HARVARD MEDICAL SCHOOL



NURSES' HEALTH STUDY

PLEASE REPLY TO: Channing Laboratory 180 Longwood Ave. Boston, Mass. 02115 617-732-2279 1984

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Dear Colleague:

It is now eight years since you responded to the first Nurses' Health Study Questionnaire and my co-investigators and I are most grateful for your continued cooperation and participation in this major research project.

In recent analyses we compared risk factors for breast cancer in premenopausal women with those among postmenopausal women, and found no important differences. Also, we found no overall relationship between postmenopausal estrogens and risk of breast cancer.* Although these findings are reassuring, continued data collection is necessary to observe possible health effects of these preparations over longer periods of time. Soon we will complete analyses of postmenopausal hormones and coronary heart disease and will include summaries of these and other results with our 1985 informational mailing to you.

Since 1982, more than 70,000 participants have sent toenail specimens. These have now been cataloged and we will shortly begin analyzing selected specimens for trace element content. These analyses will add a unique and invaluable dimension to the Nurses' Health Study.

This year's questionnaire includes a comprehensive diet assessment to update our information on your food consumption. This is made possible through a special grant from The National Institutes of Health recognizing both the importance of diet in health and the high quality of the dietary information previously reported by participants in this study. Although the diet section involves some extra effort, we hope that you will give it your most careful attention since future national dietary recommendations will likely be based heavily on your accurate and complete responses.

This questionnaire again uses an optically scannable format to assure more efficient and accurate processing of forms. It is therefore important to use an <u>ordinary (No. 2) pencil</u> and to make no stray marks on the form. If you wish to make additional comments, please write them on a separate sheet. All information provided will remain confidential and be used for medical statistical purposes only. During the past year many participants have received promotional mailings regarding diet and health and asked whether we had released their names and addresses. I can assure you that we never have and never will release your name and address to any other individual or group.

Through the Nurses' Health Study questionnaires we are learning about ways to prevent cancer, heart disease and other important illnesses. Again, I am very grateful for your critical contribution toward this goal. Sincerely,

Jack E. perga, M.D.

Frank E. Speizer, M.D. Principal Investigator

*References:

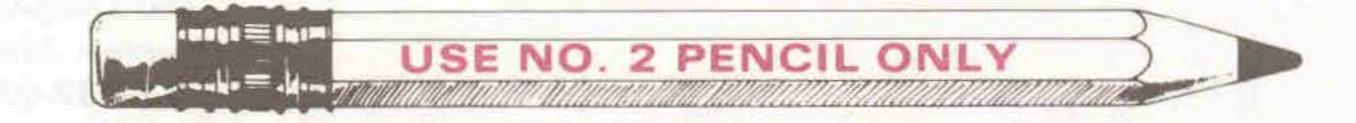
- A Prospective Cohort Study of Postmenopausal Female Hormone Use and Risk of Breast Cancer. Am. J. Epidemiol. 1983; 118: 416
 - A Case-control Study of Risk Indicators Among Women With Premenopausal and Early Postmenopausal Breast Cancer. Cancer 1984; 53: 1020–4

Advisory Board: Thelma M. Schorr, R.N. President, American Journal of Nursing. Richard McKibben, Ph.D. Policy Analyst American Nurses' Association

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INSTRUCTIONS



Please use an <u>ordinary pencil</u> to answer all questions by completely filling in the appropriate response circle, or by writing the requested information if a space is provided. Note that some questions ask for information <u>since June 1982</u>, some ask for <u>current status</u>, and some ask about events over <u>longer periods</u>. Because this form is meant to be read by optical-scanning equipment, it is important for you to make <u>no</u> stray marks and to keep any write-in responses <u>within</u> the provided spaces. 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: Do you live in the United States? O NO • YES

Fill circle completely, do not mark this way:

