|  | Did you eat or taste any: | - | How much did you have? |
| :---: | :---: | :---: | :---: |
|  | POTATO SALAD $\begin{aligned} & \text { 1. Yes } \Rightarrow \\ & \text { 2. No } \\ & \text { 9. Don't know } \end{aligned}$ | 1a | 1. One bite or less <br> 2. More than one but less than five bites <br> 3. Five or more bites <br> 9. Don't know |
| 2 | GRILLED VEGETABLES (on skeme) <br> 1. Yes $\Rightarrow$ <br> 2. No <br> 9. Don't know | 2a | 1. One bite or less <br> 2. More than one bite but less than one skewer <br> 3. One whole skewer <br> 4. More than one skewer <br> 9. Don't know |
| Questions go in order of numbers. But when additional information related to a particular question is sought, go across the row to "a", "b", "c", etc. |  |  |  |

When the answer is "yes", follow the arrows $(\Rightarrow)$

## Instructions and notes are highlighted in GREY.

10
On what date did you feel that your health was back to normal?
$\qquad$
$\qquad$ [If health still not normal, write STILL.]

