

Nurses' Health Study II



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This is your ID -

Dear Colleague:

Thank you for your continuing participation in the Nurses' Health Study II. We are very honored that you take time out of your busy life to be an active participant in this study of women's health.

Your ongoing participation is as important as ever in the quest for a greater understanding of the choices that lead to a healthy life. We are pleased to offer you the choice of completing either an on-line questionnaire or the attached traditional form. The on-line survey is available at www.NHS2.org and can be accessed with your ID number. Over 10% of the responses to the 2001 questionnaire were completed on-line. We hope that this option will make your continued involvement in the study more convenient.

The attached questionnaire continues our important work together by requesting updated information on your diet, lifestyle and medical diagnoses. The questionnaire is being sent to each of the 116,671 members of NHS II and should take about 30 minutes to complete.

We know that you will give this questionnaire the same careful consideration that you have given our forms since the study began in 1989. As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only. If you have any questions about the study or the questionnaire, you may contact us at the address shown above.

Thank you again for your help in this worthwhile endeavor. The time and care that you have continued to offer in furthering the study of women's health is greatly appreciated.

Sincerely,

Walter Willett

Walter Willett, M.D. Professor of Epidemiology and Nutrition

Do you have internet e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study II. Example: **NHS2@channing.harvard.edu**

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

We will <u>not</u> release your e-mail address to anyone!

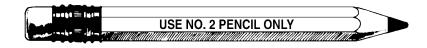
INSTRUCTIONS

INTERNET:

Go to our website at www.NHS2.org and use your ID number (see front of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey on-line.

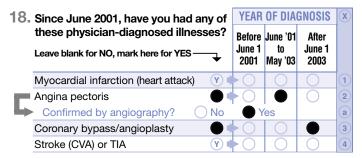
PAPER FORM:

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.



EXAMPLE:

Mark "Yes" bubble <u>and</u> Year of Diagnosis bubble for each illness you have had diagnosed.



- Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.
- If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.
- Thank you for completing the 2003 Nurses' Health Study II Questionnaire.

Federal research regulations require us to include the following information:

There are no direct benefits to you from participating in this study.

The risk of breach of confidentiality associated with participation in this study is very small.

Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.

You may skip any question you do not wish to answer.

You will not receive monetary compensation for participating.