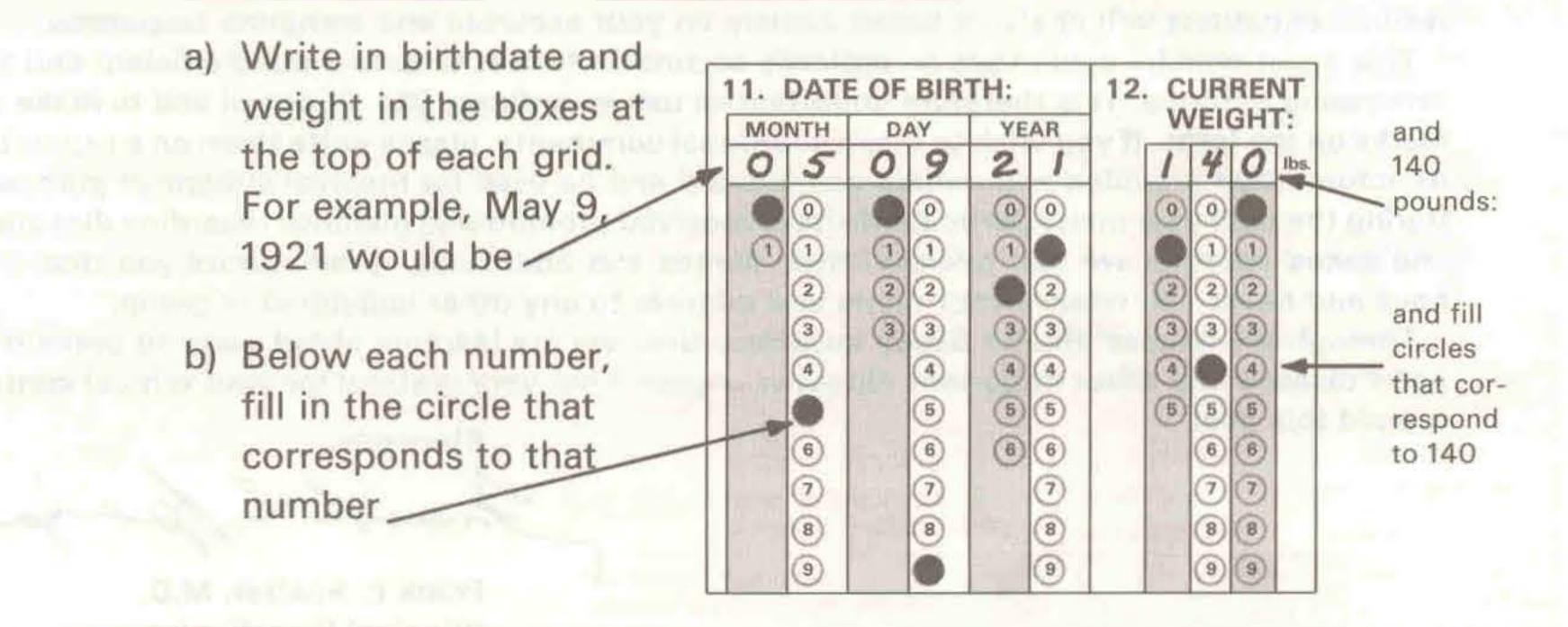
EXAMPLE 2: Where were you born?

OREGON

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Keep hand-writing within borders of the response box.

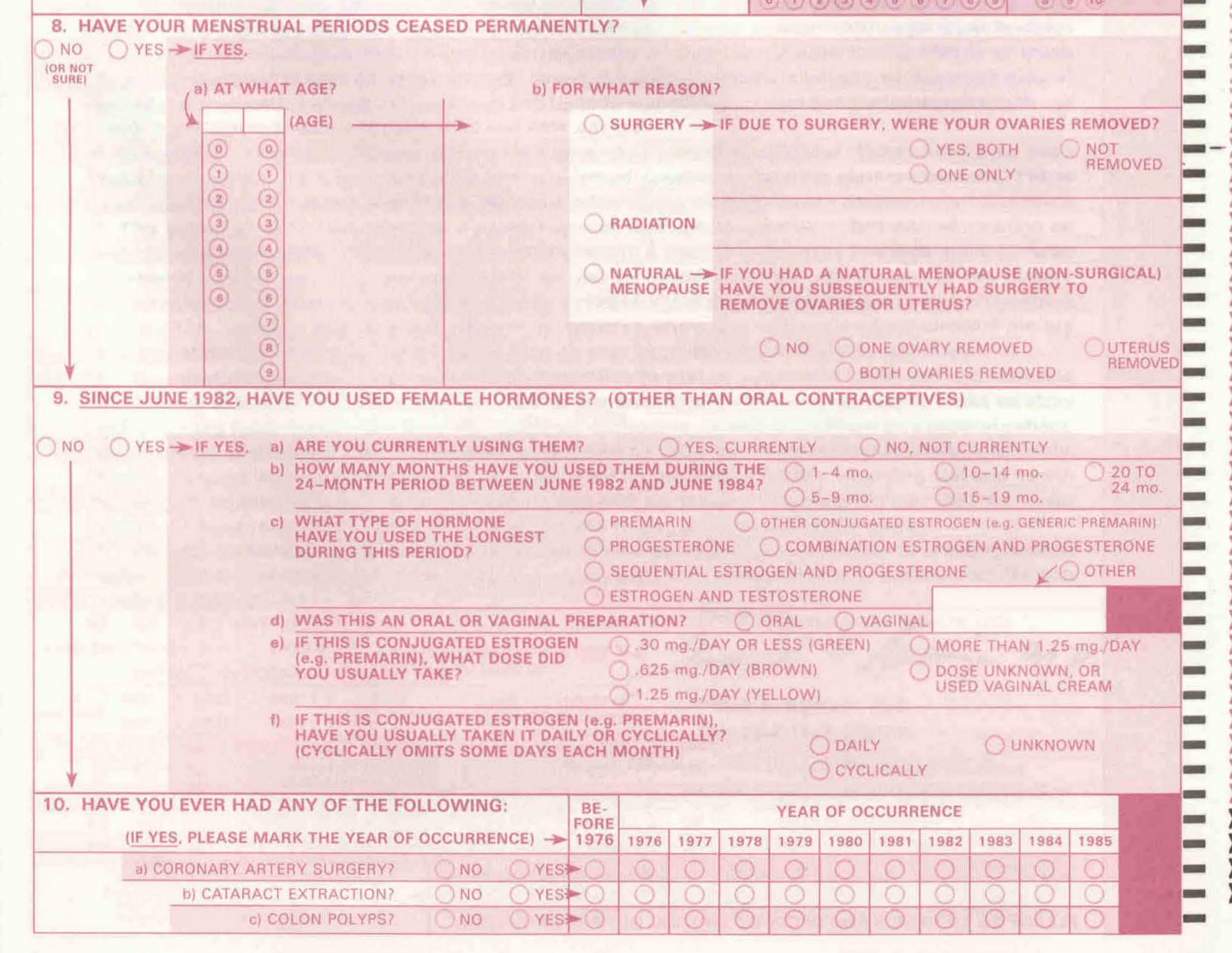
EXAMPLE 3: DATE OF BIRTH AND CURRENT WEIGHT:



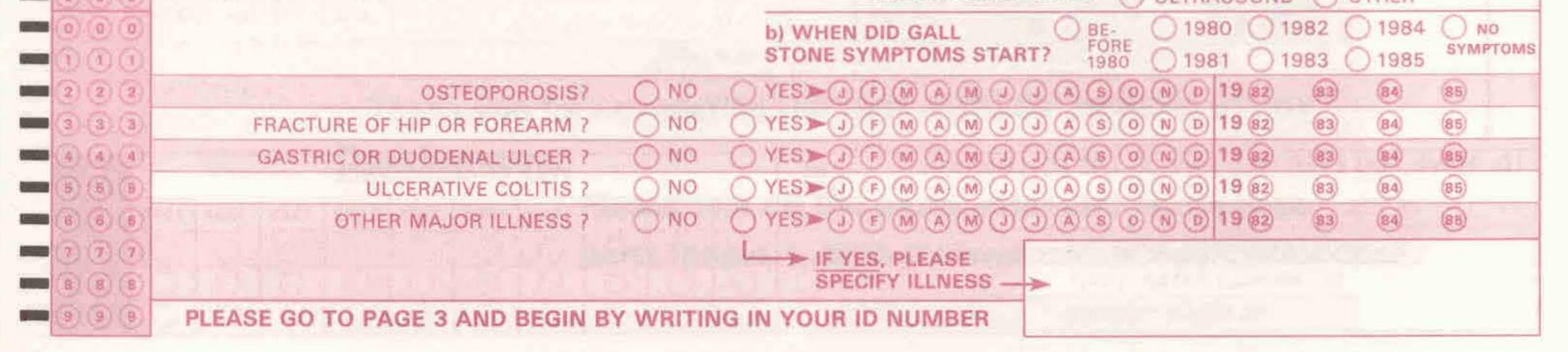
Thank you for completing the 1984 NURSES' HEALTH STUDY Questionnaire.

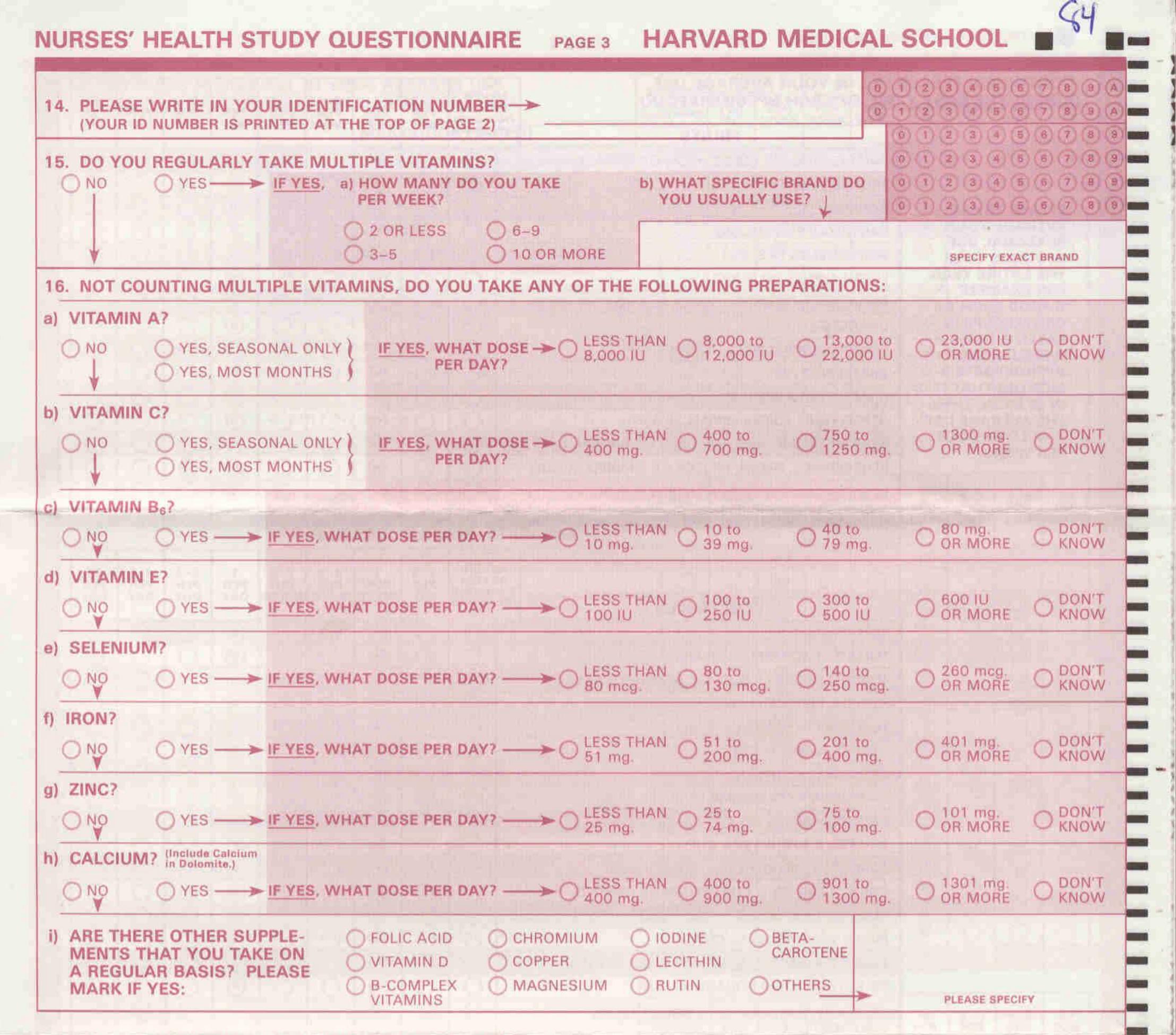
Please tear off the cover letter and return both parts (pages 1–6) in the enclosed pre-paid envelope.

