Please do **not** include soymilk or small amounts of milk in coffee or tea. *Mark one* .

- Never ◦ **Go to question 8.**
- 1 time last month
 2-3 times last month
- 1 time per week
 2 times per week
 3-4 times per week
 5-6 times per week
- 1 time per day
 2-3 times per day
 4-5 times per day
 6 or more times per day

7 During the past month, what kind of milk did you usually drink? *Mark one* .

- Whole or regular milk
 2% fat or reduced-fat milk
 1%, ½%, or low-fat milk
 Fat-free, skim or nonfat milk
 Soy milk
 Other kind of milk – *Print milk.*

8 During the past month, how often did you drink **regular soda or pop** that contains sugar? Do **not** include diet soda. *Mark one* .

- Never
- 1 time last month
 2-3 times last month
- 1 time per week
 2 times per week
 3-4 times per week
 5-6 times per week
- 1 time per day
 2-3 times per day
 4-5 times per day
 6 or more times per day



9 During the past month, how often did you drink **100% pure fruit juices** such as orange, mango, apple, grape, and pineapple juices? Do **not** include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Mark one .

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

10 During the past month, how often did you drink coffee or tea that had **sugar** or **honey** added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do **not** include artificially sweetened coffee or diet tea.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

11 During the past month, how often did you drink **sweetened** fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull, or Vitamin Water? Include fruit juices you made at home and added sugar to. Do **not** include diet drinks or artificially sweetened drinks.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

12 During the past month, how often did you eat **fruit**? Include fresh, frozen, or canned fruit. Do **not** include juices.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

13 During the past month, how often did you eat a green leafy or lettuce **salad**, with or without other vegetables?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day



14 During the past month, how often did you eat any kind of **fried potatoes**, including French fries, home fries, or hash brown potatoes?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

15 During the past month, how often did you eat any **other kind of potatoes**, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

16 During the past month, how often did you eat refried **beans**, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans? Do **not** include green beans.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

17 During the past month, how often did you eat **brown rice** or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do **not** include white rice.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

18 During the past month, not including what you just told me about (green salads, potatoes, cooked dried beans), how often did you eat **other vegetables**?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

19 During the past month, how often did you have Mexican-type **salsa** made with tomato?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day



20 During the past month, how often did you eat **pizza**? Include frozen pizza, fast food pizza, and homemade pizza.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

21 During the past month, how often did you have **tomato sauces** such as with spaghetti or noodles or mixed into foods such as lasagna? Do **not** include tomato sauce on pizza.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

22 During the past month, how often did you eat any kind of **cheese**? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do **not** include cheese on pizza.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

23 During the past month, how often did you eat **red meat**, such as beef, pork, ham, or sausage? Do **not** include chicken, turkey, or seafood. Include red meat you had in sandwiches, lasagna, stew, and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

24 During the past month, how often did you eat any **processed meat**, such as bacon, lunch meats, or hot dogs? Include processed meats you had in sandwiches, soups, pizza, casseroles, and other mixtures.

Processed meats are those preserved by smoking, curing, or salting, or by the addition of preservatives. Examples are: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, and spam.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day



25 During the past month, how often did you eat **whole grain bread** including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel. Do **not** include white bread.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

26 During the past month, how often did you eat **chocolate** or any other types of candy? Do **not** include sugar-free candy.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

27 During the past month, how often did you eat **doughnuts**, sweet rolls, Danishes, muffins, pan dulce, or pop-tarts? Do **not** include sugar-free items.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

28 During the past month, how often did you eat **cookies, cake, pie or brownies**? Do **not** include sugar-free kinds.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

29 During the past month, how often did you eat **ice cream or other frozen desserts**? Do **not** include sugar-free kinds.

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

30 During the past month, how often did you eat **popcorn**?

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day



31. What foods or drinks do you think make your skin condition worse? (write-in)

My triggers: _____

32. What foods, drinks, or supplements do you think make your skin condition better? (write-in)

Helpful: _____

33. Have you tried **avoiding** or **reducing** any of the following in your diet? (Check all that apply and circle how it affected your skin condition):

- | | | | | | |
|--|-------------------------|-------------|----------|-----------|----------|
| <input type="checkbox"/> Red meat | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Pork | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Shellfish | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Sodium / Salt | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Gluten (Wheat, barley, rye products) | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> White flour products | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Nightshades (tomatoes, eggplant, peppers, paprika, white potatoes) | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Dairy | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> High fat foods | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Junk foods (candy and pastries, chocolate, French fries, potato chips, sweets) | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Caffeine | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Alcohol | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Tobacco | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Other avoided (write in): _____ | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |

34. Have you tried **adding** any of the following to your diet? (Check all that apply and circle how it affected your skin condition):

- | | | | | | |
|---|-------------------------|-------------|----------|-----------|----------|
| <input type="checkbox"/> Fruits | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Vegetables | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Organic foods | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |
| <input type="checkbox"/> Probiotics | Skin response (circle): | Fully Clear | Improved | No Change | Worsened |