If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

	а		ently pregnant?					
WEIGHT						Part b for your curren		
POUNDS	b			<u>er</u> JUNE 1, 2001	, fill in a respon	se bubble for the ye	ear during	
		wnich each p	regnancy ended.	Pregnanc	ies lasting	Pregnancie	es lasting	
		Calendar Ye	ar		s or more	less than 6		
				SINGLE BIRTHS	TWINS/TRIPLETS	MISCARRIAGES IND	UCED ABORTIC	DNS
2 2		6/1/01 - 12/	31/2001	<u> </u>	<u> </u>	0	<u> </u>	
3 3		2002		<u> </u>	<u> </u>	0	0	
4 4		2003		<u> </u>	<u> </u>	0	<u> </u>	
5 5		2004+		<u> </u>	<u> </u>	0		
6 6		o you CURREN	ITLY use any of the	_	- ,	lark all that apply.)		
7 7	\mathbb{C}) None	Oral contrac	eptive C) Condom	O Diaphragm/Cei	rvical cap	
8 8	C) Vasectomy	Foam/Jelly/S	ponge	Rhythm/NFP	Nuva Ring		
9 9		Tubal Ligation	○ Intrauterine D		Depo Provera	Ortho Evra Pa	tch Other	r
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○ Yes ➡	a) How many	months did y	ou use OCs durin	-	•	een June 2001 and	June 2003?	
■ ○ No	1 month	or less 2-	-4 05–9 0	10–14 🔘 15	–19 🔵 20–24	months		
			and type of OC used					
	Brand Cod	e Sheet enclose	ed with this question	nnaire and write	the code in this	box.		
Have your r	natural menstru	ual periods cea	sed PERMANENTI	LY?				
No: Prem	enopausal							
Yes: No r	nenstrual periods	3	a) AGE natural	AGE	b) For what	t reason did your p	periods ceas	e?
Yes: Had	menopause but	now have	periods		○ Natura			
	ods induced by h		ceased:		Radiat	tion or chemotherapy		
Not sure	(e.g., started hor	mones prior to c	essation of periods)			,		
	ad your uterus			Date of surgery:	○ Before Ju	ne 1, 2001 Afte	r June 1, 2001	
			surgically remove		<u> </u>	110 1, 2001 7 1110	(1) (2) (3) (4) (5
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Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days	Pa	ge 2 N2
Since June 2001, have you had: If yes, mark all that apply) San A physical sex ann? Di Pasting blood sugur? Ves and Sand Sand Sand Sand Sand Sand Sand		18. Since June 2001, have you had any of YEAR OF DIAGNOS!
Since June 2001, have you had: "Yes, for Yes, f	is your ID ⇒	these physician-diagnosed illnesses? Before June '01 After
If yes, mark all that apply. It is exercise in symptom a) A physical coan? b) Fasting blood sugar? c) Colonoscopy? v) Vesting thood sugar? v) Sigmoidescopy? v) Vesting the last 12 months, how often have you caked or lost control of your urine? Bartum sensma Virius (Cf) your had Colonoscopy/Sigmoidescopy? votable blood Prior polyse Asymptomatic or routines acreening Asymptomatic or routines acreening Asymptomatic routines acreenin	Since June 2004 have you had.	Leave blank for NO, mark nere for YES 2001 May '02 2002
a) A physical exam? (b) Pastaing blood sugar? (c) Colonascepy? (b) No Yes (c) Sigmoldoscopy? (b) Sigmoldoscopy? (c) Sigmoldoscopy. (c) Sigmoldos		
Disparage Disp		
e) Coloracecpy? No Yes initial reason(s) you had Colonoscopy/Sigmoldoscopy? Visible blood Occult lead blood Addominal pain blamhas constpation of Family history of color cancor Barum anema Writual (CT) coloropraphy Prior polyas Asymptomental or routine screening During the last 12 months, how often have you eaked or lost control of your urine? Never Less than once/month Once/month Pass of the last 12 months, how often have you eaked or lost control of your urine? Never Less than once/month Once/month Pass of the last 12 months over the floor Regular Medication (mark if used regularly in past 2 years) Actenimophen (e.g., Tyleno) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab "Baby" or low dose aspirin (100 myfabite to ress) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab "Baby" or low dose aspirin (100 myfabite to ress) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab "Bubyrolen (e.g., Alvik, Motrix, Nupriri) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab "Bubyrolen (e.g., Alvik, Motrix, Nupriri) Days/week: 1 2-3 4-5 6-4 days Other anti-inflammatory analgesics, 2+ times/weak (e.g., Alvie, Naprosy, Relatins, Ketoprden, Anaprox) Thiazide diurete Usakin (20, 2door, Uplor, Prevancial, Cardisem) Betal-blocker (e.g., Lalani, Ropendo) Nerolating (e.g., Salani, Ropendo) Nerolating (e.g		
displayed seconds) you had Colonoscopy/Sigmoidoscopy? Valuable blood Occult feeal blood Abdommal pain Diarrhea constipation Family history of colon cancer Barlum enama Virtual (17) colonogrape and principal pain of the prophyse Asymptomatic or routine screening Prior polyps Asymptomatic or routine screening Asymptomatic Prior polyps Asy	, , ,	
Initial reason(s) you had Colonoscopy/Sigmoltoscopy? Visible blood Occult feed blood During the constipation Family history of colon cancer Barum enema Virtual (CT) colonography Prior polyse Asymptomatic or routine screening During the last 12 months, how often have you leaked or lost control of your urine? Never Less than oncommonth Oncommo		3 4 3 3
Visible Bood Occult focal blood Abdominal pair		, ,
Diarrhae Constitution Family history of colon cancer Barium enems Virtual (OT) colonography Prior polyps Asymptomatic or routine screening Prior polyps Asymptomatic or routine screening Never Less than once/month Once/month Once/month Never Less than once/month Once/mont		
Barlum enema Virtual (CT) cotenography Prior polyps Asymptomatic or routine screening During the last 12 months, how often have you leaked or lost control of your urine? During the last 12 months, how often have you leaked or lost control of your urine? Nover Less than once/menth Once/month 2-3 times/month About once/week Artew drops Enough to wet your underwear Enough to wet the floor Enough to wet		
During the last 12 months, how often have you eaked or lost control of your urine? Never Less than oncementh Oncementh 2-3 times/meth 2-3 times/meth About nonce/week Almost every day During Medication (mark if used regularly in past 2 years) 14 Acetamicophen (e.g., Tyleno) 15 6-6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweek: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15-1 tab 16 byweeke: 1 2-3 4-5 6-4 days Total tabs/wk: 1 2-3 3 4-5		
Confirmed by breast blopsy? No Ves was also or lost control of your urine? Never		
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Never Less than once/morth Once/morth Once/morth 2-3 times/morth About once/week Almost every day Alex drops Enough to wet tyour underwear Enough to wet the floor Regular Medication (mark if used regularly in past 2 years) Moetaminophen (e.g., Iyleno) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Paby/ or low dose aspirin (10m gn/tablet or less) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total		
