NURSES' HEALTH STUDY



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,

und E. Spenja.

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

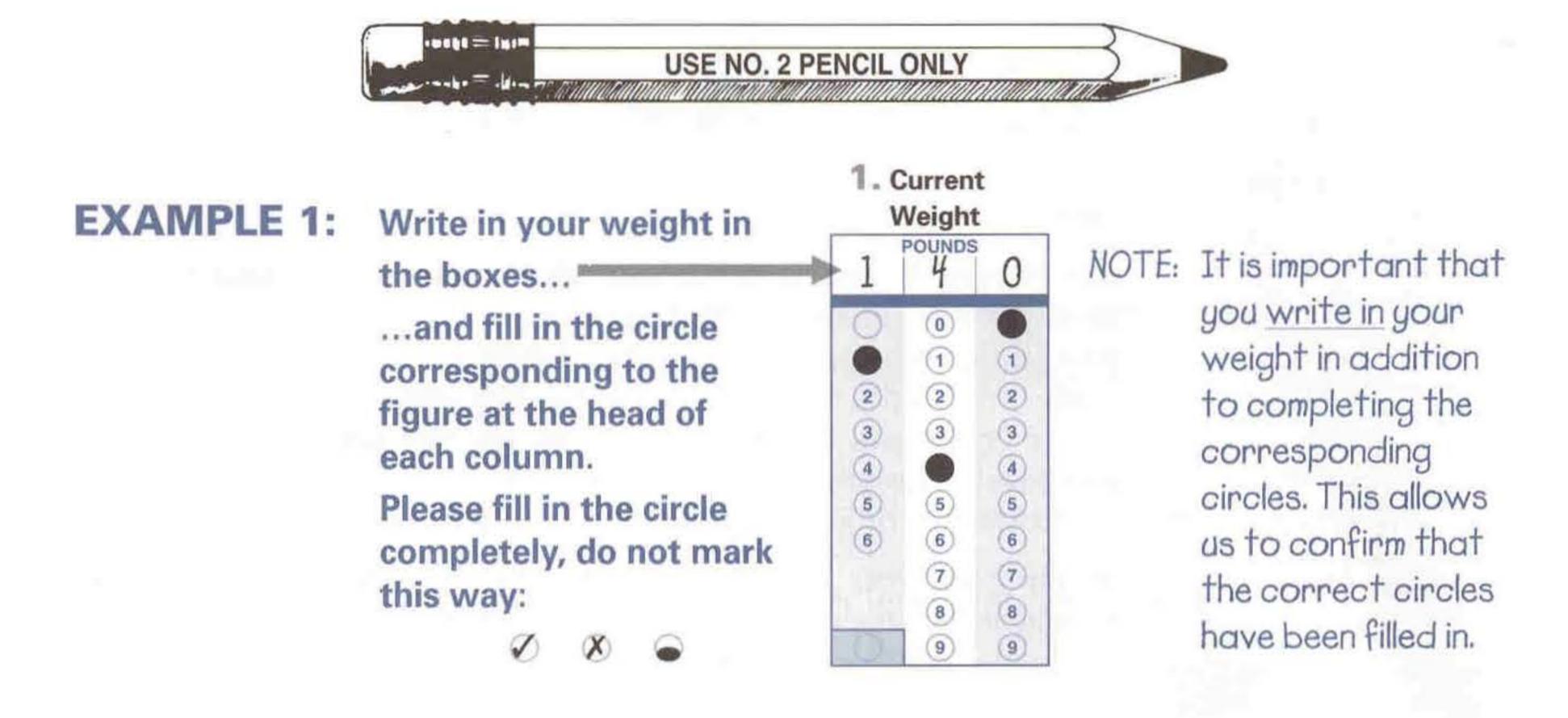
⁵ JAMA 1993; 270: 2813-2818

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

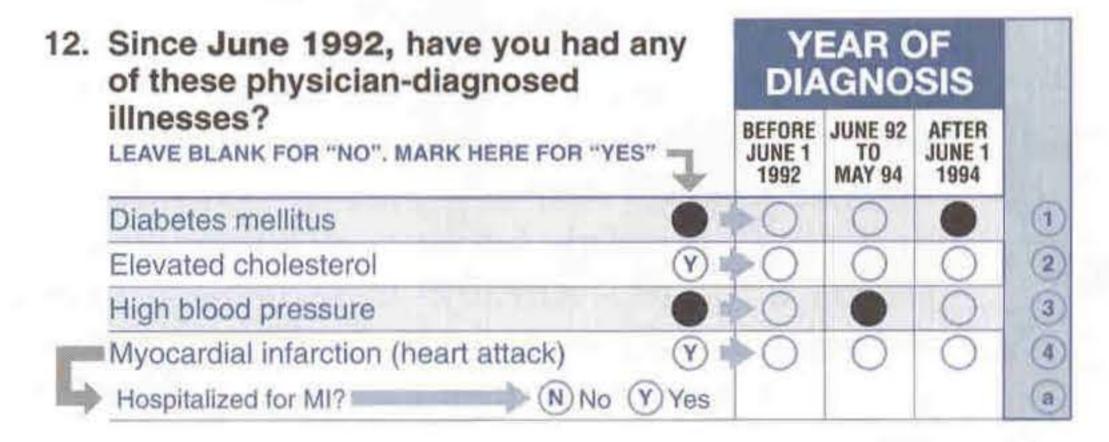
⁷ N Engl J Med 1993; 329: 234-240

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



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.

