



Please reply to:
 Channing Laboratory
 180 Longwood Avenue
 Boston, MA 02115
 (617) 432-2279

Research Group

Tim Baum, M.S.
 Kim Boulger, B.A.
 Leslie Bronner, M.P.H.
 Gary Chase, B.S.
 Sue-Wei Chiang, M.S.
 Joyce Clifford, R.N., M.S.N.
 Graham Colditz, M.D.
 Karen Corsano, M.A.
 Gary Curhan, M.D.
 Elizabeth Dunn, B.S.
 Barbara Egan
 Lindsay Frazier, M.D.
 Charles Fuchs, M.D.
 Edward Giovannucci, M.D.
 Francine Grodstein, Sc.D.
 Sherry R. Hahn
 Sue Hankinson, R.N., Sc.D.
 Charles Hennekens, M.D.
 David Hunter, M.D.
 Maureen Johnston, B.A.
 Ichiro Kawachi, M.D.
 Francine Laden, S.M.
 Zhao Liu, M.S.
 JoAnn Manson, M.D.
 Lynn Marshall, B.S.
 Marion McPhee
 Rachel Meyer, B.A.
 Wei Mo, M.S.
 Jennifer Nelson, B.A.
 Padma Patel, B.S.
 Janet Rich-Edwards, M.P.H.
 Helaine Rockett, R.D.
 Bernard Rosner, PhD
 Laura Sampson, R.D.
 Mark Shneyder, B.S.
 Caren Solomon, M.D.
 Meir Stampfer, M.D.
 Steven Stuart, B.S.
 Harry Taplin, M.A.
 Rebecca Troisi, M.A.
 Lori Ward
 Walter Willett, M.D.
 Siulan Wu, M.S.

Dear Colleague:

The Nurses' Health Study is now 18 years old! Our research group is most grateful for the detailed information you have provided over the past years. Your participation and that of over 120,000 other RNs has made this study the largest investigation specifically directed to the health of women. Whether or not you are still active in nursing, your continued participation is extremely valuable to further our understanding of factors influencing the health and well being of women.

In the past year we have reported that women taking vitamin E supplements have reduced risk of cardiovascular disease⁽¹⁾, that stopping smoking significantly reduces the risk of total mortality⁽²⁾, of cardiovascular disease⁽³⁾, and of stroke⁽⁴⁾. We have also reported that women who have had a tubal ligation are at a decreased risk of ovarian cancer⁽⁵⁾, that a diet high in folate is related to a lower risk of colon polyps⁽⁶⁾, and that low intake of vegetables is associated with an increased risk of breast cancer⁽⁷⁾.

Please complete and return the enclosed questionnaire at your earliest convenience. As always, information will be kept strictly confidential and used for medical statistical purposes only. Again, I would like to express my deepest gratitude for the contribution you have made to the study of women's health. Already these efforts have yielded much useful information, and we are confident that findings during the next several years will provide further important guidance for maintaining optimal health.

Sincerely,

Frank E. Speizer, M.D.
 Principal Investigator

¹ N Engl J Med 1993; 328: 1450-1456

² Ann Intern Med 1993; 119: 992-1000

³ Arch Int Med 1994; 154: 169-175

⁴ JAMA 1993; 269: 232-236

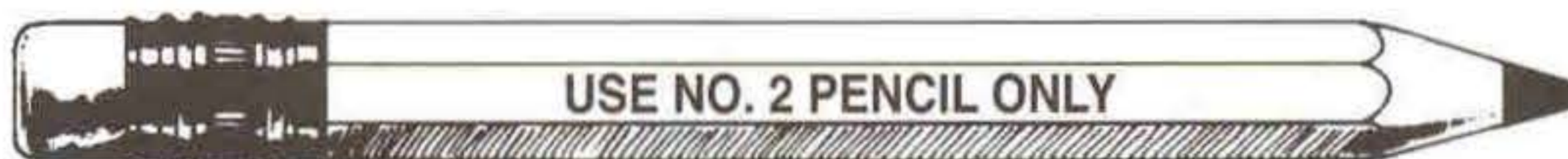
⁵ JAMA 1993; 270: 2813-2818

⁶ J Natl Cancer Inst 1993; 85: 875-884

⁷ N Engl J Med 1993; 329: 234-240

INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1992, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.