2-3 times/month		
When you lose your urine, how much usually leaks? A few drops Enough to wet your underwear Enough to wet your outerclothing Enough to wet your underwear Enough to wood sea spirin (100 mg/table to ress) Enough to week so week I		
A few drops		
Colon or rectal polyp (benign) Colon or polypa (benign) Colon or tall polypo (benign) Colon or polypa (benign) Colon or tall polypo (benign) Colon or polypa		
Regular Medication (mark If used regularly in past 2 years)		
Acetaminophen (e.g., Tylenol) Days/week: 1 2-3 4-5 6+ days Days/week: 1 2-3 5-6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Days/week: 1 2-3 5-6-14 15+ tab Days/week: 1 2-3 5-6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Dibuporlen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Dibuporlen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relaten, Ketoprofen, Anaprox) Thiazide diuretic Datin Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Capoten, Vasotec, Zestril) Other anti-inflammatory analgesics, 2+ times/week (e.g., Zooor, Lipitor, Pravachol, Lovastatin) Other anti-inflamrosive (e.g., Capoten, Vasotec, Zestril) Other antipyperfensive (e.g., Inderal, Lopressor, Tenormin, Corgard) Insulin Oral hypoglycemic medication Station' (e.g., Zooor, Lipitor, Pravachol, Lovastatin) H2 blocker (e.g., Jamiac, Pepcid) No regular medication H2 blocker (e.g., Jamiac, Pepcid) No regular medication Insulin Oral hypoglycemic medication In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? No Oral hypoglycemic medication In the past two years, how many times have you donated In the past two years, how many times have you donated In the past two years, how many times have you donated In the past 10 years, how many times have you donated In the past 10 years, how many tim		
Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleva, Naprosyn, Relaefen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Batel-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other anti-hypertensive (e.g., Iosarfan, doxazosin) Statin' (e.g., Zocor, Lipitor, Pravachol, Lowstatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Strioy Corfer (e.g., Inderal, Capoten) Minor tranquilizers (e.g., Calavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Calavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevaid No regular medication Strioy over day over felt sad, blue or lepressed for most of the day? No write correct date of birth?		
Total tabs/wk: 1-2 3-5 6-14 15+ tab "Baby" or low dose saprin (100 mylablet or less) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab Aspirin or aspirin-containing products (325 mylablet or more) Days/week: 1 2-3 4-5 6-4 days Total tabs/wk: 1-2 3-5 6-14 15+ tab lbuproten (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 3-5 6-14 15+ tab lbuproten (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 3-5 6-14 15+ tab celebrex, Vloxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 3-5 6-14 15+ tab celebrex, Vloxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 3-5 6-14 15+ tab celebrex, Vloxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 3-5 6-14 05+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazided durertic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Lideral, Lopressor, Tenormin, Corgard) Other antihypertensive (e.g., Iosartan, doxazosin) "Statin" (e.g., Zocon, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Torranil, Pamelor) Minor tranquilizers (e.g., Vallum, Xanax, Altivan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevaid Ansimon orally (e.g., Vallum, Xanax, Altivan, Librium) No regular medication s this your correct date of birth? In the past two years, have you had two weeks or regeressed for most of the day? No Pass In the past two years, how many times have you donated of lood? None 1 or 2 3-5 6-9 None 1 or 2 3-	Acetaminophen (e.g., Tylenol)	Gastric or duodenal ulcer
Baby' or low dose aspirin (100 mg/tablet or less) Days/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6-14 15+ tab Aspirin or aspirin-containing products (325 mg/tablet or more) Days/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6- d-14 15+ tab Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6- d-14 15+ tab Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6- d-14 15+ tab Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relaten, Ketoprofen, Anaprox) Thiazide diuretic	Days/week: 1 2–3 4–5 6+ days	
Days/week: 1 2-3 4-5 6-t days Total tabs/wk: 1-2 3-5 6-14 15+ tab Aspirin or aspirin-containing products (325 mg/tablet or more) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Celebrex, Vloxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other anti-inflammethory et al., Vasotec, Zestril) Other antihypertensive (e.g., Josartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Minor trangulizers (e.g., Valium, Xanax, Alivan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevaid No regular medication St this your correct date of birth? Yes No Winor trangilizers (e.g., Valium, Xanax, Alivan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevaid No regular medication St this your correct date of birth? Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since of the day? No Yes No Winor trangiorillers or surgery since or depressed for most of the day? No Yes No Winor trangiorillers or surgery since or depressed for most of the day? No Yes No Winor trangiorillers or surgery since or depressed	Total tabs/wk: 1–2 3–5 6–14 15+ tab	Gallstones \bigcirc
Total tabs/wk: 1-2 3-5 6-14 15+ tab Aspirin or aspirin-containing products (325 m/glablet or more) Daps/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6-14 15+ tab lbuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6- days Total tabs/wk: 1-2 3-5 6-14 15+ tab celebrex, Vicxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6- days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic	"Baby" or low dose aspirin (100 mg/tablet or less)	→ Did you have symptoms? ○ No ○ Yes