NURSES' HEAL	TH STUDY QUESTIONNAIR	E PAG	E 1	HARVARD MEDICA	
	2 HAVE YOU HAD A PREGNANCY	5. DID Y	OUR FAT	HER EVER HAVE A MYOCAR	DIAL INFARCTION?
	ES, WHEN WAS THE DELIVERY?	O NO (OR DON'T KNOW)	O YES-	► IF YES, AT WHAT AGE DID TH OCCUR?	IE HEART ATTACK
	Q 1982 Q 1983 Q 1984 Q 1985	KNOW)		O BEFORE AGE 50	O AFTER AGE 60
	TAL NUMBER OF YEARS YOU HAVE	*	1	O AGE 50 TO 60	O AGE UNKNOWN
	RKED IN OPERATING ROOMS? (COUNT SINCE YOUR TRAINING.)	6. DID Y	OUR MOT	THER EVER HAVE A MYOCAI	RDIAL INFARCTION?
O NONE O	1-4 YEARS O 10-14 YEARS	O NO	O YES -	► IF YES. AT WHAT AGE DID TH OCCUR?	HE HEART ATTACK
O LESS THAN C	5-9 YEARS 0 15 OR MORE YEARS	1		O BEFORE AGE 50	AFTER AGE 60
3. ON AVERAGE HO	W MANY DAYS EACH MONTH DO	*		O AGE 50 TO 60	O AGE UNKNOWN
etc. DO NOT INC	CLUDE TYLENOL OR OTHER ASPIRIN-	7. DO YO	OU CURRI	ENTLY SMOKE CIGARETTES	?
FREE PRODUCTS		ONO	O YES -	> IF YES. a) HOW MANY DO YO	
O NEVER	O 5-14 DAYS A MONTH) 15-24 () 35-44
O 1-4 DAYS A MONTH	O 15-21 DAYS A MONTH	1111		Q 5-14 C) 25-34 O 45 OR MORE
	O 22 OR MORE DAYS			b) WHAT SPECIFIC BE SMOKE? (e.g. "MAP	
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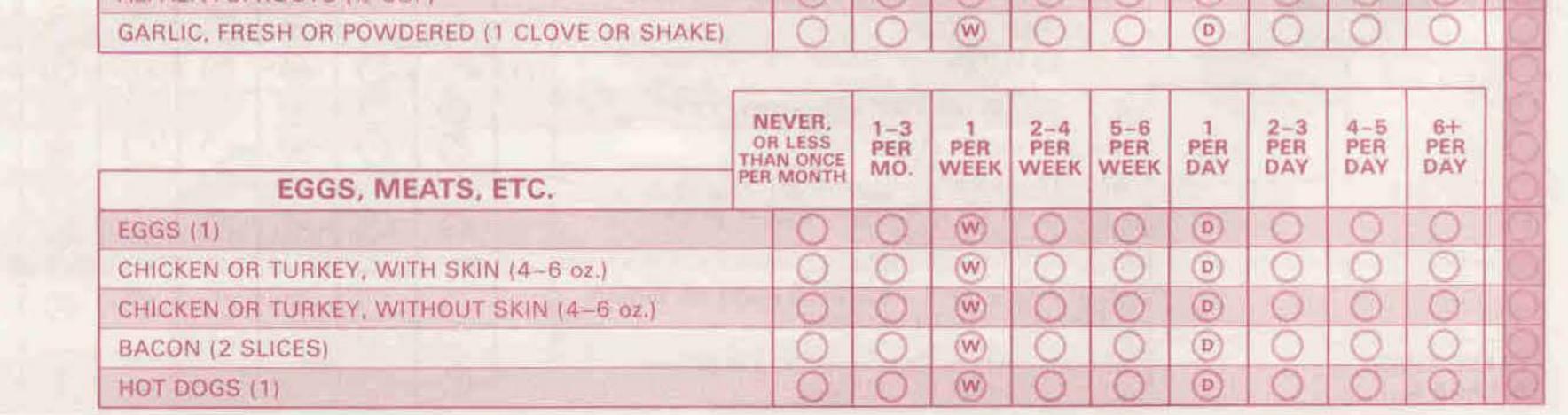