current v	ENCIL! your weight?	2. What is the difference between your highest	3. Have your mens			Age naticeased?	?	riods		For wh did you cease?	ır pe
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		either of your ovaries surgically		502							
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			Vaginal Estrogen Othe	er Estrogen				23			
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		Other type of hormones used, please spec	aily.								
	d)	If you used oral conjugated estroger									
		O .30 mg/day or less (Green)							llow)		
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	f)	What was your pattern of hormone under the Patch Estrogen: Days per Month		O 1-8 c	fays C) 9–18	0	19-26	0	ZIT MI	lys
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Since June 1992, have you had of these physician-diagnosed		YEAR DIAGNO		(12)	(1) (2)	(1) (2)	(1) (2)	(2)	2	(1) (2)		1) (2) (3 (5) (6) (7
IInesses? EAVE BLANK FOR "NO", MARK HERE FOR "YE	S" = JUI	ORE JUNE 9: NE 1 TO	JUNE 1		(4)	•	(9)	(4)	(4)	®		9 10 (
Diabetes mellitus	(Y)	992 MAY 94	1994	(1)	(B)	(8) (P)	(8) (P)	(8) (P)	(8) (P)	(8) (P)	8	(94) (9 (A) (B) (0
Elevated cholesterol	(Y)	5 0	0	(2)				4				
High blood pressure	(Y) (Y)	5 0	O	(3)				-	= THIS	IS YO	UKI	D
Myocardial infarction (heart attack)	(Y)	5 6	0	(4)	13.	Is this you	r corre	ct date o	f birth?	-		
Hospitalized for MI?	_			(a)		Yes	O No		_			
Angina pectoris	(Y) (Y)	20	0	(5)		- 0 163				1		1
Confirmed by angiogram?	_			(a)				please write ct date.	e mil	MONTH /	DAY	/ YE
Coronary bypass or angioplasty	(Y) (Y)	20	0	6	14.	Regular Me	dicati	on /mark	if used rea	ularly in	nast 2	veare)
Stroke (CVA)	(M)	5 0	Ŏ	7	17.	O No regul	37	TV-T	n abou reg	gararry iii	puot	youro
ΓΙΑ (Transient ischemic attack)	(Y) (Y)	5 0	Ŏ	(8)				2+ times/v	veek (e.g.	Tylenol)		
Carotid surgery (Endarterectomy)	(V) = (5 0	10	(9)		-		s/week (e.g			ka-Se	ltzer)
Peripheral artery disease or	(Y)	5 0	Ŏ	(10)				matory (e.				
claudication of legs (not varicose veins)						O Coumad		_	Tamoxifen		J.1.17	
Confirmed by angiogram/surgery? No No	(Y) Yes			(a)		O Thiazide	- 313		Lasix			
Pulmonary embolus	(Y) (Y)	0	0	(11)				(e.g., Cala		ia. Cardize	em)	
difficility ciribolas			0			Oddolom	DIOCKCI	(0.9., 00	ii, i roodi d	u, ouroiz.	,,,,,	
Fibrocystic/other benign breast disease	(Y) (Y)	0	0	(12)		O Beta-blo	cker (e	g., Inderal,	Lopressor	Tenormin	Cora	ard)
Confirmed by breast biopsy?				(a)				ensive (e.g				
Breast cancer	(Y)	20	0	(13)				rally (e.g.,				
Cancer of the cervix (include in-situ)	(Y)	5 6	Ö	(14)		The second secon	0.0000000000000000000000000000000000000	rhythmic	riedinsone	, Decadro	// , IVIC	J. Oi)
Cancer of the uterus (endometrium)	(Y) (5 0	Ŏ	(15)				ering drug (e a Oues	tran Meva	ecor L	opid)