Aspirin or aspirin-containing products (325 mg/tablet or more) Days/week: 1 2-3 4-5 6-t days Total tabs/wk: 1-2 3-5 6-14 15+ tab bluprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Celebrex, Vioxx or Bextra (COX-2 Inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., Iosartan, doxazosin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavii, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication s this your correct date of birth? Yes No The past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? No The past 10 years, how many times have you donated or blood? None None None None None	Days/week: 1 2–3 4–5 6+ days	How diagnosed? X-ray or ultrasound Other
Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Celebrex, Vioxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic	Total tabs/wk: 1–2 3–5 6–14 15+ tab	Cholecystectomy
Total tabs/wk: 1-2 3-5 6-14 15+ tab Days/week: 1 2-3 4-5 6+ days Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Celebrex, Vioxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other anti-inflypertensive (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., Iosarian, doxazosin) "Statrin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranii, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Jantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication Sthis your correct date of birth? Vear Ve	Aspirin or aspirin-containing products (325 mg/tablet or more)	Diabetes mellitus
Ibuprofen (e.g., Advil, Motrin, Nuprin) Days/week:	Days/week: 1 2–3 4–5 6+ days	Elevated cholesterol
Days/week: 1 2-3 4-5 6+ days Total tabs/wk: 1-2 3-5 6-14 15+ tab Celebrex, Vioxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., Iosartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication Is this your correct date of birth? Yes If no, please write correct date. No write correct date. No megular medication In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? No yes In the past 10 years, how many times have you donated to blood? None 1 or 2 3-5 6-9 Confirmed by ultrasourd? No Yes Uterine fibroids—1st diagnosis Uterine fibroids—1st diagnosis Uterine fibroids—1st diagnosis Confirmed by ultrasourd? No Yes Uterine fibroids—1st diagnosis Confirmed by place cann? No Yes Uterine fibroids—1st diagnosis Confirmed by ultrasourd? No Yes Multiple sclerosis Asthma, doctor diagnosed Fmphysema/Chronic Bronchitis Drox Pneumonia, x-ray confirmed Thyorid nodule (benign) Graves' Disease/Hyperthyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, Doctor Dx Thiarier (and the provided previous diagnosed of the day? No Yes In the past two years, have you delt sad, blue or depressed for most of the day? No Yes Thiarier (and the provided previous diagnosed of the day o	Total tabs/wk: 1–2 3–5 6–14 15+ tab	High blood pressure
Total tabs/wk: 1-2 3-5 6-14 15+ tab Celebrex, Vioxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Capoten, Vasotec, Zestrii) Other antihypertensive (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestrii) Other antihypertensive (e.g., Inderal, Lopressor, Tenormin, Corgard) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) Mior tranquilizers (e.g., Valium, Xanax, Ativan, Librium) No regular medication Is this your correct date of birth? Yes If no, please write correct date. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day? No Yes In the past 10 years, how many times have you donated blood? None 1 or 2 3-5 6-9	Ubuprofen (e.g., Advil, Motrin, Nuprin)	Endometriosis—1st diagnosis
Celebrex, Vioxx or Bextra (COX-2 inhibitors) Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other anti-hypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication s this your correct date of birth? Yes If no, please write correct date. No write correct date. No write correct date. No meany temes have you had two weeks or or onger when nearly every day you felt sad, blue or depressed for most of the day? No Yes In the past 10 years, how many times have you donated blood? None 1 or 2 3-5 6-9	Days/week: 1 2–3 4–5 6+ days	Confirmed by laparoscopy? O No Yes
Days/week: 1 2-3 4-5 6+ days Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., Iosartan, doxazosin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Steroids taken orally (e.g., Ialviii, Tofranii, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication In the past two years, have you had two weeks or or onger when nearly every day you felt sad, blue or depressed for most of the day? No Worth Today (No Yes Confirmed by ultrasound/ No Yes Nultriple sclerosis Multiple sclerosi	Total tabs/wk: 1–2 3–5 6–14 15+ tab	Uterine fibroids—1st diagnosis
Days Week. College Co	Celebrex, Vioxx or Bextra (COX-2 inhibitors)	
(e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox) Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication Is this your correct date of birth? Yes No With Day Vear In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day? No Yes In the past 10 years, how many times have you donated blood? None 1 or 2 3-5 6-9	Days/week: 1 2–3 4–5 6+ days	
Thiazide diuretic Lasix Potassium Calcium blocker (e.g., Calan, Procardia, Cardizem) Betat-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., Iosartan, doxazosin) Steroids taken orally (e.g., Prevachol, Lovastatin) Steroids taken orally (e.g., Prevachol, Lovastatin) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavii, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication Is this your correct date of birth? Yes If no, please write correct date. Multiple sclerosis Asthma, doctor diagnosed Fmphysema/Chronic Bronchitis DrDx Pneumonia, x-ray confirmed Graves' Disease/Hyperthyroidism Thyroid nodule (benign) Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, Doctor Dx Rheumatoid arthritis Depression, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since June 2001 Please specify: Date: Other major illness or surgery since	Other anti-inflammatory analgesics, 2+ times/week	Premenstrual syndrome (PMS)
Calcium blocker (e.g., Calan, Procardia, Cardizem) Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) No regular medication Sthis your correct date of birth? Yes No If no, please write correct date. MONTH DAY YEAR In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? No depressed for most of the day? No Yes In the past 10 years, how many times have you donated plood? None 1 or 2 3-5 6-9	(e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)	Kidney stones
Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) No regular medication Is this your correct date of birth? Yes No If no, please write correct date. No yes In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day? No None 1 or 2 3-5 6-9	○ Thiazide diuretic ○ Lasix ○ Potassium	Multiple sclerosis