EXAMPLE 1: Write in your weight in the boxes...

...and fill in the circle corresponding to the figure at the head of each column.

Please fill in the circle completely, do not mark this way:



1. Current Weight

POUNDS

1	4	0
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" 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 checked="" 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"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

EXAMPLE 2: Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

12. Since June 1992, have you had any of these physician-diagnosed illnesses?
 LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS			
	BEFORE JUNE 1 1992	JUNE 92 TO MAY 94	AFTER JUNE 1 1994	
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalized for MI?	<input type="radio"/> No <input checked="" type="radio"/> Yes			<input type="radio"/>

Thank you for completing the 1994 Nurses' Health Study Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

If your name and address as printed on this questionnaire is no longer correct or is incomplete, please make any necessary corrections on the letter and enclose it with your completed form.

PLEASE USE PENCIL!

1. What is your current weight?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
	7	7
	8	8
	9	9

2. What is the difference between your highest and lowest weight during the last two years?

- No change
- 2-4 lbs.
- 5-9 lbs.
- 10-14 lbs.
- 15-29 lbs.
- 30-49 lbs.
- 50 or more lbs.

3. Have your menstrual periods ceased permanently?

- Yes: No menstrual periods
- Yes: Had menopause but now have periods induced by hormones
- No: Premenopausal
- Not sure

a) Age natural periods ceased?

AGE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9
	3
	a
	b

b) For what reason did your periods cease?

- SURGERY
- RADIATION or CHEMOTHERAPY
- NATURAL

4. Have you had your uterus removed?

- No Yes → Date of surgery: Before June 1, 1992 After June 1, 1992

5. Have you ever had either of your ovaries surgically removed?

- No Yes → a) How many ovaries do you have remaining? None One

6. Have you had a tubal ligation?

- No Yes → At what age? <25 25-29 30-34 35-39 40-44 45+

7. Since June 1992, have you used female hormones (other than oral contraceptives)?

- No Yes → a) How many months have you used them during the 24-month period between June 1992 and June 1994?

- 1-4 months 5-9 10-14 15-19 20-24 months

b) Are you currently using them (within the last month)? Yes, currently No, not currently

c) Mark the types of hormones you have used the longest during this period.

Estrogen: Oral Premarin Estrace Ogen

Patch Estrogen Vaginal Estrogen Other Estrogen

Progesterone/Progestin (e.g., Provera): Oral Vaginal Other (specify below)

Other type of hormones used, please specify: _____

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less (Green) .625 mg/day (Brown) .9 mg/day (White) 1.25 mg/day (Yellow)

- More than 1.25 mg/day Dose unknown Did not take oral conjugated estrogen

e) If you used oral Medroxy Progesterone (e.g., Provera, Cycrin), what dose did you usually take?

- <5 mg 5-9 mg 10 mg More than 10 mg Dose unknown Not used

f) What was your pattern of hormone use (Days per Month)?

Oral or Patch Estrogen: Days per Month Not used <1 day/mo 1-8 days 9-18 19-26 27+ days/mo

Progesterone: Days per Month Not used <1 day/mo 1-8 days 9-18 19-26 27+ days/mo

8. Were you ever treated with DES (diethylstilbestrol) during any pregnancy?

- No Yes → During how many pregnancies? 1 2 3 or more

9. Do you currently smoke cigarettes?

- No Yes → How many per day? 1-4 5-14 15-24 25-34 35-44 45 or more

10. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

	TIME PER WEEK									
	Zero	1-4 Min.	5-19 Min.	20-59 Min.	One Hour	1-1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11+ Hrs.
Walking or hiking outdoors (include walking to work)	<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"/>
Jogging (slower than 10 minutes/mile)	<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"/>
Running (10 minutes/mile or faster)	<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"/>
Bicycling (include stationary machine)	<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"/>
Tennis, squash, racquetball	<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"/>
Lap swimming	<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 aerobic exercise (aerobic dance, rowing machine, 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"/>
Lower intensity exercise (yoga, stretching, toning)	<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 vigorous activities (e.g., lawn mowing)	<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"/>

11. Did you have a colonoscopy or sigmoidoscopy since June 1, 1992?

- No Yes → Why did you have the colonoscopy or sigmoidoscopy (mark all that apply)?

