

Please reply to:
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Dear Colleague:

When the Nurses' Health Study began back in 1976 few of us had any idea that this research would continue for over 22 years and become one of the preeminent investigations of women's health. The success of the Nurses' Health Study is, of course, directly attributable to the outstanding quality of the information which you, as a participant, have faithfully provided for over two decades.

The attached questionnaire has been redesigned to make it easier to complete. We have increased the size of the print and made it generally less "crowded." We hope you like the change! We have NOT used this as an opportunity to increase the number of questions. Please be assured that this booklet contains the same number of questions as our standard six-page survey.

We value each member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. By 1996 nearly 38% of the study participants were retired! 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!

Finally, let me again thank you for your commitment and dedication to the goal of discovering factors that affect the development of disease in women. The value of your contribution has been enormous.

Best Regards,

Frank E. Speizer, M.D.
Principal Investigator

P.S. We hope you like this improved version of our questionnaire and look forward to your prompt reply!

Do we have your correct
address and name?

Make any necessary changes
and return this page with your
completed booklet.

INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. Note that some questions ask for information **since June 1996**, some ask for **current status**, and some ask about events over **longer periods**. The form is designed to be read by optical-scanning equipment. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on the last page of the booklet or on a separate sheet.



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:



Current Weight		
POUNDS		
1	4	0
<input type="radio"/> 0	<input type="radio"/> 0	<input checked="" type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input checked="" type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 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.

16. Since June 1996, have you had any of these physician-diagnosed illnesses?

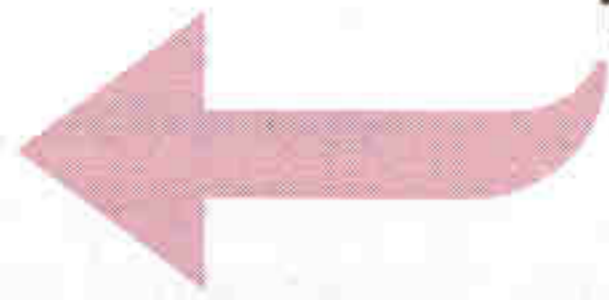
		YEAR OF DIAGNOSIS			16
		Before June 1 1996	June 96 to May 98	After June 1 1998	
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	1
Elevated cholesterol	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
High blood pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3

Thank you for completing the 1998 Nurses' Health Study Questionnaire.

Unless you are making a name or address change, remove this cover page (to preserve confidentiality) and return the booklet in the enclosed postage-paid envelope.



1. Is this your correct Date of Birth?



Yes

No → If No, Please write correct date.

MONTH	DAY	YEAR

2. What is your current weight?

POUNDS		
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

3. 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.

4. Have you had your uterus removed?

- No
- Yes → Date of surgery: Before June 1, 1996 After June 1, 1996

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

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

1	1	1	1	1	1	1
2	2	2	2	2	2	2
4	4	4	4	4	4	4
8	8	8	8	8	8	8
P	P	P	P	P	P	P

PLEASE DO NOT WRITE IN THIS AREA



45513

6. Are you *currently* using any of these medications for osteoporosis or other reason? 6

- Evista (raloxifene) Fosamax (alendronate) Miacalcin (calcitonin) Didronel Not using any of these

7. Since June 1996, have you used female hormones? 7

- No
 Yes

a) How many months have you used them during the 24-month period between June 1996 and June 1998? a

- 1-4 months 5-9 10-14
 15-19 20-24 months Used only after June 1998

b) Are you currently using them (within the last month)? b

- Yes, currently No, not currently

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

Estrogen:

- Oral Premarin Estrace Ogen
 Patch Estrogen Vaginal Estrogen
 Other Estrogen (specify type in box below)

Progesterone/Progestin (e.g., Provera):

- Oral Vaginal
 Other (specify below)

Other type of hormones used, please specify:

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

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

- .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? e

- <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)? f

Oral or Patch Estrogen:

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

Progesterone:

- Days per Month Not used <1 day/mo 1-8 days 9-18 19-26 27+ days/month 2

8. What is your normal walking pace outdoors? 8

- Slow (less than 2 mph) Normal, average (2 to 2.9 mph) Brisk pace (3 to 3.9 mph) Very brisk, striding (4 mph or faster) Unable to walk

9. Number of times you have fallen to the ground in the past 1 year: 9

- None 1 2 3 4 5 or more

10. How many flights of stairs (not steps) do you climb daily? 10

- No flights 1-2 flights 3-4 flights 5-9 flights 10-14 flights 15 or more flights