Cancer of the ovary	(Y)	5 6	0	16		Cimetidin				itidine (Za		opiu)
Colon or rectal polyp (benign)	(N) = (5 0	ŏ	(17)		O Insulin		al Hypogly			a recto)	
Cancer of the colon or rectum	(Y)	5 0	Ö	(18)	15	On averag					ou ta	ke per
Cancer of the lung	(Y)	5 0	O	(19)	13.	week? (4 b						
Velanoma	(Y) = (5 0	0	(20)		Bufferin, e	tc., bu	t not asp	irin-free p	products	or Ty	lenol.
Basal cell skin cancer	(N)	5 6	0	21		0 0/wk C			3-5/wk (-	
Squamous cell skin cancer	(Y)	5 8	0	22	16	On averag			_			
Other cancer	(Y) (Y)	5 6	O	23)	10.	<1 day/n			days/mon			· ays/weel
Specify site of other cancer	0 7 0					0 3-4 days			days/wee		Daily	,,,,,,,,,,,
				TH	17.	In the past	A	hysical ex	am?	N No		Y Yes
Osteoporosis	(Y)	OC	0	24)		2 years	A	ectal exam	?	(N) No		Y Yes
Vertebral fracture, X-ray confirmed	(Y)	OC	0	25		have you	Sto	ool occult b	lood exam	? (N) No		Y Yes
Hip replacement	(Y) (*)	0 0	0	(26)		had:	Ex	am by eye	doctor?	N No	- 1	Y Yes
Fractures: Wrist or Colles' Fracture	(Y)	0	0	27			Bir	nanual pel	vic exam?	N No		Y Yes
Hip fracture	(Y) (*)	OC	0	(28)			Ov	arian ultras	sound?	(N) No	9	Y Yes
Please specify date and				1-31			Br	east exam	by clinician	? (N) No		Y Yes
circumstances on a separate	sheet.			S 40	18.	In which o	f these	years di	d you hav	ve a man	nmog	ram?
Cholecystectomy	(Y) -(0 0	0	29		(mark all	O No	t done	O Before	1988 🔘	1988	() '89
on or other trip	The second secon	0	0	(30)		that apply)	-	'90	'91 ()	92 ()	93	0 '94+
Gastric or duodenal ulcer	(Y)					that apply)	0	00		100	innen)	
	(Y)	5 Ö	0	(31)	19.	Your Blood	Chol		checked	within 5 y	rears)	
Gastric or duodenal ulcer	<u> </u>		0	(31) (32)	19.	Your Blood				within 5 y	years)	1.
Gastric or duodenal ulcer Glaucoma	(Y) => (000	3000	19.	Your Blood	/Not ch	esterol (if	in 5 years	within 5 y)-199
Gastric or duodenal ulcer Glaucoma Macular degeneration of retina	(Y) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		0000	(32)	19.	Your Blood	/Not ch	esterol (if	in 5 years	-179 () 180	
Gastric or duodenal ulcer Glaucoma Macular degeneration of retina Cataract—1st Diagnosis (Dx)	(Y)		00000	33	19.	O Unknown	/Not ch	esterol (if necked with 140–159	in 5 years	-179 () 180)-199
Gastric or duodenal ulcer Glaucoma Macular degeneration of retina Cataract—1st Diagnosis (Dx) Cataract extraction			00000	32 33 34		Your Blood ○ Unknown ○ <140 mg	/Mot ch	esterol (if necked with 140–159 220–239 330+ mg/c	in 5 years	–179 (–269 () 180) 270)–199)–299