ACE Inhibitors (e.g., Capoten, Vasotec, Zestril) Other antihypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) No regular medication sthis your correct date of birth? Yes No write correct date. MONTH DAY VEAR 16 Olood? None 1 or 2 3-5 6-9 Peumonia, x-ray confirmed Olooxaves' Disease/Hyperthyroidism Y Stroids taken orally (e.g., Prednisone, Decadron, Medrol) Graves' Disease/Hyperthyroidism Y Stroid nodule (benign) Gout SLE (systemic lupus) No SLE (systemic lupus) Pheumonia, x-ray confirmed Orisease/Hyperthyroidism Thyroid nodule (benign) Oout SLE (systemic lupus) No The under in the past in the past two years, have you had two weeks or or onger when nearly every day you felt sad, blue or depressed for most of the day? No None 1 or 2 3-5 6-9	Calcium blocker (e.g., Calan, Procardia, Cardizem)	Asthma, doctor diagnosed
Other antihypertensive (e.g., losartan, doxazosin) "Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication st this your correct date of birth? Yes If no, please No write correct date. MONTH DAY YEAR In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? No yes In the past 10 years, how many times have you donated plood? None 1 or 2 3-5 6-9	Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)	Emphysema/Chronic Bronchitis DrDx
"Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin) Steroids taken orally (e.g., Prednisone, Decadron, Medrol) Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) No regular medication s this your correct date of birth? Yes No If no, please write correct date. Month Day YEAR In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? n the past 10 years, how many times have you donated blood? None 1 or 2 3-5 6-9	ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)	Pneumonia, x-ray confirmed
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Insulin Oral hypoglycemic medication Prozac Zoloft Paxil Celexa Other antidepressants (e.g., Elavil, Tofranil, Pamelor) Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium) H2 blocker (e.g., Zantac, Pepcid) Nexium, Prilosec or Prevacid No regular medication Is this your correct date of birth? If no, please write correct date. In the past two years, have you had two weeks or onger when nearly every day you felt sad, blue or depressed for most of the day? In the past 10 years, how many times have you donated blood? None 1 or 2 3-5 6-9 Gout SLE (systemic lupus) Rheumatoid arthritis, Doctor Dx When the past in the past in the past in the past two years, how many times have you donated onlood? None 1 or 2 3-5 6-9	"Statin" (e.g., Zocor, Lipitor, Pravachol, Lovastatin)	Hypothyroidism Y • O
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Comparison Continue Continue Carlic Supplements Carlic Supplem	() Vitam											
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Artificially sweetened or plain (1 cup) Yogurt Artificially sweetened or plain (1 cup) Sweetened-with fruit or other flavoring (1 cup) Margarine (pat), added to food or bread; exclude use in cooking Butter (pat), added to food or bread; exclude use in cooking Cottage or ricotta cheese (1/2 cup) Cream cheese (1 oz.) Other cheese, e.g., American, cheddar, etc., plain or	21. How many tease each day? 22. What brand and cereal do you us 23. What form of many tease each day? 24. For each food lison average you the past year.	zyme Q10 Fisheng St. poons of sugar do yo type of cold breakfasually eat? Don't e breakfasually eat? Light argarine do you usua ? Stick Tub ? Reg Light sted, fill in the circle i have used the amour DAIR) Milk (8 oz. glass) Cream, e.g., coffee, w Non-dairy coffee white	n Oil Glu John's Wort Ch u add to your bever st Specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter nt specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs)	vecosamine nondroitin rages or food y cereal brand & ty Squeeze (liquid) Nonfat Never, or less the once per monitoring per m	What spe (e.g., Blu	ecific brae Bonner RAGE 1 per week W W W W W W	tsp.	De of mar Fat Spr	1 (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
Yogurt Sweetened-with fruit or other flavoring (1 cup)	at you take n a regular asis? Coen asis? Ginse 1. How many teas each day? 2. What brand and cereal do you us 3. What form of many Type? 4. For each food liage on average you the past year.	zyme Q10 Fisheng St. poons of sugar do yo type of cold breakfas sually eat? Don't e breakfas argarine do you usua ? Stick Tub ' Reg Light sted, fill in the circle i have used the amour DAIRY Milk (8 oz. glass) Cream, e.g., coffee, w Non-dairy coffee white Frozen yogurt, sherbe	st Specify eat cold ast cereal. Illy use? Stantial Specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter nt specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (vecosamine nondroitin rages or food y cereal brand & ty Squeeze (liquid) Nonfat Never, or less the once per monitoring per m	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W	tsp.	De of mar Fat Spr	1 (2 (argarine ead)? TYE per day D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
Sweetened-with fruit or other flavoring (1 cup)	and you take no a regular asis? Ginse asis? Ginse asis? Ginse ach day? 21. How many teas each day? 22. What brand and cereal do you us 23. What form of many form and form a form a form average you the past year.	zyme Q10 Fisheng St. poons of sugar do you type of cold breakfas sually eat? Don't e breakfas argarine do you usua ? Stick Tub ' Reg Light sted, fill in the circle i have used the amour DAIRY Milk (8 oz. glass) Cream, e.g., coffee, w Non-dairy coffee white Frozen yogurt, sherbe Regular ice cream (1 cr	st Specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter nt specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up)	vicosamine nondroitin rages or food y cereal brand & ty Squeeze (liquid) Nonfat Never, or less the once per monitorial (1 Tbs) (1 Cup)	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W	tsp.	De of mar Fat Spr	1 (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
