

APPLICATION FOR HUMAN NUTRITION STUDY

PROJECT TITLE: Comparison of foods containing starch and/or fiber on digestibility and glycemic response indices.

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Name _____ Height _____ Weight _____ Birthdate _____

Work Address _____ Phone _____

Home Address _____ Phone _____

If you have previously participated in a diet study, please give date(s) and type of study _____

Have you been in good health for the past 3 years? _____ if not, please explain

Has your weight changed more than 15 pounds in the last year? _____ How much? _____

Are you now using nonprescription drugs or vitamins? _____ If yes, please list by name and amount _____

Would you be willing to discontinue these for the study? _____

Are you now using medicine prescribed by a physician? _____ If yes, list drugs by name and amount _____

Are you willing to have blood drawn and collect urine during the study? _____

Are you now eating a special diet? _____ Are you allergic, unable, or unwilling to eat any specific foods? _____ Please list if yes. _____

Would you rate your physical activity level as: very active _____ normal _____ low _____

Have you been treated for heart disease _____ diabetes _____
high blood pressure _____

Does your family have a history of heart disease _____ diabetes _____?

Do you smoke _____ How many cigarettes/day? _____