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[www.NursesHealthStudy.org](http://www.NursesHealthStudy.org)

**This is your ID →**

**Dear Colleague:**

On behalf of the entire research group, I thank you for your continued willingness to share the details of your life to help expand our understanding of the factors which affect healthy aging. Your input will help to improve the health of women everywhere. The success of the Nurses' Health Study is, of course, directly attributable to the outstanding quality of the information which you have faithfully provided for over a quarter of a century. Your continuing participation in documenting your lifestyle is fundamental to the validity of the findings from the study.

The attached questionnaire seeks to update your health status. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is greatly appreciated.

We value **each** member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. Also, whether your health has been excellent or if you have been ill, your response is equally important. In short, no matter what your circumstances, we need to hear from you!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer. The value of your contribution has been enormous.

Best Regards,

Frank E. Speizer, M.D.  
Founding Principal Investigator

**Do you have internet e-mail?**

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, ø vs O, 5 vs S)

We will not release your e-mail address to anyone!

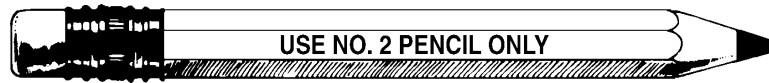
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# INSTRUCTIONS

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 2002**, 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. If there are any questions which you do not wish to answer, you may of course leave those blank. If you have comments, please write them on a separate piece of paper.



**EXAMPLE 1:** Write 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
0	0	●
●	1	1
2	2	2
3	3	3
4	●	4
5	5	5
6	6	6
	7	7
	8	8
	9	9

**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.

**17. Since June 2000, have you had any of these physician-diagnosed illnesses?**  
 LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS			17
	BEFORE JUNE 1 2000	JUNE '00 TO MAY 2002	AFTER JUNE 1 2002	
Diabetes mellitus	●	○	○	1
Elevated cholesterol	Y	○	○	2
High blood pressure	●	○	○	3
Myocardial infarction (heart attack)	Y	○	○	4
Hospitalized for MI?	<input type="radio"/> N No <input checked="" type="radio"/> Y Yes			a

- 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 are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and enclose it with your completed form.
- Thank you for completing the 2002 Nurses' Health Study Questionnaire.

1	2	3	4	5
6	7	8	9	10
02	03	04	11	12

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. On average, over a 24 hour period, do you sleep:  <5 hours  5 hrs  6 hrs  7 hrs  8 hrs  9 hrs  10+ hours

3. Do you snore?  Every night  Most nights  A few nights a week  Occasionally  Almost never  Don't know

4. How many days per week do you have breakfast (more than coffee or tea)?  Never  1/wk  2  3  4  5  6  7

5. In the past 10 years, how many times have you donated blood?  None  1 or 2  3-5  6-9  10-14  15-19  20+ times

6. Do you currently smoke cigarettes?  No  Yes  How many/day?  1-4  5-14  15-24  25-34  35-44  45+

7. Have your menstrual periods ceased permanently?  Yes  No  Not sure

8. Have you had your uterus removed?  No  Yes  Date of surgery:  Before June 1, 2000  After June 1, 2000

9. Have you ever had either of your ovaries surgically removed?  No  Yes  a) How many ovaries do you have remaining?  None  One

10. Since June 2000, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?  Yes  No

a) How many months have you used each drug during the 24 month period between June 2000 and June 2002? Evista  Not Used  1-4 months  5-9  10-14  15-19  20-24 months  Used only after 6/02 Nolvadex  Not Used  1-4 months  5-9  10-14  15-19  20-24 months  Used only after 6/02

b) Are you currently using Evista or Nolvadex?  No, not currently  Yes, Evista  Yes, Nolvadex

11. Are you currently using any over-the-counter (e.g., "herbal," "natural," or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)  No  Yes  What type(s)?  Soy estrogen products  Natural progesterone cream or wild yam cream  Other

12. Since June 2000, have you used prescription female hormones?  Yes  No

a) How many months did you use them during the 24-month period between June 2000 and June 2002?  1-4 months  5-9  10-14  15-19  20-24 months  Used only after June 2002

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. Combined:  Prempro (Pink)  Prempro (Blue)  Premphase  Combipatch  FemHRT Estrogen:  Oral Premarin  Patch Estrogen  Vaginal Estrogen  Ogen  Estrace  Estratest  Other Estrogen (specify in box below)

Progesterone/Progestin:  Provera/Cycrin/MPA  Vaginal  Micronized (e.g., Prometrium)  Other progesterone (specify below)

Other type of hormones used (e.g., Bi-est, Tri-est), 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 medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?  2.5 mg or less  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.