Second	at you take n a regular asis? Ginse 21. How many teas each day? 22. What brand and cereal do you us 23. What form of many teas for m	zyme Q10 Fisheng St. poons of sugar do yo type of cold breakfas sually eat? Don't e breakfa argarine do you usua ? Stick Tub ? Reg Light sted, fill in the circle i have used the amour DAIRY Milk (8 oz. glass) Cream, e.g., coffee, w Non-dairy coffee white Frozen yogurt, sherbe Regular ice cream (1 cu Artificially sw	st Specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter nt specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up)	vicosamine nondroitin rages or food y cereal brand & ty Squeeze (liquid) Nonfat Never, or less the once per monitorial (1 Tbs) (1 Cup)	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	T YEA 1 per day D D D D D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
use in cooking W D 1 1 1 1 1 1 1 1 Cottage or ricotta cheese (1/2 cup) W D 2 2 2 2 2 2 2 2 2 2 4 4 4 4 4 4 4 4 4 4	21. How many tease each day? 22. What brand and cereal do you us 23. What form of many tease each day? 24. For each food list on average you the past year.	zyme Q10 Fisheng St. poons of sugar do you type of cold breakfasually eat? Don't e breakfasually eat.	st specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter nt specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up) veetened or plain (1 cup)	Never, or less the once per monitor. (1 Tbs)	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	T YEA 1 per day D D D D D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21. How many tease each day? 22. What brand and cereal do you use 23. What form of many tease each day. 24. For each food lie on average you the past year.	zyme Q10 Fisheng St. poons of sugar do you type of cold breakfasually eat? Don't e breakfasually eat? Stick Tub Reg Light Sted, fill in the circle i have used the amour DAIR) Milk (8 oz. glass) Cream, e.g., coffee, w Non-dairy coffee whith Frozen yogurt, sherbe Regular ice cream (1 cm yogurt Sweetened-Margarine (pat), added	st Specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter out specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Whole milk Soy milk vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up) weetened or plain (1 cup) with fruit or other flavorir	Never, or less the once per monitor. Never, or less the once per monitor. (1 Tbs) (1 cup)	What spe (e.g., Blu	ecific brae Bonne RAGE 1 per week W W W W W W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	1 YEA 1 per day D D D D D D D D D D D D D D D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21. How many tease each day? 22. What brand and cereal do you use 23. What form of many tease each day. 24. For each food lison average you the past year.	type of cold breakfasually eat? Don't e breakfasually eat? Stick Tub Reg Light Sted, fill in the circle is have used the amour DAIRY Milk (8 oz. glass) Cream, e.g., coffee, wonder the company coffee white frozen yogurt, sherbed Regular ice cream (1 cut) Regular ice cream (1 cut) Artificially swo Sweetened-Margarine (pat), added to Better (pat), added to general state of the cooking Butter (pat), added to	st specify eat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter ont specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Whole milk Soy milk vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up) veetened or plain (1 cup) with fruit or other flavorir d to food or bread; excl	Never, or less thonce per monitority (1 Tbs) (1 Tup) (1 cup) (1 cup)	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	1 (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
Other cheese, e.g., American, cheddar, etc., plain or	21. How many teas each day? 22. What brand and cereal do you us 23. What form of many teas each day? 24. For each food lie on average you the past year.	zyme Q10 Fisheng St. poons of sugar do you type of cold breakfasually eat? Don't e breakfasually eat? Stick Tub Margarine do you usual e breakfasually eat? Don't e breakfasually eat. Don't e breakfasually eat	st seat cold ast cereal. Illy use? Spray Extra Light Indicating how ofter on the specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Whole milk Soy milk Vhipped or sour cream (ener (1 Tbs) et or non-fat ice cream (up) Weetened or plain (1 cup) Wetened or bread; exclude	Never, or less thonce per monitority (1 Tbs) (1 Tup) (1 cup) (1 cup)	What spe (e.g., Blu	C Supplopene C	tsp.	De of mar Fat Spr	1 (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
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	21. How many tease each day? 22. What brand and cereal do you us 23. What form of many tease each food lie on average you the past year. 24. For each food lie on average you the past year.	zyme Q10 Fisheng St. poons of sugar do you type of cold breakfasually eat? Don't esteakfasually eat. Don't esteakfasually	st specify specify specify specify specify spray Spray Extra Light sindicating how often the specified during specified during specified during specified during specified speci	Never, or less the once per montal (1 Tbs) (1 Tup) (1 Tup)	What spe (e.g., Blu	ecific brae e Bonne RAGE 1 per week W W W W W W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	T YEA 1 per day D D D D D D D D D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+
	at you take n a regular asis? Ginse cach day? 21. How many teas each day? 22. What brand and cereal do you use. Form Type? 24. For each food lison average you the past year. 24. For each food lison average you the past year.	cyme Q10 Fishers St. St. Spoons of sugar do you type of cold breakfasts sually eat? Don't est breakfasts argarine do you usua? Stick Tub Reg Light sted, fill in the circle is have used the amour DAIRY Milk (8 oz. glass) Cream, e.g., coffee, w. Non-dairy coffee white Frozen yogurt, sherbee Regular ice cream (1 cm Sweetened- Margarine (pat), added to use in cooking Butter (pat), added to use in cooking Cottage or ricotta chee Cream cheese (1 oz.) Other cheese, e.g., Ar as part of a dish (1 slice	st eat cold ast cereal. Illy use? Spray Extra Light Indicating how often the specified during Y FOODS Skim milk 1 or 2 % milk Whole milk Soy milk Whole milk Soy milk Thipped or sour cream (ener (1 Tbs) For or non-fat ice cream (up) Weetened or plain (1 cup) Weetened or bread; exclude Food or bread; exclude	Never, or less tronce per montal (1 Tbs) (1 Tup) (1 cup) (1 cup) (2 cup) (3 cup) (4 cup) (5 cup) (6 cup)	AVEF In an In 3 per month O O O O O O O O O O O O O O O O O O O	ecific brae e Bonne RAGE 1 per week W W W W W W W W W W W W W W W W W W	tsp.	De of mar Fat Spr	T YEA 1 per day D D D D D D D D D D D D D	3 (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4-5	6+

