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NAME \_\_\_\_\_

# LABORATORY 4 DATA SHEET - WEEK 1

DATE \_\_\_\_\_

<b>Oral Rehydration Solution</b>		
<b>Component(s)</b>	<b>Weight (g)</b>	<b>Osmolarity Calculation(s)</b>
		<b>Total Osmolarity</b>

Body Water				
Participant ID	Body Weight (kg)	Total Body Water (kg)	Intracellular Water(kg)	Extracellular Water (kg)

Urine Collection	
Participant ID	Osmolality (mOsM/kg)

Also complete:

- BEVQ-15 and BEVQ-15 Scoring
- Thirst Assessment

# Beverage Questionnaire (BEVQ-15)

## Instructions:

For the past month, please indicate your intake for each beverage type by marking an "X" in the bubble for "how often" and "how much each time".

1. Indicate how often you drank the following beverages, for example, if you drank 5 glasses of water per week, mark 4-6 times per week.
2. Indicate the approximate amount of beverage you drank each time, for example, if you drank 1 cup of water each time, mark 1 cup under "how much each time". If applicable, indicate the specific type of beverage by marking an "X" in the bubble by the one used (i.e., type of nut milk).
3. When trying to estimate your intake throughout the day, (i.e., water) think about the total amount you drink. For example, 3 times per day and 20 fl oz each time = 60 fl oz per day. **If you consume more 60 fl oz per day select "1 time per day" and write the TOTAL daily amount in the last column.**
4. Do not count beverages used in cooking or other preparations, such as milk in cereal.
5. Count milk/creamer added to tea and coffee in the tea or coffee with creamer beverage category, NOT in the milk categories; this includes non-dairy creamer. Please indicate the type of creamer (flavored, plain or sugar-free) and sweetener used by marking an "X" in the bubble by the one used, if applicable.

Type of Beverage	HOW OFTEN (MARK ONE)							HOW MUCH EACH TIME (MARK ONE)					
	Never or less than 1 time per week (go to next beverage)	1 time per week	2-3 times per week	4-6 times per week	1 time per day	2 times per day	3+ times per day	Less than 6 fl oz (¾ cup)	8 fl oz (1 cup)	12 fl oz (1½ cups)	16 fl oz (2 cups)	20 fl oz (2½ cups)	> 20 fl oz (specify TOTAL daily amount)
Water or unsweetened sparkling water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
100% Fruit Juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Sweetened Juice Beverage/Drink (fruit punch, juice cocktail, Sunny Delight, Capri Sun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Whole Milk: red cap, Reduced Fat Milk 2%: purple cap, or Chocolate Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Low Fat 1%: green cap, Fat Free/Skim Milk: light blue cap, Buttermilk or Soy Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Nut Milk (almond, cashew, coconut) <input type="radio"/> Flavored, Original, or Plain <input type="radio"/> Unsweetened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Soft Drinks, Regular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Energy & Sports Drinks, Regular (Red Bull, Gatorade, Powerade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Diet or Artificially Sweetened Soft Drinks, Energy & Sports Drinks (Diet Coke, Crystal Light, artificially sweetened sparkling water, Sugar-Free or Total Zero Red Bull, Powerade Zero)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Sweet Tea (with sugar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Tea or Coffee, black (no creamer or milk) <input type="radio"/> Sugar, <input type="radio"/> Artificial Sweetener, <input type="radio"/> N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Tea or Coffee (w/ milk &/or creamer) <input type="radio"/> Sugar <input type="radio"/> Artificial Sweetener <input type="radio"/> N/A <b>Milk &amp;/or Creamer:</b> <input type="radio"/> Milk <input type="radio"/> Half & Half or Cream <input type="radio"/> N/A Creamer: <input type="radio"/> Flav. <input type="radio"/> Plain <input type="radio"/> Sugar-Free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Wine (red or white)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hard Liquor (vodka, rum, tequila, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Beer, Ales, Wine Coolers, Non-alcoholic or Light Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other (list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

## BEVQ-15 SCORING

Type of Beverage	Average Daily Consumption (oz)
Water or unsweetened sparkling water	
100% Fruit Juice	
Sweetened Juice Beverage/Drink (fruit punch, juice cocktail, Sunny Delight, Capri Sun)	
Whole Milk: red cap, Reduced Fat Milk 2%: purple cap, or Chocolate Milk	
Low Fat 1%: green cap, Fat Free/Skim Milk: light blue cap, Buttermilk or Soy Milk	
Nut Milk (almond, cashew, coconut) O Flavored,                      O Unsweetened Original, or Plain	
Soft Drinks, Regular	
Energy & Sports Drinks, Regular (Red Bull, Gatorade, Powerade)	
Diet or Artificially Sweetened Soft Drinks, Energy & Sports Drinks	
Sweet Tea (with sugar)	
Tea or Coffee, black (no creamer or milk) O Sugar,                      O Artificial Sweetener, O N/A	
Tea or Coffee (with creamer) O Sugar                      O Artificial Sweetener O N/A O Milk                      O Half & Half or Cream O N/A <u>Creamer:</u> O Flavored                      O Reg. O Sugar-Free                      O N/A	
Wine (red or white)	
Hard Liquor (vodka, rum, tequila, etc.)	
Beer, Ales, Wine Coolers, Non-alcoholic or Light Beer	
Other (list): _____	
Other (list): _____	
Other (list): _____	

NAME \_\_\_\_\_

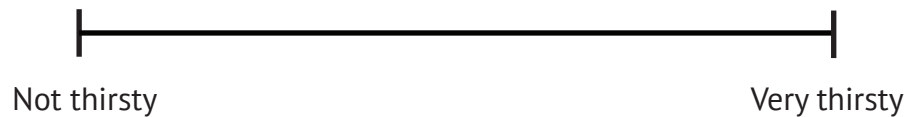
## LABORATORY 4 DATA SHEET - THIRST

Participant ID (no names) \_\_\_\_\_

**Researcher:** Instruct participants to make a mark on the line on the visual analog scale (VAS) at the given time collection. Cover past responses with a folded sheet of paper.