13. How many times per day do you eat? Include meals and snacks. (For snacks, count juice and non-diet soda, but exclude coffee and diet soda.)  1 or 2 times per day  3/day  4/day  5/day  6/day  7/day  8/day  9 or more times per day

14. Have you ever regularly had heartburn/acid reflux 1 or more times a week?  No  Yes  a) How long did this last?  5 years or less  6-14 years  15 years or longer

b) In the last year, how often have you had heartburn/acid reflux?  None in the past year  Less than once a month  About once a month  About once a week  Several times a week  Daily

15. During the last 12 months, how often have you leaked or lost control of your urine?  Never  Less than once/month  Once/month  2-3 times/month  About once/week  Almost every day

a) When you lose your urine, how much usually leaks?  A few drops  Enough to wet your underwear  Enough to wet your outerclothing  Enough to wet the floor

16. Did you have a colonoscopy or sigmoidoscopy since June 1, 2000?  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  Barium Enema  Abdominal pain  Diarrhea or constipation  Routine or follow-up screening (no symptoms)

Turn to page 2

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17. Since June 2000, have you had any of these physician-diagnosed illnesses?

YEAR OF DIAGNOSIS

LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

BEFORE JUNE 1 2000 JUNE '00 TO MAY 2002 AFTER JUNE 1 2002

Form for question 17 containing various medical conditions such as Fibrocystic/other benign breast disease, Breast cancer, Diabetes mellitus, etc., with columns for diagnosis years and 'Yes/No' indicators.

18. Have you ever had any of these physician-diagnosed illnesses or procedures?

YEAR OF FIRST DIAGNOSIS

LEAVE BLANK FOR "NO", MARK HERE FOR "YES"

1996 or Before 1997-1999 2000 2001 2002

Form for question 18 containing various conditions like A.L.S., Epilepsy, Restless leg syndrome, etc., with columns for diagnosis years and 'Yes/No' indicators.

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

Form for question 19 listing various medications such as Acetaminophen, Aspirin, Ibuprofen, etc., with options for frequency of use.

20. In the past two years have you had:

Form for question 20 with columns for 'No', 'Yes, for screening', and 'Yes, for symptoms' regarding physical exam, eye doctor, mammogram, and fasting blood sugar.

21. Is this your correct date of birth?

Form for question 21 including 'Yes/No' options and a date entry field with month, day, and year columns.

Numerical keypad for question 17 with digits 0-9.

Numerical keypad for question 18 with digits 0-9.

Alphanumeric keypad for question 18 with letters A-C and numbers 1-8.

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22. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

Form for question 22: a) How many do you take per week? b) What specific brand (or equivalency) do you usually take?

Not counting multi-vitamins, do you take any of the following preparations?

Ex: AARP Alphabet II Formula 643 Multivitamins and Minerals

Form for question 22 continuation: a) Vitamin A, b) Vitamin C, c) Vitamin B6, d) Vitamin E, e) Calcium, f) Vitamin D, g) Selenium, h) Niacin, i) Zinc

Form for question 22 continuation: Are there other supplements that you take on a regular basis?

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

0 23

24. What brand and type of cold breakfast cereal do you usually eat?

Specify cereal brand & type

24 0 1 2 3 4 5 6 7 8 9

25. What form of margarine do you usually use?

Form for question 25: Form? Type?

What specific brand & type of margarine (e.g., Blue Bonnet Lower Fat Spread)?

26. 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

Table for question 26: DAIRY FOODS. Columns: 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.

Form for question 26: Grid for marking frequency (0-9) for each food item.

Form for question 26 continuation: What type of cheese do you usually eat?

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

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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prune juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applesauce (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	Calcium fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables, stir-fry, vegetable soup (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green or red peppers (3 slices or 1/4 pepper)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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
Egg Beaters or egg whites only (1/4 cup or 1 egg)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs including yolk (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/Turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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26. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past 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
<b>EGGS, MEAT, ETC.</b>										
Salami, bologna, or other processed meat sandwiches		<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 processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)		<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"/>
Hamburger (1 patty)	Lean or extra lean	<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"/>
	Regular	<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"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinner, etc.		<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"/>
Pork as a main dish, e.g., ham or chops (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"/>
Beef or lamb as a main dish, e.g., steak, roast (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"/>
Canned tuna fish (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"/>
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)		<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"/>
Shrimp, lobster, scallops as a main dish		<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 meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 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"/>
Other fish, e.g., cod, haddock, halibut (3-5 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"/>
<b>BREADS, CEREALS, STARCHES</b>										
Cold breakfast cereal (1 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"/>
Cooked oatmeal/cooked oat bran (1 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"/>
Other cooked breakfast cereal (1 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"/>
Bread (1 slice)	White bread, including pita	<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"/>
	Rye/Pumpernickel	<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"/>
	Wheat, oatmeal, other whole grain	<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"/>
Bagels, English muffins, or rolls (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"/>
Muffins or biscuits (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"/>
Pancakes or waffles (2 small pieces)		<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"/>
Brown rice (1 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"/>
White rice (1 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"/>
Pasta, e.g., spaghetti, noodles, etc. (1 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"/>
Tortillas (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"/>
French Fries (4 oz. or 1 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"/>
Potatoes, baked, boiled (1) or mashed (1 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"/>
Potato chips or corn chips (small bag or 1 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"/>
Crackers (6)	Fat free or light	<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"/>
	Regular	<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"/>
Pizza (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"/>
<b>BEVERAGES</b>										
<b>CARBONATED BEVERAGES</b>	Low-Calorie (sugar-free) types	Low-calorie beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew	<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"/>
		Other low-cal bev. without caffeine, e.g., Diet 7-Up	<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"/>
	Regular types (not sugar-free)	Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. 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"/>
		Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale	<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"/>
<b>OTHER BEVERAGES</b>	Punch, lemonade, other non-carbonated fruit drinks, or sugared ice tea (1 glass, bottle, can)		<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"/>
	Beer, regular (1 glass, bottle, can)		<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"/>
	Light Beer, e.g., Bud Light (1 glass, bottle, can)		<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"/>
	Red wine (4 oz. 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"/>
	White wine (4 oz. 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"/>
	Liquor, e.g., vodka, gin, etc. (1 drink or shot)		<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"/>
	Plain water, bottled, sparkling, or tap (1 cup or 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"/>
	Herbal tea or decaffeinated tea (1 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"/>
	Tea with caffeine (1 cup), not herbal teas		<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"/>
	Decaffeinated coffee (1 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"/>
	Coffee with caffeine (1 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"/>