24. For each food listed, fill in the circle indicating how often on average you have used the

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

	than once per month	per month	per week	per week	per week	per day	per day	per day	6+ per day
k)			w	0		D	0	0	
	0	0	w	0	0	D	0	0	
p)			w	0		D	0	0	
		0	W	0	0	D	0	0	
			(W)			(D)			
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Calcium fortified			\sim			$\overline{}$			
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iit juice (giass)			\sim						
or conned (1/0)			\sim			$\overline{}$			
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(1 fresh, or 1/2 cup canned	1	0	\sim	0	5.0		0	0	
ADIES	than once	per	per	per	per	per	per	per	6+ pei
	per month	month		week	week		day	day	day
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oy protein		0	\sim	0	0	\sim	0	0	
	0	0	\sim	0	0	$\overline{}$	0	0	C
	0	0	\sim	0	0	(D)	0	0	C
p fresh, frozen, canned)		0	(w)	0	0	$\overline{}$	0	0	
		0	W	0	0	D	0	0	
		0	w	0	0	D	0	0	
cup)			W			D			
			w			D	0		
2–4 sticks)		0	W	0	0	D	0	0	
or carrot juice (2-3 oz.)		0	W	0	0	D	0	0	
en or canned)		0	W	0		D	0	0	
vegetable soup (1/2 cup)		0	W	0	0	D	0	0	
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ices or 1/4 nennor			\sim			\sim			
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,			\sim			\sim			
gs or soup (1 onion)			w			(0)			
	Never or loss	1. 2	1	2. 4	5.6	1	2. 2	1. 5	6+
EAT ETC	than once	per	per	per	per	per	per	per	pe
	per month	month		week	week	day	day	day	day
only (1/4 cup or 1 egg)			(w)		()	(D)			
	ABLES small tomato) glass) g., spaghetti sauce ce (1/4 cup) oy protein dried (1/2 cup) p fresh, frozen, canned) cup) 2–4 sticks) or carrot juice (2–3 oz.) en or canned) vegetable soup (1/2 cup) // 2 cup) sh (1/2 cup) r summer squash (1/2 cup) nard (1/2 cup) serving) erving) ces or 1/4 pepper) salad (1 slice) gs or soup (1 onion)	than once per month k) Calcium fortified Regular (not fortified) it juice (glass) or canned (1/2 cup) or presh, frozen, canned) cup) cup	than once per month month (k) pp) Calcium fortified Regular (not fortified) Init juice (glass) Or canned (1/2 cup) In canne	than once per month week (x)	than once per month per week week week week week week week we	Trs	than nonce per month month week week week week week week week wee	than once per month (k)	than once per per per per per per per per per pe

	Never, or less than once	1–3 per	1 por	2–4	5–6 per	1 per	2-3 per	4–5	6+ por
EGGS, MEAT, ETC.	per month	month	per week	per week	week	day	day	per day	per day
Egg Beaters or egg whites only (1/4 cup or 1 egg)	0	0	W			D	0		
Eggs including yolk (1)	0	0	W			D	0		
Beef or pork hot dogs (1)	0	0	W			D	0		
Chicken or turkey hot dogs (1)	0	0	W			D	0		
Chicken/Turkey sandwich or frozen dinner	0	0	W			D	0		
Other chicken or turkey, with skin (3 oz.)	0	0	W			D	0		
Other chicken or turkey, without skin (3 oz.)	0	0	W			D	0		
Bacon (2 slices)		0	W			D			





Coffee with caffeine (8 oz. cup)