11. 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 for exercise or 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, ski or stair 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"/>

12. Do you currently smoke cigarettes?

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

13. Did you have a colonoscopy or sigmoidoscopy since June 1, 1996?

- No Yes → Why did you have the colonoscopy or sigmoidoscopy? (Mark all that apply.)
- Bleeding in stool
 - Abdominal pain
 - Family history of colon cancer
 - Diarrhea or constipation
 - Positive test for occult fecal blood
 - Barium enema
 - Routine or follow-up screening (no symptoms)

14. In the past two years have you had ... (If yes, mark all that apply.)

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Exam by eye doctor?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Bimanual pelvic exam?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Breast exam by clinician?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Mammogram?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Fasting blood sugar	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y

15. Have you ever been diagnosed with:

- Pernicious Anemia No Yes, <1984 Yes, 1984+
- Congestive Heart Failure No Yes, <1984 Yes, 1984+
- Periodontal Bone Loss No Mild Moderate/severe

16. Since June 1996, have you had any of these physician-diagnosed illnesses?

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

MARK "YES" BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.

YEAR OF DIAGNOSIS

Before June 1 1996 June 96 to May 98 After June 1 1998

		Before June 1 1996	June 96 to May 98	After June 1 1998	
Diabetes mellitus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
High blood pressure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Hospitalized for MI? →	<input type="radio"/> N No <input type="radio"/> Y Yes				a
Angina pectoris	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Confirmed by angiogram? →	<input type="radio"/> N No <input type="radio"/> Y Yes				b
Coronary bypass or angioplasty	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Stroke (CVA)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
TIA (Transient ischemic attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Carotid surgery (Endarterectomy)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Confirmed by angiogram/surgery? →	<input type="radio"/> N No <input type="radio"/> Y Yes				a
Pulmonary embolus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Fibrocystic/other benign breast disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Confirmed by breast biopsy? →	<input type="radio"/> N No <input type="radio"/> Y Yes				a
Breast cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Cancer of the cervix (include in-situ)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Cancer of the uterus (endometrium)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Cancer of the ovary	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Colon or rectal polyp (benign)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Cancer of the colon or rectum	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Cancer of the lung	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Melanoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Basal cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Squamous cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Other cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Specify site of other cancer →					

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

16. (Continued) Since June 1996, have you had any of these physician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS

Before June 1 1996, June 96 to May 98, After June 1 1998

MARK "YES" BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.

Table with 5 columns: Illness, Yes/No bubble, Year of Diagnosis bubbles (Before June 1 1996, June 96 to May 98, After June 1 1998), and Item number (24-45). Rows include Osteoporosis, Vertebral fracture, Hip replacement, Fractures (Wrist or Colles' Fracture, Hip fracture), Gastric or duodenal ulcer, Cholecystectomy, Glaucoma, Macular degeneration of retina, Cataract—1st Diagnosis (Dx), Cataract extraction, Asthma, Emphysema or Chronic bronchitis, Multiple sclerosis, A.L.S. (Amyotrophic Lateral Sclerosis), Parkinson's Disease, Diverticulitis/diverticulosis, Ulcerative colitis/Crohn's, Kidney stones, Interstitial cystitis, Active TB, and Other major illness or surgery since June 1996.

Please specify: _____ Date: _____

0 1 2 3 4 5 6 7 8 9 (repeated three times)

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

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

18. 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.

- Zero tablets per week
 0.5-2 tablets per week
 3-5 tablets per week
 6-14 tablets per week
 15+ tablets per week