17. FOR EACH FOOD LISTE HOW OFTEN ON AVER	AVERAGE USE LAST YEAR													
SPECIFIED DURING TH	E PAST YEAR. DAIRY FOODS	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY				
	SKIM OR LOW FAT MILK (8 oz. GLASS)	0	0	W	0	0	0	0	0	0				
	WHOLE MILK (8 oz. GLASS)	0	O	W	Ō	Ó	0	O	Ó	Ō				
	CREAM, e.g. COFFEE, WHIPPED (TBS)	0	0	W	0	0	0	0	0	0				
	SOUR CREAM (TBS)	0	0	W	0	0	0	0	0	0				
	NON-DAIRY COFFEE WHITENER (tsp.)	0	0	W	0	0	0	0	0	0				
	SHERBET OR ICE MILK (1/2 CUP)	0	0	1	0	0	D	0	0	0	0-			
	ICE CREAM (1/2 CUP)	0	0	1	0	0	0	0	0	0				
	YOGURT (1 CUP)	0	0	W	0	0	0	0	0	0				
	COTTAGE OR RICOTTA CHEESE (1/2 CUP)	0	0	W	0	0	•	0	0	0	0			
	CREAM CHEESE (1 oz.)	0	0	W	0	0	0	0	0	0				
	OTHER CHEESE, e.g. AMERICAN, CHEDDAR, etc., PLAIN OR AS PART OF A DISH (1 SLICE OR 1 oz. SERVING)	0	0	()	0	0	۲	0	0	0	Ø			
	MARGARINE (PAT), ADDED TO FOOD OR BREAD; EXCLUDE USE IN COOKING	0	0	3	0	0	0	0	0	0	0			
PLEASE TURN TO PAGE 4	BUTTER (PAT), ADDED TO FOOD OR BREAD; EXCLUDE USE IN COOKING	0	0	W	0	Q	0	0	0	0	0			

PAGE 4

17. (CONTINUED) PLEASE FILL IN YOUR AVERAGE USE, NEVER, DURING THE PAST YEAR, OF EACH SPECIFIED FOOD. 2-3 PER 4-5 PER 6+ PER 1-3 PER 5-6 PER 2-4 PER 1 1 OR LESS PER PER THAN ONCE PER MONTH MO. WEEK WEEK WEEK DAY DAY DAY DAY FRUITS 0 W 0 \bigcirc \bigcirc \bigcirc RAISINS (1 oz. OR SMALL PACK) OR GRAPES \bigcirc 0 \bigcirc (W) \bigcirc PRUNES (1/2 CUP)) 19 0 0 W BANANAS (1) PLEASE TRY TO **AVERAGE YOUR** 0 (W) 1 CANTALOUPE (1/4 MELON) SEASONAL USE 0 0 W 0 WATERMELON (1 SLICE) ۲ **OF FOODS OVER** D W THE ENTIRE YEAR. 0 FRESH APPLES OR PEARS (1) ()FOR EXAMPLE, IF 0 W ۲ \bigcirc \bigcirc APPLE JUICE OR CIDER (SMALL GLASS) A FOOD SUCH AS 0 0 W 0 CANTALOUPE IS ORANGES (1) EATEN 4 TIMES A 0 0 W 0 0 0 0 0 ORANGE JUICE (SMALL GLASS) WEEK DURING THE (W) \bigcirc 0 0 1 **APPROXIMATE 3** GRAPEFRUIT (1/2) MONTHS THAT IT IS 0 0 0 0 W \bigcirc) 0 GRAPEFRUIT JUICE (SMALL GLASS) IN SEASON, THEN 0 W 0 OTHER FRUIT JUICES (SMALL GLASS) THE AVERAGE USE WOULD BE ONCE 0 0 0 0 0 W 0 \bigcirc STRAWBERRIES, FRESH, FROZEN OR CANNED (1/2 CUP) PER WEEK. (W) 0 \bigcirc \cap \bigcirc BLUEBERRIES, FRESH, FROZEN OR CANNED (1/2 CUP) 0 W 0 0 0 0 0 0 PEACHES, APRICOTS OR PLUMS (1 FRESH, OR to CUP CANNED) NEVER, 4-5 PER DAY 2-3 PER 6+ 1-3 5-6 2-4 1 PER PER WEEK WEEK PER OR LESS PER PER PER THAN ONCE DAY DAY DAY MO. PER MONTH VEGETABLES W (D) TOMATOES (1)