3/8" spine

					Pa	ge 6						NUF	RSES	ÿН	EA	LTF	H STU	JDY	<u> </u>
24. (continued	f) For ea	ch food listed, fill in th	e circle i	indicati	ng hov	v ofter	n on a	verage	you h	nave us	sed the	е	1	1	1	1	1 1	1	_
amount specified during the past year. No				s 1–3	1	2-4	5–6	1	2-3	4–5	6+		2	2	2	2	2 2	2	_
SWEETS, BAK	ED GOO	than once per month	per month	per week	per week	per week	per day	per day	per day	per day	P	4	4	4	4	4 4	4	-	
Chocolate (bar o	Chocolate (bar or packet) e.g., Hershey's, M & M's							D					8	8	8	8	8 8	8	-
Candy bars, e.g.	., Snicke	rs, Milky Way, Reese's			W	0	0	D		0	0		P	P	P	(P)	PP	P	-
	Candy without chocolate (1 oz.)					0	0	(D)		0	0								
,		ee or reduced fat	Ŏ	Ŏ	(W)	Ŏ	Ŏ	(D)	Ŏ	Ŏ	Ŏ		A	0	0	0	av rhu	0	0
Cookies (1)	Other	ready made/frozen doug	h	Ŏ	(W)			(D)						(1)	(1)	(1)r	mus ven	(1)	(1) =
(,		baked	Ŏ	Ŏ	(W)	Ŏ	Ŏ	(D)	Ŏ	Ŏ	Ŏ			2	(2)	2	rad pep	2	2
Brownies (1)			Ŏ	Ŏ	(W)			(D)				$\overline{\bigcirc}$		\simeq	(3)	\simeq	hrd pks	3	3
Doughnuts (1)			Ŏ	$\tilde{}$	(W)	$\overline{}$	$\overline{\bigcirc}$	(D)	Ŏ	Ŏ	$\overline{\bigcirc}$			4		\simeq	dap pkd	$1 \simeq$	\sim
Cake, ready made	de (slice)				(W)			(D)						5		\simeq	dat olv	$1 \simeq$	\sim
Cake, home bak	, ,		Ĭ	$\overline{}$	(W)	$\overline{}$		(D)	Ŏ	Ŏ	$\overline{}$			\simeq		\simeq 1	mgo slm	$1 \simeq$	\sim
Pie, homemade		<i>,</i>			(W)			(D)						\simeq	7	\simeq	mxf enr	$1 \simeq$	\sim
		syrup, or honey (1 Tbs)	\sim	$1 \overset{\sim}{\sim}$	(W)	$\overline{}$	$\overline{}$	(D)	$\overline{}$		$\overline{}$			\simeq	8	\simeq	pap en+	$1 \simeq$	\sim
Peanut butter (1		syrup, or noncy (1 163)			(W)			(D)						\simeq		\simeq	pnl pwb	$1 \simeq$	\sim
,	,	Fat free or light			(W)			(D)									- PIII)		
Popcorn (3 cups	s)	Regular			(W)			(D)											
Curact vall ==ff:	0.001:-	Fat free or reduced fat			(W)			(D)											
Sweet roll, coffe or other pastry	е саке				w			(D)					В						
(serving)		Other ready made			\sim								B	\simeq		\simeq 1	(av) (thu)	$1 \simeq$	\sim
· 0/	l la a ·	Home baked	18		W			D						\simeq		\simeq	mus ven	$1 \simeq$	\sim
Pretzels (1 small					w			D						\simeq	2	\simeq	rad pep	$1 \simeq$	\sim
Peanuts (small p	packet or	1 OZ.)	+	10	W			D		\bigcirc				\simeq	3	\simeq	hrd pks	$1 \simeq$	\sim
Walnuts (1 oz.)					W	\bigcirc	\bigcirc	D			\bigcirc			4	4	\simeq	dap pkd	$1 \simeq$	\sim
Other nuts (sma					W	0	0	D	0	0	0	\bigcirc		\simeq		\simeq 1	dat olv	$1 \simeq$	\sim
Oat bran, added		,			w	0	0	D	0	0	0			\simeq		\simeq	mgo slm	$1 \simeq$	\sim
		added to food (1 Tbs)	0	0	w	0	0	D	0	0	0			7	7	7	mxf enr	7	7
Wheat germ (1 T	Γbs)		0	0	W	0	0	D	0	0	0			8	8	8	pap en+	8	8
Chowder or crea	am soup	(1 cup)	0	0	w	0	0	D	0	0	0			9	9	9	pnl pwb	9	9
Ketchup or red	chili sauc	e (1 Tbs)			w	0	0	D	0	0	0								
Salt added at ta	ble (1 sh	ake)	0	0	W	0	0	D	0	0	0		C						
Nutrasweet or E	qual (1 p	acket) NOT Sweet 'N Lov	w O		W	0	0	D	0	0	0			0	0	0	av rhu	0	0
Garlic (1 clove o	r 4 shake	es)			w	0	0	D	0	0	0			1	1	1	mus ven	1	1
Olive oil added t	to other f	ood or bread (1 Tbs)			W			D						2	2	2	rad pep	2	2
Low-fat or fat-fre	ee mayo	nnaise (1 Tbs)			W			D	\circ	\circ				3	3	3	hrd pks	3	3
Regular mayonn	naise (1 T	bs)			w	0		D						4	4	4	dap pkd	4	4
Salad dressing (2 Tbs)				w			D						5	5	5	dat olv	5	5
Type of sa	alad dres	ssing: Nonfat (Low-fa	at (Olive	e oil	(Othe	er vege	table o	il		25	6	6	6	mgo slm	6	6
25. Liver: beef	, calf or	pork (4 oz.) Never	O Les	ss than 1	1/mo	<u> </u>	/mo	O 2	2-3/mo	<u> </u>	/week o	or more	A	7	7	7	mxf enr	7	7
Liver: chic	ken or t	urkey (1 oz.) Never	O Les	ss than 1	1/mo	O 1	/mo	\bigcirc 2	2-3/mo	O 1	/week o	or more	B	8	8	8	pap en+	8	8
26. How muc	h of the	visible fat on your b	eef, por	k or la	mb do	you ı	emov	e bef	ore ea	iting?			26	9	9	9	pnl pwb	9	9
Remove	all visib	le fat Remove most	Re	move sn	nall pai	rt of fat	. O F	Remove	e none		on't ea	at meat							
27. How ofter	n do yo	u eat food fried, stir-1	fried or	sautée	d at h	ome?							27				OLV	0	0
○ Never	Le	ss than once a week (Once	per weel	k (2-4	times/\	vk (5–6	times/\	vk (Daily	,				CAN	1	1
28. What kind	of fat	is usually used for fry	ing and	sauté	ing at	home	? (Any	"Pam"	-type s	pray		28				COF	2	2
Real bu		Margarine Oliv	_	O Vege	-		Vege	etable s	shorter	ning	Ĺ	ard					SOY	3	3
29. What kind	of fat	is usually used for ba											29				VEG	4	4
Real bu		Margarine Oliv	•	○ Vege		oil (Vege	etable s	shorter	nina	\bigcirc L	ard						5	5
		king oil is usually us					J 1-31			9			30					$1 \simeq$	6
(e.g., Maz					_													$1 \simeq$	7
		u eat deep fried chicl			n or	clame	away	from	home	2			31)					$1 \simeq$	8
Never		ss than once a week		3 times p	-				es per			Daily						\sim	9
		our noon and evening									ially n		_	neo!	6)		32	+	
Almost		our noon and evening			_					milero	лану р	epare	eu II	ıcal	ارد.		32		
			50%		75%	ds that) Almo		ningo									
Are there	any oth دما at اعد	ner important foods t <u>ist once per week</u> ?	nat you			ast once				rvings week	3)								
Include for e	example:	Avocado, mushrooms, bul		(a)															
couscous, ra	adish, ho	rseradish, dried apricots, c	lates,																
venison, hot	, mixea a : peppers	ried fruit, papaya, rhubarb, , pickles, olives, SlimFast,	Ensure	(b)															
(regular, plus	s or light)	, Power/Sports bars.		(0)															
(Do not inclu	ıde dry sı	oices.)		(c)															