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

- No regular medications

- | | |
|---|--|
| <input type="radio"/> Acetaminophen, 2+ times/week
(e.g., Tylenol) | → Number of days per week used: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days |
| | Number of tablets per week: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets |
| <input type="radio"/> Non-steroidal anti-inflammatory
(e.g., Advil, Motrin, Indocin) | → Number of days per week used: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days |
| | Number of tablets per week: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets |
| | Is this usually: <input type="radio"/> Ibuprofen (any brand) <input type="radio"/> Other type |
| <input type="radio"/> Tamoxifen | |
| <input type="radio"/> Coumadin | |
| <input type="radio"/> Thiazide diuretic | <input type="radio"/> Lasix |
| <input type="radio"/> Calcium blocker
(e.g., Calan, Procardia, Cardizem) | |
| <input type="radio"/> Beta-blocker (e.g., Inderal, Lopressor,
Tenormin, Corgard) | |
| <input type="radio"/> ACE inhibitors
(e.g., Capoten, Vasotec, Zestril) | |
| <input type="radio"/> Other antihypertensive
(e.g., Aldomet, Apresoline) | |
| <input type="radio"/> Steroids taken orally (e.g., Prednisone,
Decadron, Medrol) | |
| <input type="radio"/> Inhaled steroids | <input type="radio"/> Inhaled Bronchodilator |
| <input type="radio"/> Digoxin | <input type="radio"/> Antiarrhythmic |
| <input type="radio"/> Cholesterol-lowering drug
(e.g., Questran, Mevacor, Lipid) | |
| <input type="radio"/> Antidepressant (e.g., Elavil, Prozac) | |
| <input type="radio"/> Cimetidine (Tagamet) | |
| <input type="radio"/> Other H2 blocker (e.g., Zantac, Pepcid, Axid) | |
| <input type="radio"/> Insulin | <input type="radio"/> Oral hypoglycemic medication |
| <input type="radio"/> Meridia (sibutrimine) | |
| <input type="radio"/> Other regular medications (no need to specify) | |

20. Do you currently take a multi-vitamin? (Please report additional individual vitamins in question 21.)

- Yes No
- a) How many do you take per week? 2 or fewer 3-5 6-9 10 or more

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

b) What specific brand do you usually use?
(Please specify exact Brand and Type.)

21. Do you take the following separate preparations?

DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.
(Mark either "Yes" or "No" for each.)

	AMOUNT PER DAY							
a) Vitamin A	<input type="radio"/> No	<input type="radio"/> Yes, seasonal only <input type="radio"/> Yes, most months	If Yes, 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, 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 <input type="radio"/> Yes, most months	If Yes, 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, 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, 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 <small>(Include Calcium in Tums, etc.) (1 Tums = 200 mg. elemental calcium)</small>	<input type="radio"/> No	<input type="radio"/> Yes	If Yes, Dose per day (elemental calcium):	<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
g) Selenium	<input type="radio"/> No	<input type="radio"/> Yes	If Yes, 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) Niacin	<input type="radio"/> No	<input type="radio"/> Yes	If Yes, Dose per day:	<input type="radio"/> Less than 50 mg	<input type="radio"/> 50 to 300 mg	<input type="radio"/> 400 to 800 mg	<input type="radio"/> 900 mg or more	<input type="radio"/> Don't know
i) Zinc	<input type="radio"/> No	<input type="radio"/> Yes	If Yes, 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) Are there other supplements that you take on a regular basis?	<input type="radio"/> Metamucil/Citrucil <input type="radio"/> Potassium <input type="radio"/> Chromium <input type="radio"/> Folic Acid <input type="radio"/> Iron <input type="radio"/> Cod Liver Oil <input type="radio"/> Magnesium <input type="radio"/> Lecithin <input type="radio"/> B-Complex <input type="radio"/> Vitamin D <input type="radio"/> Vitamin B12 <input type="radio"/> Melatonin <input type="radio"/> Brewer's Yeast <input type="radio"/> Blue Green Algae <input type="radio"/> Other (Please specify) <input type="radio"/> Coenzyme Q10 <input type="radio"/> DHEA <input type="radio"/> Fish oil <input type="radio"/> Garlic Supplements							

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

Systolic:

- Unknown/Not checked in 2 years
- <105 mmHg 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+

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

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

Don't eat cold breakfast cereal

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
0	0	24
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	0
8	8	
9	9	

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

Teaspoons

DAIRY FOODS

25. For each food listed, fill in the circle indicating your average total use of the amount specified during the past year.

Skim or 1% milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

2% milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Whole milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Soy milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Cream, e.g., in coffee, whipped or sour cream (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Non-dairy coffee whitener (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Regular ice cream (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

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

Yogurt, plain or artificially sweetened (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more servings per day

Other flavored yogurt (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more servings per day

Cottage or ricotta cheese (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Cream cheese (1 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2 or more slices per day

What type of cheese do you usually eat?

- None
- Regular
- Low fat or lite
- Nonfat

Butter (small pat or tsp.), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

Margarine (small pat or tsp.), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

26. What form of margarine do you usually use?

- None
- Form?**
 - Stick
 - Tub
 - Spray
 - Squeeze (liquid)
- Type?**
 - Regular
 - Light spread
 - Extra light spread
 - Nonfat

What specific brand and type (e.g., Parkay Corn Oil Spread)?