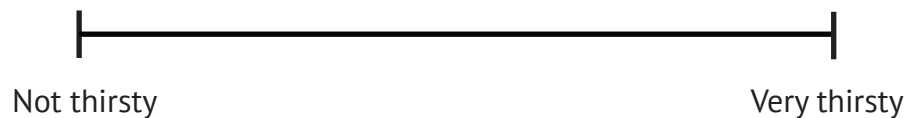
### Condition 1 - TB

How thirsty do you feel right now?



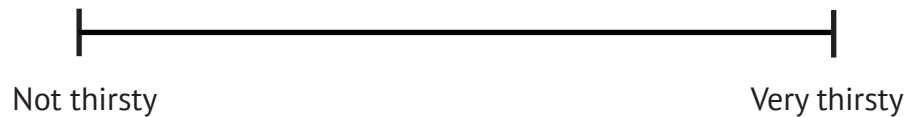
### Condition 1 - 20

How thirsty do you feel right now?



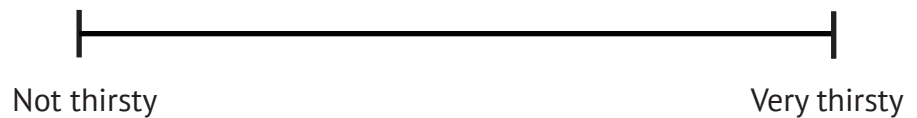
### Condition 1 - 40

How thirsty do you feel right now?



### Condition 1 - 60

How thirsty do you feel right now?



NAME \_\_\_\_\_

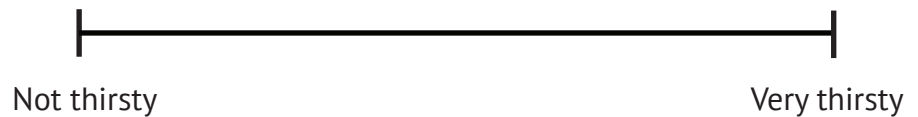
## LABORATORY 4 DATA SHEET - THIRST

Participant ID (no names) \_\_\_\_\_

**Researcher:** Instruct participants to make a mark on the line on the visual analog scale (VAS) at the given time collection. Cover past responses with a folded sheet of paper.

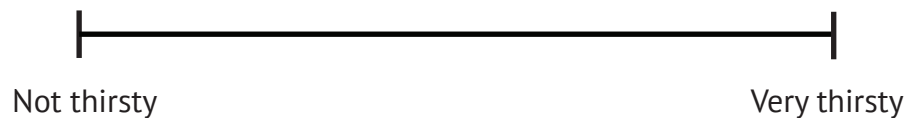
### Condition 2 - TB

How thirsty do you feel right now?



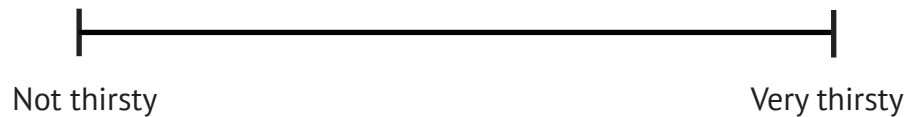
### Condition 2 - 20

How thirsty do you feel right now?



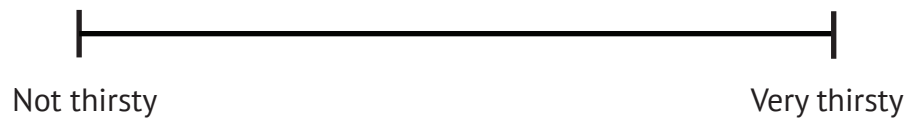
### Condition 2 - 40

How thirsty do you feel right now?



### Condition 2 - 60

How thirsty do you feel right now?



NAME \_\_\_\_\_

## LABORATORY 4 DATA SHEET - CONDITION 1

Participant ID (no names) \_\_\_\_\_

**Drink:**

Urine Collection			
Time	Collection Start Time	Osmolality (mOsm/kg)	Notes
TB			
T60			

Body Water				
Time	Body Weight (kg)	Total Body Water (kg)	Intracellular Water(kg)	Extracellular Water (kg)
TB				
T60				

NAME \_\_\_\_\_

## LABORATORY 4 DATA SHEET - CONDITION 2

Participant ID (no names) \_\_\_\_\_

**Drink:**

Urine Collection			
Time	Collection Start Time	Osmolality (mOsm/kg)	Notes
TB			
T60			

Body Water				
Time	Body Weight (kg)	Total Body Water (kg)	Intracellular Water(kg)	Extracellular Water (kg)
TB				
T60				

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NAME

## LABORATORY 4 NOTES