Committee 11				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		and the second	and the second s			Annual Colorest
TOMATO JUICE (SMALL GLASS)	0	0	W	0	0	D	0	0	0	O
TOMATO SAUCE (1/2 CUP) e.g. SPAGHETTI SAUCE	0	0	W	0	0	0	0	0	0	0
RED CHILI SAUCE (1 TBS)	0	0	W	0	0	D	0	0	0	O
TOFU OR SOYBEANS (3-4 oz.)	0	0	W	0	0	0	0	0	0	O
STRING BEANS (1/2 CUP)	0	0	W	0	0	0	0	0	0	O
BROCCOLI (1/2 CUP)	0	0	3	0	0	0	0	0	0	0
CABBAGE OR COLE SLAW (1/2 CUP)	0	0	3	0	0	D	0	0	0	0
CAULIFLOWER (1/2 CUP)	0	0	W	0	0	D	0	0	0	O
BRUSSELS SPROUTS (1/2 CUP)	0	0	W	0	0	0	0	0	0	0
CARROTS (1 WHOLE OR 1/2 CUP COOKED)	0	0	3	0	0	D	0	0	0	O
CORN (1 EAR OR 1/2 CUP FROZEN OR CANNED)	0	0	W	0	0	D	0	0	0	
PEAS, OR LIMA BEANS (1/2 CUP FRESH, FROZEN, CANNED	0	0	W	0	0	0	0	O	0	10
MIXED VEGETABLES (1/2 CUP)	0	0	W	0	0	0	0	0	0	O
BEANS OR LENTILS, BAKED OR DRIED (1/2 CUP)	0	0	W	0	0	D	0	0	0	0
YELLOW (WINTER) SQUASH (1/2 CUP)	0	0	W	0	0	0	0	0	0	C
EGGPLANT, ZUCCHINI, OR OTHER SUMMER SQUASH (1/4 CUP)	0	0	8	0	0	•	0	0	0	0
YAMS OR SWEET POTATOES (1/2 CUP)	0	0	W	0	0	0	0	0	0	0
SPINACH, COOKED (1/2 CUP)	0	0	W	0	0		0	0	0	0
SPINACH, RAW AS IN SALAD	0	0	W	0	0	0	0	0	0	O
KALE, MUSTARD OR CHARD GREENS (1/2 CUP)	0	O	W	0	0	0	0	0	0	0
ICEBERG OR HEAD LETTUCE (SERVING)	0	0	W	0	0	0	0	0	0	0
ROMAINE OR LEAF LETTUCE (SERVING)	0	0	W	0	0	0	0	0	0	
CELERY (4" STICK)	0	0	W	0	0	0	0	0	0	20
MUSHROOMS (ONE) FRESH, COOKED, OR CANNED	0	O	W	0	0	D	0	0	0	0
BEETS (V2 CUP)	0	0	3	0	0	0	0	0	0	O
ALFALFA SPROUTS (1/2 CUP)	0	0	W	0	0	0	0	0	0	O