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Are there of that you take 25. How re 26. What you us 27. For each how of amous 3 and 4 and 5 an	brand an sually eat of ten on a not specific of	lements gular basis spoons of type of the type of type	Metamus? Of sugar do year of sugar do year f cold breakfa O Don't I in the circle you have use g the past year Skim milk (8 1% or 2% min Whole milk (9 Cream, e.g., Non-dairy con Frozen yogu Ice cream (1) Flavored yog Yogurt, plain Cottage or ri Cream chees as part of a con Margarine (puse in cookin Butter (pat), use in cookin pe of cheese rm of margar	cil O B-Co nin D O Fo ou add to y ast cereal d teat cold bre indicating d the ear. DAIRY oz. glass) lk (8 oz. glass) coffee, whip offee whitene rt, sherbet or (2 cup) gurt, without or with Nut icotta cheese se (1 oz.) e, e.g., Amer dish (1 slice of pat), added to ng do you usu rine do you	mplex vitamolic acid our bevera lo akfast cerea re (tsp) r non-fat ice t Nutrasweet rasweet (1 c (1/2 cup) rican, chedda or 1 oz. servi o food or bre od or bread; ally eat? usually us	2500 mg. nins Cod li Niacin ages or food al. Specify bra cream (1 Tbs) cream (1/2 cup t (1 cup) ar, etc., plain o ing) ead; exclude exclude Regular e?	Never, or less than once per month	1-3 per month OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	ston Rice Per week Seek See	yeast agnes tsp Chex" Chex" Per week Non Non Cic bran	SE LA veek OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Othe Othe Othe Othe Othe Othe Othe Othe	r more (Please) (See)	se spe (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)	6+ per day
Are there of that you take 25. How re 26. What you us 27. For each how of amounts are 30 (a)	brand an sually eat of ten on a not specific of	lements gular basis spoons of type of	Metamus? Notame of sugar do ye f cold breakfa Don't I in the circle you have use g the past ye Skim milk (8 1% or 2% mi Whole milk (Cream, e.g., Non-dairy co Frozen yogu Ice cream (1) Flavored yog Yogurt, plain Cottage or ri Cream chees as part of a c Margarine (puse in cookin Butter (pat), use in cookin pe of cheese rm of margar Form?	cil O B-Co nin D O Fo ou add to y ast cereal d teat cold bre indicating d the ear. DAIRY oz. glass) lk (8 oz. glass) coffee, whip offee whitene rt, sherbet or (2 cup) gurt, without or with Nut icotta cheese se (1 oz.) e, e.g., Amer dish (1 slice of pat), added to ng added to for gurt, added to ng	mplex vitamolic acid our bevera lo akfast cerea re (tsp) r non-fat ice t Nutrasweet rasweet (1 c (1/2 cup) rican, chedda or 1 oz. servi o food or bre od or bread; ally eat? usually us	2500 mg. nins Cod li Niacin ages or food al. Specify bra cream (1 Tbs) cream (1/2 cup t (1 cup) cup) ar, etc., plain or ing) ead; exclude exclude Regular Squeeze	Never, or less than once per month of the control o	1-3 per month No OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	ston Rice FRACE Per week Services Services	yeast agnes tsp Chex" Chex" Per week Non Non Cic bran	SE LA veek OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Othe Othe Othe Othe Othe Othe Othe Othe	r more (Please) (See)	5 per day	6+ per day