- Bleeding in stool Family history of colon cancer Positive test for occult fecal blood
- Abdominal pain Diarrhea or constipation Routine screening (no symptoms) or follow-up

12. Since June 1992, have you had any of these physician-diagnosed illnesses?

YEAR OF DIAGNOSIS

BEFORE JUNE 1 1992 JUNE 92 TO MAY 94 AFTER JUNE 1 1994

Table with 4 columns: Illness, Year of Diagnosis (Before June 1 1992, June 92 to May 94, After June 1 1994), and a 'Y'/'N' column for 'Yes'/'No'.

Other major illness or surgery since June 1992. Please specify: [Grid for text entry]

ID Number grid: 1-12 rows, 1-4 columns. Includes letters P, A, B, C, D.

← THIS IS YOUR ID

13. Is this your correct date of birth?

Yes/No radio buttons. If no, please write correct date. MONTH / DAY / YEAR

14. Regular Medication (mark if used regularly in past 2 years)

- No regular medication
Acetaminophen, 2+ times/week (e.g., Tylenol)
Aspirin, 2+ times/week (e.g., Anacin, Bufferin, Alka-Seltzer)
Other anti-inflammatory (e.g., Advil, Motrin, Indocin)
Coumadin Tamoxifen
Thiazide diuretic Lasix
Calcium blocker (e.g., Calan, Procardia, Cardizem)
Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
Other antihypertensive (e.g., Aldomet, Capoten, Apresoline)
Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
Digoxin or Antiarrhythmic
Cholesterol-lowering drug (e.g., Questran, Mevacor, Lipid)
Cimetidine (Tagamet) Ranitidine (Zantac)
Insulin Oral Hypoglycemic medication

15. On average, how many aspirin tablets do you take per week? (4 baby aspirin = 1 tablet) Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol.

- 0/wk 0.5-2/wk 3-5/wk 6-14/wk 15+/wk

16. On average, how frequently do you take aspirin?

- <1 day/month 1-3 days/month 1-2 days/week
3-4 days/week 5-6 days/week Daily

17. In the past 2 years have you had:

- A physical exam? N No Y Yes
A rectal exam? N No Y Yes
Stool occult blood exam? N No Y Yes
Exam by eye doctor? N No Y Yes
Bimanual pelvic exam? N No Y Yes
Ovarian ultrasound? N No Y Yes
Breast exam by clinician? N No Y Yes

18. In which of these years did you have a mammogram? (mark all that apply)

- Not done Before 1988 1988 '89 '90 '91 '92 '93 '94+

19. Your Blood Cholesterol (if checked within 5 years):

- Unknown/Not checked within 5 years
<140 mg/dl 140-159 160-179 180-199
200-219 220-239 240-269 270-299
300-329 330+ mg/dl

20. Current usual blood pressure (if checked within 2 years):

- Systolic: <105 mmHg Unknown/Not checked in 2 years
105-114 115-124 125-134 135-144
145-154 155-164 165-174 175+
Diastolic: Unknown/Not checked in 2 years
<65 mmHg 65-74 75-84 85-89
90-94 95-104 105+

21. Has any sibling or parent had Parkinson's Disease?

- No Yes
Your child Your sibling Other immediate family

22. Have any immediate family members had Down's syndrome?

- None
Your child Your sibling Other immediate family

PLEASE GO TO PAGE 3 AND BEGIN BY WRITING YOUR ID NUMBER.

Please copy your ID from page 2 to here.