PLEASE GO TO PAGE 5

		FILL IN YOUR AVERAGE USE, AR, OF EACH SPECIFIED FOOD.	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	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
		MEATS(CONTINUED)	PER WOWTH		- 141		- 18				-
		PROCESSED MEATS, e.g. SAUSAGE, SALAMI, BOLOGNA, etc. (PIECE OR SLICE)	0	0	w	0	0	٢	0	0	0
		LIVER (3-4 oz.)	0	0	W	0	0	D	0	0	0
		HAMBURGER (1 PATTY)	0	0	W	0	0	D	0.	0	0
		BEEF, PORK, OR LAMB AS A SANDWICH OR MIXED DISH, e.g. STEW, CASSEROLE, LASAGNE, etc.	0	0	8	0	0	0	0	0	0
		BEEF, PORK, OR LAMB AS A MAIN DISH, e.g. STEAK, ROAST, HAM, etc. (4-6 oz.)	0	0	0	0	0	٢	0	0	0
		CANNED TUNA FISH (3-4 oz.)	0	0	W	0	0	(D)	0	0	0
		DARK MEAT FISH, e.g. MACKEREL, SALMON, SARDINES, BLUEFISH, SWORDFISH (3-5 oz.)	O	Õ	8	0	ŏ	۲	Ŏ	Õ	Ŏ
		OTHER FISH (3-5 oz.)	0	0	W	0	0	0	0	0	0
	1.2. 1.1	SHRIMP, LOBSTER, SCALLOPS AS A MAIN DISH	ŏ	õ	W	ŏ	ŏ	0	Õ	õ	õ
				~	1.5			1.0		~	
			NEVER, OR LESS THAN ONCE	1-3 PER MO.	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
	1.1	BREADS, CEREALS, STARCHES	PER MONTH	INIO.	ATELN	TTLLI	TTEEN	PAI	Riel	Prati	SH!
		COLD BREAKFAST CEREAL (1 CUP)	0	0	0	0	0	0	0	0	0
	1. 1. 1. 1. 1.	COOKED OATMEAL (1 CUP)	0	0	W	0	0	D	0	0	0
	1.	OTHER COOKED BREAKFAST CEREAL (1 CUP)	0	0	W	0	0	D	0	0	0
		WHITE BREAD (SLICE), INCLUDING PITA BREAD	0	0	W	0	0	D	0	0	0
		DARK BREAD (SLICE)	0	0	W	0	0	D	0	0	0
		ENGLISH MUFFINS, BAGELS, OR ROLLS (1)	0	0	W	0	0	0	0	0	0
		MUFFINS OR BISCUITS (1)	0	0	W	0	0		0	0	0
	1.2.1	BROWN RICE (1 CUP)	0	0	W.	0	0	D	0	0	0
	1.25	WHITE RICE (1 CUP)	0	0	1	0	0	0	0	0	0
		PASTA, e.g. SPAGHETTI, NOODLES, etc. (1 CUP)	0	0	W	0	0	D	Q	0	0
		OTHER GRAINS, e.g. BULGAR, KASHA, COUSCOUS, etc. (1 CUP)	0	0	8	0	0	٢	0	0	0
	200	PANCAKES OR WAFFLES (SERVING)	0	0	W	0	0	D	0	0	0
		FRENCH FRIED POTATOES (4 oz.)	0	0	0	0	0	0	0	0	0
		POTATOES, BAKED, BOILED (1) OR MASHED (1 CUP)	0	0	W	0	0	۲	0	0	0
		POTATO CHIPS OR CORN CHIPS (SMALL BAG OR 1 oz.) ()	0	W	0	0	D	0	0	0
		CRACKERS, TRISKETS, WHEAT THINS (1)	0	0	W	0	0	۲	0	0	0
		PIZZA (2 SLICES)	0	0	W	0	0	O	O.	0	0
			A	-						111-	100
			NEVER, OR LESS THAN ONCE	1-3 PER MO.	1 PER	2-4 PER	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
		BEVERAGES	PER MONTH	INIO.	WEEK	WEEK	WEEK	DAT	DAT	UNI	UNI
RENATED	Lourgate	LOW CALORIE COLA, e.g. TAB WITH CAFFEINE	0	0	W	0	0	D	0	0	0
BEVERAGES Low Calorie (sugar-free) types NSIDER THE	LOW CALORIE CAFFEINE-FREE COLA, e.g. PEPSI FREE	0	0	W	0	0	D	0	0	0	
		OTHER LOW CALORIE CARBONATED BEVERAGE, e.g. FRESCA, DIET 7-UP, DIET GINGER ALE	0	0	8	0	0	0	0	0	0
GLASS,		COKE, PEPSI, OR OTHER COLA WITH SUGAR	0	0	W	0	0	0	0	0	0
S 1 GLASS, OTTLE OR CAN R THESE (n ARBONATED	Regular types	CAFFEINE FREE COKE, PEPSI, OR OTHER COLA WITH SUGAR	Q	0	(W)	0	Qu	0	0	0	0

						-	-				-	-
OTHER BEVERAGES	HAWAIIAN PUNCH, LEMONADE, OR OTHER NON- CARBONATED FRUIT DRINKS (1 GLASS, BOTTLE, CAN)	0	0	8	0	0	0	0	0	0	0	
	DECAFFEINATED COFFEE (1 CUP)	0	0	W	0	0	0	0	0	0	0	
	COFFEE (1 CUP)	0	0	W	0	0	0	0	0	0	0	-
	TEA (1 CUP), NOT HERBAL TEAS	0	0	W	0	0	0	0	0	0	0	
	BEER (1 GLASS, BOTTLE, CAN)	0	0	W	0	0	(D)	0	0	0	10	
	RED WINE (4 oz. GLASS)	0	0	W	0	0	0	0	0	O		
	WHITE WINE (4 oz. GLASS)	0	0	W	0	0	0	0	0	0	0	
	LIQUOR, e.g. WHISKEY, GIN, etc. (1 DRINK OR SHOT)	0	0	W	0	0	0	0	0	0	Q	
TURN 6		1			81						B	