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Fish oil / Omega-3

Skin response (circle): Fully Clear Improved No Change Worsened

Oral vitamin D

Skin response (circle): Fully Clear Improved No Change Worsened

Other added (write in): _____

Skin response (circle): Fully Clear Improved No Change Worsened

35. How did you learn about the foods/drinks that affect your skin condition? (circle all that apply)

Family Friends Other Patients Trial & Error Internet TV Books

Other: _____

36. Have you tried going on any special diets? (e.g. Vegetarian diet, Gluten-free, Mediterranean, Ornish, South Beach, Paleo, Atkins, etc). If so, please list your diet(s) below and how it affected your skin condition:

Name of Diet: _____ **Length Diet Tried:** _____ **Experience Weight Loss? Yes / No**

Skin response (circle): Fully Clear Improved No Change Worsened

Name of Diet: _____ **Length Diet Tried:** _____ **Experience Weight Loss? Yes / No**

Skin response (circle): Fully Clear Improved No Change Worsened

Name of Diet: _____ **Length Diet Tried:** _____ **Experience Weight Loss? Yes / No**

Skin response (circle): Fully Clear Improved No Change Worsened

37. If you stopped any of the above diets, did your skin symptoms worsen? (circle one)

Yes (If Yes, how long before it worsened: _____) No Not Applicable

38. Currently, what role is diet playing in managing your skin condition? (select one)

With diet alone, my skin condition is completely controlled

My diet is helping significantly with my skin condition

My diet is helping slightly with my skin condition

My diet has no effect on my skin condition

39. Did your diet have any benefits on your general health? (e.g. blood pressure, cholesterol)

Yes (If Yes, benefits: _____) No Not Applicable

40. Have there been any problems or adverse side effects resulting from your dietary changes?

Yes (If Yes, what problems: _____) No Not Applicable

41. How difficult / burdensome is it to follow a special diet? (circle one)

Very difficult Somewhat difficult Not difficult Not Applicable

42. What difficulties did you encounter modifying your diet? (if any)

Write-in: _____

43. How time-consuming is it to follow a special diet? (circle one)

Very time-consuming Somewhat time-consuming Not time-consuming Not Applicable

44. How expensive is it to modify your diet? (circle one)
Very expensive Somewhat expensive Not expensive Not Applicable

45. Does exercise help your skin condition? (circle)
Yes No Not sure I don't exercise

46. Please rate the importance of diet in managing your skin condition relative to other factors: (circle)

Prescription medications:	Diet more important	Diet less important	About the same	N/A
Over-the-counter medications:	Diet more important	Diet less important	About the same	N/A
Complementary medicine:	Diet more important	Diet less important	About the same	N/A
Exercise:	Diet more important	Diet less important	About the same	N/A
Stress Reduction:	Diet more important	Diet less important	About the same	N/A

47. What motivated you to try dietary modification for your skin condition? (circle all that apply)

Other treatments failed Recommended by friends/family Recommended by other patients
It is a natural method It might improve other health problems I have not tried a diet modification
Other: _____

48. Have you ever discussed dietary changes with your dermatologist? (check one)

- Yes, I discussed with the dermatologist before modifying my diet
 Yes, I mentioned it to the dermatologist during or after I made the dietary change
 Yes, I discussed with the dermatologist but have not modified my diet yet
 No, I have not discussed with my dermatologist even though I have already tried dietary change
 No, I have not discussed with my dermatologist and I haven't tried any dietary change

49. How important is it that physicians discuss with patients the role of diet in managing skin disease? (circle one)

Very important Somewhat important Minimally important Not important at all

50. What is your primary skin condition?

- Psoriasis If yes, do you have psoriatic arthritis? Yes / No / Not sure
 Psoriasis subtype(s): Plaque Guttate Pustular Inverse Erythrodermic Palm/Sole
 Eczema / Atopic dermatitis
 Other: _____

51. Age when skin condition began: _____

52. Do you have a family history of your skin condition? Yes / No / Not Sure

53. Do you have celiac disease (sensitivity to dietary gluten)? Yes / No / Not Sure

54. Without any treatments, how much of your body area would your skin condition cover?

- Barely any or very little
- A few areas that could be covered by 1-5 palms of your hand (<5% body surface)
- Scattered areas that could be covered by 5-10 palms of your hand (5-10% body surface)
- Extensive areas covering 11-20 palms of your hand (11-20% body surface)
- Extensive areas covering more than 20 palms of your hand (>20% body surface)

55. Without any treatments, how do you rate your skin condition?

- Mild
- Moderate
- Severe

56. What is your weight? _____ pounds

57. What is your height? _____ feet _____ inches

58. What is your race?

- White
- African American
- Hispanic
- Asian/Pacific Islander
- Native American
- Other: _____

59. What is your highest level of education

- Less than high school
- High school graduate
- Undergraduate
- Graduate/Professional

60. How would you describe the area in which you live?

- Urban/suburban
- Rural

61. What is your average annual household income?

- < \$20,000
- \$20,001-\$40,000
- \$40,001-\$60,000
- \$60,001-\$100,000
- > \$100,000