3/8" spine perf

PERF

PERF

26. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified 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	P
Chocolate (bar or packet) e.g., Hershey's, M & M's				(W)			(D)				
Candy bars, e.g., Snickers, Milky Way, Reeses				(W)			(D)				
Candy without chocolate (1 oz.)				(W)			(D)				
Cookies (1)	Fat free or reduced fat			(W)			(D)				
	Other ready made			(W)			(D)				
	Home baked			(W)			(D)				
Brownies (1)			(W)			(D)					
Doughnuts (1)			(W)			(D)					
Cake, ready made (slice)			(W)			(D)					
Cake, home baked (slice)			(W)			(D)					
Pie, homemade or ready made (slice)			(W)			(D)					
Jams, jellies, preserves, syrup, or honey (1 Tbs)			(W)			(D)					
Peanut butter (1 Tbs)			(W)			(D)					
Popcorn (3 cups)	Fat free or light			(W)			(D)				
	Regular			(W)			(D)				
Sweet roll, coffee cake or other pastry (serving)	Fat free or reduced fat			(W)			(D)				
	Other ready made			(W)			(D)				
	Home baked			(W)			(D)				
Pretzels (1 small bag or serving)			(W)			(D)					
Peanuts (small packet or 1 oz.)			(W)			(D)					
Walnuts (1 oz.)			(W)			(D)					
Other nuts (small packet or 1 oz.)			(W)			(D)					
Oat bran, added to food (1 Tbs)			(W)			(D)					
Other bran, added to food (1 Tbs)			(W)			(D)					
Wheat germ (1 Tbs)			(W)			(D)					
Chowder or cream soup (1 cup)			(W)			(D)					
Ketchup or red chili sauce (1 Tbs)			(W)			(D)					
Salt added at table (1 shake)			(W)			(D)					
Nutrasweet or Equal (1 packet) NOT Sweet 'N Low			(W)			(D)					
Garlic (1 clove or 4 shakes)			(W)			(D)					
Olive oil added to other food or bread (1 Tbs)			(W)			(D)					
Low-fat or fat-free mayonnaise (1 Tbs)			(W)			(D)					
Regular mayonnaise (1 Tbs)			(W)			(D)					
Salad dressing (2 Tbs)			(W)			(D)					

Type of salad dressing:  Nonfat  Low-fat  Olive oil  Other vegetable oil

27. Liver: beef, calf or pork (4 oz.)  Never  Less than 1/mo  1/mo  2-3/mo  1/week or more  
 Liver: chicken or turkey (1 oz.)  Never  Less than 1/mo  1/mo  2-3/mo  1/week or more

28. 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. 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/wk  5-6 times/wk  Daily

30. What kind of fat is usually used for frying and sautéing at home?  Any "Pam"-type spray  
 Real butter  Margarine  Olive oil  Vegetable oil  Vegetable shortening  Lard

31. What kind of fat is usually used for baking at home?  
 Real butter  Margarine  Olive oil  Vegetable oil  Vegetable shortening  Lard

32. What type of cooking oil is usually used at home?  
 (e.g., Mazola Corn Oil) Specify brand and type

33. How often do you eat deep fried chicken, fish, shrimp or clams away from home?  
 Never  Less than once a week  1-3 times per week  4-6 times per week  Daily

34. What percent of your noon and evening meals are prepared at home? (exclude commercially prepared meals)  
 Almost none  25%  50%  75%  Almost all

35. Are there any other important foods that you usually eat at least once per week?

Include for example: Avocado, mushrooms, bulgur, couscous, radish, horseradish, dried apricots, dates, figs, mango, mixed dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars.  
 (Do not include dry spices.)

	Other foods that you usually eat at least once per week	Servings per week
(a)		
(b)		
(c)		

1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P	P	P	P
A	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
B	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
C	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
27	6	6	6	mgo	slm	6	6				
A	7	7	7	mxf	enr	7	7				
B	8	8	8	pap	en+	8	8				
28	9	9	9	pnl	pwb	9	9				
29				OLV		0	0				
				CAN		1	1				
30				COR		2	2				
				SOY		3	3				
31				VEG		4	4				
						5	5				
						6	6				
						7	7				
						8	8				
						9	9				
34											