PLEASE TUP TO PAGE 6

	PAGE 6						Copyrigi	men's	's Hospital.						
IDENTIFICATION	NUMBER	R:													1000
17. (CONTINUED) PLEASE FILL IN YOUR <u>AVERAGE USE DURING THE PAST YEAR</u> , OF EACH SPECIFIED FOOD. SWEETS, BAKED GOODS, MISCELLANEOUS	NEVER, OR LESS THAN ONCE PER MONTH	1-3 PER MO.	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	000		12.10			
CHOCOLATE (BARS OR PIECES) e.g. HERSHEY'S, M & N	rs O	0	W	0	0	0	0	0	0	0	-	-		_	
CANDY BARS, e.g. SNICKERS, MILKY WAY, REESES	0	0	W	0	0	D	0	0	0	0	0		1	1	
CANDY WITHOUT CHOCOLATE (1 oz.)	0	0	W	0	0	0	0	0	0	Q		10	0 0	0	0
COOKIES, HOME BAKED (1)	0	0	W	0	0	0	0	0	0	D	C	0	DO	0	0
COOKIES; READY MADE (1)	0	0	W	0	0	0	0	0	0	0	3	2	2) (2	22	(2)
BROWNIES (1)	0.	0	W	0	0	0	0	0	0		3	3	3 3	3	3
DOUGHNUTS (1)	0	0	W	O	0	0	0	O	O.	0	C		33	3	
CAKE, HOME BAKED (SLICE)	0	0	W	0	0	0	0	0	0	0	G	5	5 5	5	5
CAKE, READY MADE (SLICE)	O	0	W	O	0	0	0	0	0	0	6	西	6 5	50	6
SWEET ROLL, COFFEE CAKE OR OTHER PASTRY, HOME BAKED (SERVING)	0	0	())	0	0	0	0	0	0	0	(7)	(P) (B)	7 7	7	1
SWEET ROLL, COFFEE CAKE OR OTHER PASTRY, READY MADE (SERVING)	0	0	1	0	0	۲	0	0	0	P	(9)	(3)	8 8	0	3
PIE, HOMEMADE (SLICE)	0	0	W	0	0	0	0	0	0	0	TA	(0)	ATO	A	0
PIE, READY MADE (SLICE)	Ó	Õ	W	0	Õ	(D)	0	Q.	Õ	0	(3)	0	8 1	存	(1)
JAMS, JELLIES, PRESERVES, SYRUP, OR HONEY (1 TB	S) O	0	W	0	O.	0	0	Õ	Ó	TA	6	(2)	0 2	C	2
PEANUT BUTTER (TBS)	Õ	0	W	Õ	Ő	0	Ő	0	Ó	m	NA	3	The a	1/18	3
POPCORN (1 CUP)	Ŏ	Õ	0	Õ	Õ	0	ŏ	Õ	Õ	Õ	174	()	AG	Th	0

										and the second s						
NUTS (SMALL PACKET OR 1 oz.)	0	0	W	0	0	0	0	0	0			VA (E	The	6	92 (5
BRAN, ADDED TO FOOD (1 TBS)	C	0	W	0	0	0	0	0	0	0	8 8	3/4 6	3/1	8	7 (
WHEAT GERM (1 TBS)	0	0	W	0	0	0	0	0	0			DO	0	7	DO	
CHOWDER OR CREAM SOUP (1 CUP)	C	0	W	0	0	0	0	0	0		5 10	2) (8	2	8	2	8
OIL AND VINEGAR DRESSING, e.g. ITALIAN (1 TB	s) C	O	W	O	0	0	O	0	0	10		3 (9	(2)	8	3) (a)
MAYONNAISE OR OTHER CREAMY SALAD DRESSING (1 TBS)	C	0	1	0	0	0	0	0	0	C	0	00	0	00	100	00
MUSTARD, DRY OR PREPARED (1 tsp)	0	0	Ŵ	0	0	0	0	0	0	0	D	10	G	-	DO	5
PEPPER (1 SHAKE)	C	0	W	0	0	D	0	0	0	E	2	2 3	(3)	2	2	2)
SALT (1 SHAKE)	C	0	W	0	0	0	0	0	0	13	101	33	13	3	3	3)
18. WHAT DO YOU DO WITH THE VISIBLE FAT MEAT? O EAT MOST OF THE FAT O EAT AS LITTLE A		S	OW NUGAR	DO Y	OU AI	DD TO				tsp.		4 (5) (6)		4 5 6	(a) (a) (a)	5
O EAT SOME OF THE FAT O (DON'T EAT MEA 19. WHAT KIND OF FAT DO YOU USUALLY USE	EFOR	01	HAT TY COOK L DO Y	ING			SPECI		AND BRA	NO	000	(m) (m) (a)	0000	7 8 0	7 8 8	200
FRYING AND SAUTEING? (EXCLUDE "PAM SPRAY)	-TYPE	26. W			-	_	SPECI	TTTE	AND ONA		Pers	- ANG	Ľ	2	214	2
O REAL BUTTER O MARGARINE O MARGARINE O VEGETABLE OIL O VEGETABLE SHORTENI	O LARD	CC	REAL I	EAKFA	ST			SI	PECIFY	YPE A	ND BR	AND	000	000	0000	18 19 10
20. WHAT KIND OF FAT DO YOU USUALLY USE BAKING? O REAL BUTTER O MARGARINE O MARGARINE	OLARD	IN	OU US	FOR EX	Y EAT	AT LI PATE,	EAST TORTIL	ONCE	PER S	WE REAN	EK?	JCE,			(a) (b) (b) (b)	のの多日
21. WHAT FORM OF MARGARINE DO YOU USU USE?		CUSTARD, HORSERADISH, PARSNIPS, RHUBARB, RADISHES, FAVA BEANS, CARROT JUICE, COCONUT, AVOCADO, MANGO, PAPAYA, DRIED APRICOTS, DATES, FIGS.							1	B) (5 7	奉 西				
FORM ONE OSTICK OTUB ODIET FORM		(DO NOT INCLUDE DRY SPICES AND DO NOT LIST SOMETHING THAT HAS BEEN LISTED IN THE PREVIOUS SECTIONS)								8	8	8 2	and			