26
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t
b

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

FRUITS

27. Please fill in your average total 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 3 months that it is in season, then the average total use would be once per week over the year.

**Raisins (1 oz. or small pack)
or grapes**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Prunes (7 prunes or 1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day

Bananas (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Cantaloupe (1/4 melon)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

Avocado (1/2 fruit or 1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- One per day
- Two or more per day

Fresh apples or pears (1)

- Never
- 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 or more per day

**Apple juice or cider
(small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Oranges (1)

- Never
- 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 or more per day

Orange juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**Orange juice—calcium fortified
(small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Grapefruit (1/2)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

**Grapefruit juice
(small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

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

Other fruit juices (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Strawberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once or more per day

Blueberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Peaches, apricots or plums (1 fresh, or 1/2 cup canned)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

VEGETABLES

28. Please fill in your average total use, during the past year, of each specified food.

Tomatoes (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Tomato or V8 juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Tomato sauce (1/2 cup) e.g., spaghetti sauce

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Salsa, picante or taco sauce (1/4 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Tofu or soybeans (3-4 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

String beans (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Broccoli (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cabbage or cole slaw (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cauliflower (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

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

**Brussels sprouts
(1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Carrots, raw (1/2 carrot
or 2-4 sticks)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**Carrots, cooked (1/2 cup)
or carrot juice (2-3 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**Corn (1 ear or 1/2 cup
frozen or canned)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more servings per day

**Peas or lima beans (1/2 cup
fresh, frozen or canned)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Mixed vegetables, stir-fry,
vegetable soup (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Beans or lentils, baked
or dried (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Yams or sweet potatoes
(1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Dark orange (winter)
squash (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Eggplant, zucchini or other
summer squash (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Spinach, cooked
(1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Spinach, raw as in salad

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Kale, mustard, or chard
greens (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Iceberg or head lettuce
(serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**Romaine or leaf lettuce
(serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

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

Celery (4" stick)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- Once per day
- 2 or more servings per day

Green or red peppers (3 slices or 1/4 pepper)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Onions as a garnish or in a salad (1 slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Onions as a vegetable, rings or soup (1 onion)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

EGGS, MEAT & FISH

29. Please fill in your average total use, during the past year, of each specified food.

Egg Beaters or egg whites only (1/4 cup or 1 egg)

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Eggs, including yolk (1)

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Bacon (2 slices)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Beef or pork hot dogs (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Chicken or turkey hot dogs (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Chicken or turkey sandwich

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more per week

Other chicken or turkey, with skin (3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Other chicken or turkey, without skin (3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

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

Salami, bologna, or other processed meat sandwiches

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more per week

Processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Hamburger, regular (1 patty)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Hamburger, lean or extra lean (1 patty)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

Pork as a main dish, e.g., ham or chops (4-6 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

Liver: beef, calf or pork (4 oz.)

- Never
- Less than once per month
- 1 time per month
- 2-3 times per month
- 1 or more servings per week

Liver: chicken or turkey (1 oz.)

- Never
- Less than once per month
- 1 time per month
- 2-3 times per month
- 1 or more servings per week

Canned tuna fish (2-3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more per day

Shrimp, lobster, scallops, clams as a main dish (1 serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Other fish, e.g., cod, haddock, halibut (3-5 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

CEREALS, BREADS & STARCHES

30. Please fill in your average total use, during the past year, of each specified food.

**Cold breakfast cereal
(1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**Cooked oatmeal/cooked
oat bran (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**Other cooked breakfast
cereal (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**White bread (slice),
including pita bread**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

**Dark bread (slice),
including wheat pita bread**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

**Bagels, English muffins, soft
pretzels or rolls (1 whole)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more per day

**Muffins (regular) or
biscuits (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Brown rice (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

White rice (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

**Pancakes or waffles
(2 pieces)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**Pasta, e.g., spaghetti,
noodles, etc. (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

Tortillas (1)

- Never
- 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 or more per day

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

Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

French fries (4 oz. or 1 serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Potatoes, baked, boiled (1) or mashed (1 cup)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Potato chips or corn chips (small bag or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Crackers, Triscuits, Wheat Thins (5)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

Pizza (2 slices)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

BEVERAGES

CARBONATED BEVERAGES—Consider the serving size as one 12 oz. glass, bottle or can for these carbonated beverages.