PAGE 4 (a) (b) (c) 27. (Continued) Please fill in your average use, Never, 4-5 1-3 5-6 2-3 2-4 6+ or less during the past year, of each specified food. per than once per per per per per per per day week day day **FRUITS** week day week per month month 0 W Raisins (1 oz. or small pack) or grapes W 0 Prunes (7 prunes or 1/2 cup) W 0 Please try to Bananas (1) 0 W average your Cantaloupe (1/4 melon) seasonal use W 0 Avocado (1/2 fruit or 1/2 cup) of foods over W 0 Fresh apples or pears (1) the entire year. W 0 Apple juice or cider (small glass) For example, if W 0 Oranges (1) a food such as W 0 Orange juice (small glass) cantaloupe is W 0 Grapefruit (1/2) eaten 4 times a W 0 Grapefruit juice (small glass) week during the W 0 Other fruit juices (small glass) approximate 3 W 0 months that it is Strawberries, fresh, frozen or canned (1/2 cup) W 0 in season, then Blueberries, fresh, frozen or canned (1/2 cup) (W) (D) the average use Peaches, apricots or plums (1 fresh, would be once or 1/2 cup canned) per week. Never, 2-3 4-5 5-6 1-3 2-4 6+ or less than once per per per per per per per per day **VEGETABLES** day week week week day day per month month W (D) Tomatoes (1) W (D) Tomato juice (small glass) W 0 Tomato sauce (1/2 cup) e.g., spaghetti sauce W (D) Salsa, picante or taco sauce (1/4 cup) (D) W Tofu or soybeans (3-4 oz.) W (D) String beans (1/2 cup) W (D) Broccoli (1/2 cup) W 0 Cabbage or cole slaw (1/2 cup) W (D) Cauliflower (1/2 cup) W (D) Brussels sprouts (1/2 cup) W 0 Carrots, raw (1/2 carrot or 2-4 sticks) W (D) Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.) W 0 Corn (1 ear or 1/2 cup frozen or canned) W 0 Peas or lima beans (1/2 cup fresh, frozen, canned) W (D) Mixed vegetables (1/2 cup) W 0 Beans or lentils, baked or dried (1/2 cup) W (D) Dark orange (winter) squash (1/2 cup) (W) (b) Eggplant, zucchini or other summer squash (1/2 cup) W 0 Yams or sweet potatoes (1/2 cup) W 0 Spinach, cooked (1/2 cup) W (D) Spinach, raw as in salad W 0 Kale, mustard or chard greens (1/2 cup) W 0 Iceberg or head lettuce (serving) W 0 Romaine or leaf lettuce (serving) W (D) Celery (4" stick) W (D) Green peppers (3 slices or 1/4 pepper) W 0 Onions as a garnish or in salad (1 slice) (W) (D) Onions as a vegetable, rings or soup (1 onion) Never, 4-5 2-3 1-3 2-4 5-6 or less than once per per per per per per per per EGGS, MEAT, ETC. week day per month month week day day week day W 0 Eggs (1) W 0 Chicken or turkey, with skin (4-6 oz.) W 0 Chicken or turkey, without skin (4-6 oz.) **PLEASE** W 0 Bacon (2 slices) GO TO W 0 PAGE 5 Hot dogs (1) W 0 Chicken or turkey dogs (1)

