

Appendix 1. Dietary Recall Questionnaire

Number : _____ History of GDM : ☐Yes ☐No

Date : _____ Week of Gestation : _____ Nulliparous status : ☐Yes ☐No

Weight at prepregnancy : ____kg Weight at now : ____kg Height : _____cm

1. The time of last food intake before undergoing a 1-hr 50-g glucose challenge test :

☐≤1 hr ☐1–2 hr ☐>2 hr

2. Caloric intake contents :

Meal		Fruits	Beverages	Snacks
Fast food <input type="checkbox"/> Burgers <input type="checkbox"/> Sandwiches <input type="checkbox"/> Breads <input type="checkbox"/> French fries Chinese style breakfast <input type="checkbox"/> Egg pancakes <input type="checkbox"/> Fried dumplings <input type="checkbox"/> Chinese Radish Cake <input type="checkbox"/> Steamed buns <input type="checkbox"/> Rice and vegetable roll Taiwanese Cuisine <input type="checkbox"/> Rice Dishes <input type="checkbox"/> Wheat-noodle Dishes <input type="checkbox"/> Hot pot <input type="checkbox"/> Snacks <input type="checkbox"/> Others	Western-style meal <input type="checkbox"/> Continental cuisine <input type="checkbox"/> Spaghetti <input type="checkbox"/> Pasta au gratin <input type="checkbox"/> Pizzas (<input type="checkbox"/> Large <input type="checkbox"/> Small) Japanese Cuisine <input type="checkbox"/> Sushi <input type="checkbox"/> Set meal <input type="checkbox"/> Japanese Ramen <input type="checkbox"/> Others	<input type="checkbox"/> Fresh fruits <input type="checkbox"/> Dried fruits Fruit consumption <input type="checkbox"/> 1 or more than 1 cup <input type="checkbox"/> Less than 1 cup	<input type="checkbox"/> Soya-bean milk <input type="checkbox"/> Fruit juice <input type="checkbox"/> Milk tea <input type="checkbox"/> Coffee <input type="checkbox"/> Black tea <input type="checkbox"/> Soft drinks <input type="checkbox"/> Yakult flavored lactobacillus drinks <input type="checkbox"/> Others Sugar contents with beverages <input type="checkbox"/> Full sugar <input type="checkbox"/> Half-empty sugar <input type="checkbox"/> Others _____ Beverage consumption <input type="checkbox"/> 700cc <input type="checkbox"/> 500cc <input type="checkbox"/> 300cc <input type="checkbox"/> Others : _____cc	Cakes Crackers Others

Wang P, Lu M-C, Yu C-W, Wang L-C, Yan Y-H. Influence of food intake on the predictive value of the gestational diabetes mellitus screening test. Obstet Gynecol 2013;121.

The authors provided this information as a supplement to their article.

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