31. Please fill in your average total use, during the past year, of each specified food.

LOW-CALORIE (Sugar-free types)

Low-calorie cola with caffeine, e.g., Diet Coke (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other low-cal beverage with caffeine, e.g., Diet Mt. Dew (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other low-cal beverage without caffeine, e.g., Diet 7-Up (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

REGULAR TYPES (not sugar-free)

Coke, Pepsi, or other cola with sugar (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other carbonated bev. with caffeine and sugar, e.g., Mt. Dew, Surge, Dr. Pepper (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other carbonated bev. with sugar, e.g., 7-Up (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

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

OTHER BEVERAGES

Punch, lemonade, other non-carbonated fruit drinks or sugared ice tea (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Beer, regular (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

Light beer, e.g., Bud Light (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

Red wine (4 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

White wine (4 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

Liquor, e.g., vodka, gin, etc. (1 drink or shot)

- Never
- Less than once per month
- 1-3 drinks per month
- 1 drink per week
- 2-4 drinks per week
- 5-6 drinks per week
- 1 drink per day
- 2-3 drinks per day
- 4-5 drinks per day
- 6+ drinks per day

Plain water, bottled, sparkling, or tap (1 cup or glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

Herbal tea or decaffeinated tea (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Tea (1 cup), Not herbal teas

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Decaffeinated coffee (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Coffee with caffeine (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

SWEETS, BAKED GOODS & MISCELLANEOUS

32. Please fill in your average total use, during the past year, of each specified food.

Pure chocolate candy bar or packet, (e.g., Hershey's, M&M's)

- Never
- 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 or more per day

Candy bars, (e.g., Snickers, Milky Way, Reeses)

- Never
- Less than once per month
- 1-3 candy bars per month
- 1 candy bar per week
- 2-4 candy bars per week
- 5-6 candy bars per week
- 1 candy bar per day
- 2-3 candy bars per day
- 4 or more candy bars per day

Candy without chocolate (e.g., 1 pack mints, Lifesavers)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

Cookies, fat free or reduced fat (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, other ready-made (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, home baked (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Brownies (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Doughnuts (1)

- Never
- 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 or more per day

Cake, ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Cake, home baked (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Pie, homemade or ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Jams, jellies, preserves, syrup, or honey (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

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

Peanut butter (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

Popcorn (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

Sweet roll, coffee cake or other pastry, fat free or reduced fat (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Sweet roll, coffee cake or other pastry, other ready made (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Sweet roll, coffee cake or other pastry, home baked (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Pretzels (1 oz., or small bag)

- Never
- Less than once per month
- 1-3 servings per month
- One serving per week
- 2-4 servings per week
- 5-6 servings per week
- One serving per day
- 2 or more servings per day

Peanuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Walnuts (1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Other nuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Oat bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Other bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

(1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 or more cups per day

(1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

**Salt added at table
(1 shake)**

- Never
- Less than once per month
- 1-3 shakes per month
- 1 shake per week
- 2-4 shakes per week
- 5-6 shakes per week
- 1 shake per day
- 2-3 shakes per day
- 4-5 shakes per day
- 6+ shakes per day

**Nutrasweet or Equal
(1 packet) NOT Sweet 'N Low**

- Never
- 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

Garlic (1 clove or 4 shakes)

- Never
- 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

**Olive oil added to food or
bread (1 tbs.); exclude use
in cooking**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4-5 tbs. per day
- 6+ tbs. per day

**Low fat mayonnaise/
fat-free mayonnaise (1 tbs.)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**Regular mayonnaise
(1 tbs.)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

Salad dressing (2 tbs.) →

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2-3 servings per day
- 4 or more servings per day

Type of salad dressing:

- Nonfat
- Low fat
- Olive oil dressing
- Other vegetable oil dressing

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

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

usually used for frying and sautéing at home?

- Any "Pam"-type spray
- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

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

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

37. How often do you eat deep fried chicken, fish, shrimp or clams away from home?

- Less than once a week
- 1-3 times per week
- 4-6 times per week
- Daily

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

(Specify brand and type)

39. Are there any other foods not mentioned above that you usually eat at least once per week?

Include for example: Applesauce, mushrooms, 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 and do not list something that has been listed in the previous sections.)

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

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

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
OLV	5	5	5	5	5
CAN	6	6	6	6	6
CRN	7	7	7	7	7
SOY	8	8	8	8	8
VEG	9	9	9	9	9

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

Thank you!

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