ID:

0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

23. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 24.)

No Yes → If Yes, a) How many do you take per week?

2 or less 3-5 6-9 10 or more

b) What specific brand do you usually use? → Specify exact brand and type

24. Not counting multi-vitamins, do you take any of the following preparations:

a) Vitamin A	<input type="radio"/> No <input type="radio"/> Yes, seasonal only → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 8,000 IU	<input type="radio"/> 8,000 to 12,000 IU	<input type="radio"/> 13,000 to 22,000 IU	<input type="radio"/> 23,000 IU or more	<input type="radio"/> Don't know
b) Beta-Carotene	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 8,000 IU	<input type="radio"/> 8,000 to 12,000 IU	<input type="radio"/> 13,000 to 22,000 IU	<input type="radio"/> 23,000 IU or more	<input type="radio"/> Don't know
c) Vitamin C	<input type="radio"/> No <input type="radio"/> Yes, seasonal only → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 400 mg.	<input type="radio"/> 400 to 700 mg.	<input type="radio"/> 750 to 1250 mg.	<input type="radio"/> 1300 mg. or more	<input type="radio"/> Don't know
d) Vitamin B ₆	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 10 mg.	<input type="radio"/> 10 to 39 mg.	<input type="radio"/> 40 to 79 mg.	<input type="radio"/> 80 mg. or more	<input type="radio"/> Don't know
e) Vitamin E	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 100 IU	<input type="radio"/> 100 to 250 IU	<input type="radio"/> 300 to 500 IU	<input type="radio"/> 600 IU or more	<input type="radio"/> Don't know
f) Calcium	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 400 mg.	<input type="radio"/> 400 to 900 mg.	<input type="radio"/> 901 to 1300 mg.	<input type="radio"/> 1301 mg. or more	<input type="radio"/> Don't know
mg. of elemental Ca. (Include Tums etc. - 500 mg. Ca. Carbonate = 200 mg. elemental)							
g) Selenium	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 80 mcg.	<input type="radio"/> 80 to 130 mcg.	<input type="radio"/> 140 to 250 mcg.	<input type="radio"/> 260 mcg. or more	<input type="radio"/> Don't know
h) Iron	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 41 mg.	<input type="radio"/> 41 to 80 mg.	<input type="radio"/> 81 to 150 mg.	<input type="radio"/> 151 mg. or more	<input type="radio"/> Don't know
mg. of elemental iron (325 mg. Ferrous Sulfate = 65 mg. elemental iron)							
i) Zinc	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 25 mg.	<input type="radio"/> 25 to 74 mg.	<input type="radio"/> 75 to 100 mg.	<input type="radio"/> 101 mg. or more	<input type="radio"/> Don't know
j) Fish Oil	<input type="radio"/> No <input type="radio"/> Yes → If Yes, <input type="radio"/> Yes, most months	Dose per day:	<input type="radio"/> Less than 2500 mg.	<input type="radio"/> 2500 to 4999 mg.	<input type="radio"/> 5000 to 9999 mg.	<input type="radio"/> 10,000 mg. or more	<input type="radio"/> Don't know
(Omega-3 Fatty Acids)							
k) Are there other supplements that you take on a regular basis?	<input type="radio"/> Metamucil <input type="radio"/> B-Complex vitamins <input type="radio"/> Cod liver oil <input type="radio"/> Brewer's Yeast <input type="radio"/> Other (Please specify) <input type="text"/> <input type="radio"/> Vitamin D <input type="radio"/> Folic acid <input type="radio"/> Niacin <input type="radio"/> Potassium <input type="radio"/> Magnesium						

25. How many teaspoons of sugar do you add to your beverages or food each day? → tsp.

26. What brand and type of cold breakfast cereal do you usually eat? → Don't eat cold breakfast cereal.

Specify brand & type (e.g., "Ralston Rice Chex")

27. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

AVERAGE USE LAST YEAR

	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
DAIRY FOODS									
Skim milk (8 oz. glass)	<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"/>
1% or 2% milk (8 oz. glass)	<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 (8 oz. glass)	<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"/>
Cream, e.g., coffee, whipped or sour cream (1 Tbs)	<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"/>
Non-dairy coffee whitener (tsp)	<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"/>
Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)	<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"/>
Ice cream (1/2 cup)	<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"/>
Flavored yogurt, without Nutrasweet (1 cup)	<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"/>
Yogurt, plain or with Nutrasweet (1 cup)	<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"/>
Cottage or ricotta cheese (1/2 cup)	<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"/>
Cream cheese (1 oz.)	<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 cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)	<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"/>
Margarine (pat), added to food or bread; exclude use in cooking	<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"/>
Butter (pat), added to food or bread; exclude use in cooking	<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"/>

a) What type of cheese do you usually eat? Regular Low fat None

b) What form of margarine do you usually use? None Stick Tub Squeeze (liquid) Regular Light spread Extra Light spread

What specific brand and type (e.g., Land O' Lakes Country Morning Blend Light)?

PLEASE TURN TO PAGE 4

27. (Continued) Please fill in your average use, during the past year, of each specified food.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

FRUITS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes (7 prunes or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VEGETABLES	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu or soybeans (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or cole slaw (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frozen, canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard or chard greens (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (4" stick)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green peppers (3 slices or 1/4 pepper)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a vegetable, rings or soup (1 onion)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, MEAT, ETC.	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Eggs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, with skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, without skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey dogs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. (Continued) Please fill in your average use, during the past year, of each specified food.

EGGS, MEATS, ETC. (continued)		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger, regular (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger, lean or extra lean (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork as a main dish, e.g., ham or chops (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (store bought)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREADS, CEREALS, STARCHES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Cold breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (slice), including wheat pita bread		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bagels, English muffins, or rolls (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g., spaghetti, noodles, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortillas (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (serving)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fried potatoes (4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, Triscuits, Wheat Thins (5)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEVERAGES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
CARBONATED BEVERAGES	Low-Calorie (sugar-free) types	Low-calorie cola, e.g., Diet Coke with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Low-calorie caffeine-free cola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other low-calorie carbonated beverage, e.g., Diet 7-Up, Fresca, diet ginger ale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular types (not sugar-free)	Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>
		Caffeine Free Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>
		Other carbonated beverage with sugar, e.g., 7-Up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES	Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beer, regular (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Light beer, e.g., Bud Light (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Red wine (4 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White wine (4 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Liquor, e.g., whiskey, gin, etc. (1 drink or shot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Plain water, bottled or tap (1 cup or glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tea (1 cup), not herbal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Decaffeinated coffee (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PLEASE TURN TO PAGE 6

27. (Continued) Please fill in your average use, during the past year:

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day											
Chocolate (bar or packet) e.g., Hershey's, M & M's	<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"/>	0	1	2	3	4	5	6	7	8	9	
Candy bars, e.g., Snickers, Milky Way, Reeses	<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"/>		P									A
Candy without chocolate (1 oz.)	<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"/>				a	b	c	d	e			
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<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"/>				A							
Peanut butter (1 Tbs)	<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"/>	0	0	0	A	0	0	0	0	0	0	
Popcorn (1 cup)	<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"/>	1	1	1	E	1	1	1	1	1	1	
Cookies, home baked (1)	<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"/>	2	2	2	C	2	2	2	2	2	2	
Cookies, ready made (1)	<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"/>	3	3	3	1/8	3	3	3	3	3	3	
Brownies (1)	<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"/>	4	4	4	1/4	4	4	4	4	4	4	
Doughnuts (1)	<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"/>	5	5	5	1/2	5	5	5	5	5	5	
Cake, home baked (slice)	<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"/>	6	6	6	3/4	6	6	6	6	6	6	
Cake, ready made (slice)	<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"/>	7	7	7	1	7	7	7	7	7	7	
Pie, homemade (slice)	<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"/>	8	8	8	2	8	8	8	8	8	8	
Pie, ready made (slice)	<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"/>	9	9	9	3	9	9	9	9	9	9	
Sweet roll, coffee cake or other pastry, home baked (serving)	<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"/>				B							
Sweet roll, coffee cake or other pastry, ready made	<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"/>	0	0	0	A	0	0	0	0	0	0	
Peanuts (small packet or 1 oz.)	<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"/>	1	1	1	B	1	1	1	1	1	1	
Other nuts (small packet or 1 oz.)	<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"/>	2	2	2	C	2	2	2	2	2	2	
Oat bran, added to food (1 Tbs)	<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"/>	3	3	3	1/8	3	3	3	3	3	3	
Other bran, added to food (1 Tbs)	<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"/>	4	4	4	1/4	4	4	4	4	4	4	
Wheat germ, (1 Tbs)	<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"/>	5	5	5	1/2	5	5	5	5	5	5	
Chowder or cream soup (1 cup)	<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"/>	6	6	6	3/4	6	6	6	6	6	6	
Ketchup or red chili sauce (1 Tbs)	<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"/>	7	7	7	1	7	7	7	7	7	7	
Salt added at table (1 shake)	<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"/>	8	8	8	2	8	8	8	8	8	8	
Nutrasweet or Equal (1 packet) NOT Sweet 'N Low	<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"/>	9	9	9	3	9	9	9	9	9	9	
Garlic (1 clove or 4 shakes)	<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"/>				C							
Low-fat mayonnaise (1 Tbs)	<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"/>	0	0	0	A	0	0	0	0	0	0	
Mayonnaise (1 Tbs)	<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"/>	1	1	1	B	1	1	1	1	1	1	
Olive oil added to food or bread (1 Tbs)	<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"/>	2	2	2	C	2	2	2	2	2	2	
Salad dressing (1 Tbs)	<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"/>	3	3	3	1/8	3	3	3	3	3	3	
Type of salad dressing:	<input type="radio"/> Non-fat <input type="radio"/> Low fat <input type="radio"/> Olive oil dressing <input type="radio"/> Other										4	4	4	1/4	4	4	4	4	4	
											5	5	5	1/2	5	5	5	5	5	

28. Liver: beef, calf or pork (4 oz.) Never 6-10/year 1/mo 2-3/mo 1/week or more (28)

Liver: chicken or turkey (1 oz.) Never 6-10/year 1/mo 2-3/mo 1/week or more (29)

29. How much of the visible fat on your beef, pork or lamb do you remove before eating?

Remove all visible fat Remove most Remove small part of fat Remove none Don't eat meat (29)

30. What kind of fat is usually used for frying and sautéing at home?

Real butter Margarine Vegetable oil Vegetable shortening Lard "Pam"-type spray (30)

31. What kind of fat is usually used for baking at home?

Real butter Margarine Vegetable oil Vegetable shortening Lard (31)

32. How often do you eat food fried, stir-fried, or sautéed at home?

Never Less than once a week Once per week 2-4 times per week 5-6 times per week Daily (32)

33. How often do you eat deep fried food away from home (e.g., french fries, fried chicken, fish, clams, shrimp, etc.)?

Never Less than once a week Once per week 2-4 times per week 5-6 times per week Daily (33)

34. What type of cooking oil is usually used at home? (34)

(e.g., Wesson Corn Oil) Specify brand and type

35. How likely are you to select low calorie foods for yourself?

Unlikely Slightly unlikely Slightly likely Very likely (35)

36. Do these apply to you:

a. "I eat anything I want, anytime I want." Yes No (36)

b. "I pay a great deal of attention to changes in my figure." Yes No (37)

37. Are there any other important foods that you usually eat at least once per week?	Other foods that you usually eat at least once per week	Usual serving size	Servings per week
(a)			
(b)			
(c)			

Include for example: Paté, yeast, cream sauce, custard, radishes, fava beans, pretzels, coconut, mango, horseradish, parsnips, rhubarb, papaya, dried apricots, dates, figs. (Do not include dry spices and do not list something that has been listed in the previous sections.)