		PAGE 5	Copyright	© 1994 E	Brigham	and Wor	men's Ho	spital. A	II Rights	Reserve	d Worldw	ride
		each specified food.	Never, or less than once	A STATE OF THE ASSESSMENT OF THE PARTY OF TH	1 per	2-4 per	5–6 per	1 per	2-3 per	4–5 per	6+ per	000
		EGGS, MEATS, ETC. (continued)	per month	month	week	week	week	day	day	day	day	-
		Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)		0				0				
		Hamburger, regular (1 patty)	0	0	W	0	0	(D)	0	0	0	(
		Hamburger, lean or extra lean (1 patty)	O	O	W	0	0	0	0	0	0	(
		Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.	0	0	w	0	0	0	-0	0	0	C
		Pork as a main dish, e.g., ham or chops (4-6 oz.)	0	0	W	0	0	0	0	0	0	C
		Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)	0	0	W	0	0	0	0	0	0	C
		Canned tuna fish (3–4 oz.)	0	0	W	0	0	0	0	0	0	(
		Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)	0	0	W	0	0	0	0	0	0	(
		Breaded fish cakes, pieces, or fish sticks (store bough	t) (0	W	0	0	0	0	0	0	C
		Other fish (3–5 oz.)	0	0	W	0	0	(D)	0	0	0	(
		Shrimp, lobster, scallops as a main dish		0	(W)	0	0	0	0	0	0	-
			Never,									
		DDEADG OFFICALO OTABOLIEG	or less than once	THE RESERVE OF THE PARTY OF	1 per	2-4 per	5–6 per	1 per	2-3 per	4–5 per	6+ per	6
		BREADS, CEREALS, STARCHES	per month	month	week	week	week	day	day	day	day	-
		Cold breakfast cereal (1 cup) Cooked oatmeal/cooked oat bran (1 cup)	0	0	(W)	0	0	0	0	ŏ	0	6
		Other cooked breakfast cereal (1 cup)	Ö	0	(W)	ŏ	ŏ	0	0	ŏ	ŏ	6
		White bread (slice), including pita bread	O	O	(W)	ŏ	ŏ	0	ŏ	ŏ	ŏ	1
		Dark bread (slice), including wheat pita bread	ŏ	Ŏ	(W)	ŏ	Ŏ	(D)	Õ	ŏ	ŏ	1
		Bagels, English muffins, or rolls (1)	Ŏ	Ŏ	(W)	ŏ	Õ	(D)	Õ	Ŏ	Ŏ	0
		Muffins or biscuits (1)	Ŏ	Ö	W	Ŏ	Ŏ	(D)	Ŏ	Ŏ	Ŏ	(
		Brown rice (1 cup)	Ŏ	Ŏ	W	Ŏ	Ŏ	0	Ŏ	O	O	(
		White rice (1 cup)	0	0	W	O	Ŏ	0	0	0	0	(
		Pasta, e.g., spaghetti, noodles, etc. (1 cup)	O	0	W	0	O	0	0	0	0	(
		Tortillas (1)	0	0	W	0	0	0	0	0	0	(
		Other grains, e.g., bulgar, kasha, couscous, etc. (1 c	up)	0	W	0	0	0	0	0	0	(
		Pancakes or waffles (serving)	0	0	W	0	0	0	0	0	0	(
		French fried potatoes (4 oz.)	0	0	W	0	0	0	0	0	0	(
		Potatoes, baked, boiled (1) or mashed (1 cup)	0	0	W	0	0	0	0	0	0	(
		Potato chips or corn chips (small bag or 1 oz.)	0	0	W	0	0	(D)	0	0	0	(
		Crackers, Triscuits, Wheat Thins (5)	0	0	W	0	0	0	0	0	0	1
		Pizza (2 slices)	0	0	(W)	0	0	(D)	0	0	0	- 10
		BEVERAGES	Never, or less than once per month	1–3 per	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	0
CARBONATED		Low-calorie cola, e.g., Diet Coke with caffeine			W	0	0	(D)	0	0	0	1
BEVERAGES	Low-Calorie	Low-calorie caffeine-free cola	Ŏ	Ŏ	W	Ŏ	Ŏ	0	O	Ŏ	Ŏ	(
nsider the rving size as 1	(sugar-free) types	Other low-calorie carbonated beverage, e.g., Diet 7-Up, Fresca, diet ginger ale	0	0	W	0	0	0	0	0	0	(
iss, bottle or	Regular types	Coke, Pepsi, or other cola with sugar	0	0	W	0	0	0	0	0	0	(
n for these rbonated	(not sugar-	Caffeine Free Coke, Pepsi, or other cola with sugar	0	0	W	0	0	0	0	0	0	(
verages.	free)	Other carbonated beverage with sugar, e.g., 7-Up	0	0	W	0	0	0	0	0	0	(
	OTHER	Hawaiian Punch, lemonade, or other non- carbonated fruit drinks (1 glass, bottle, can)	0	0	(W)	0	0	0	0	0	0	(
		Beer, regular (1 glass, bottle, can)	0	0	W	0	0	0	0	0	0	(
		Light beer, e.g., Bud Light (1 glass, bottle, can)	0	0	W	0	0	0	0	0	0	(
		Red wine (4 oz. glass)	0	0	W	0	0	0	0	0	0	(
		White wine (4 oz. glass)	0	0	W	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	(
EASE		Plain water, bottled or tap (1 cup or glass)	0	0	w	Ó	0	0	0	Ŏ	0	(
JRN TO		Tea (1 cup), not herbal teas	O O	Ó	W	0	Ö	0	O	Õ	0	-
AGE 6		Decaffeinated coffee (1 cup)	O	O	(W)	0	Ö	0	0	O	0	-8
		Coffee with caffeine (1 cup)		()	(W)		()	(D)	()		()	18

radishes, fava beans, pretzels, coconut, mango, horseradish,

parsnips, rhubarb, papaya, dried apricots, dates, figs.

(Do not include dry spices and do not list something