

* Used for Visits # 2, 3, 4, & 5



Diet And Physical Activity Sub-Study

Us Supplement Ingredient Form

For Multi Ingredient Supplements

Form Code: MSI
Version A 2/19/2001

Participant ID _____

Name

Initials

Product Name _____

Manufacturer/Distributor _____

Today's Date _____

Ingredient	Label Amt. Per # Tablets	Calculated Amt taken per # tablets
** Beta Carotene	_____IU/mg/%DV	
Biotin	_____mcg	
** Brewer's Yeast	_____	
** Calcium(Ca)	_____mg/%DV	
Chloride	_____mg	
Choline	_____mg	
Chromium (Cr)	_____mcg	
Cobalt (Co)	_____mcg	
** Copper (Cu)	_____mg/%DV	
Fluoride	_____mg	
** Folic Acid (folate)	_____mcg/mg/%DV	
** Garlic	_____g	
Inositol	_____mg	
Iodine	_____mcg/%DV	
** Iron (Fe)	_____mg/%DV	
Kelp	_____	
** Lysine	_____mg	
** Magnesium (Mg)	_____mg/%DV	
Manganese (Mn)	_____mg	
** Niacin (vitamin B3)	_____mg/%DV	
** Pantothenic Acid	_____mg/%DV	
Para-Aminobenzoic Acid (PABA)	_____mg	
** Phosphorus (P)	_____mg/%DV	
** Potassium (K)	_____mg/%DV	
** Riboflavin (vit B2)	_____mg/%DV	
** Seaweed, dried	_____	