Dear Colleague:

Thank you for your continued collaboration in the Nurses' Health Study. It is now 14 years since you completed the first Nurses' Health Study questionnaire in 1976. On behalf of our research group I am most grateful for the detailed information you have provided over these years. Your participation and that of over 120,000 other R.N.s has made this study the largest prospective investigation specifically directed to the health of women. Whether or not you are still active in nursing, your continued participation is extremely valuable to our further understanding of factors influencing the health of women.

Over the past year we have had some exciting developments that indicate the increasing value of the study as time goes on. During this year we have, thus far, received blood samples from over 20,000 NHS participants. These samples have all been separated and frozen and stored and will provide valuable information on the relations between hormone levels and subsequent development of disease.

In the past year we have reported that past use of oral contraceptives is not related to risk of breast cancer, although we did observe a small increase in risk among current users. This has led to our developing a new cohort of women mostly under age 40 to determine how important this risk is. We have also reported that obesity is associated with increased risk of coronary heart disease, and gallstones and that risk of noninsulin-dependent diabetes rises with weight such that even women of average weight are at increased risk compared to leaner women. In contrast, with regard to breast cancer, we detected no important association between body weight and risk of breast cancer.

We are also expanding our efforts in other chronic conditions such as risk factors for osteoporosis and eye disease as well as diabetes, chronic obstructive pulmonary disease, and cardiovascular disease.

Please complete and return the enclosed questionnaire at your earliest convenience. As always, information will be kept strictly confidential and used for medical statistical purposes only. Again, I would like to express my deepest gratitude for the contribution you have made to this study. Already this has yielded much useful information, and we are confident that findings during the next several years will provide further important guidance for maintaining optimal health.

Sincerely,

Frank E. Speizer, M.D.
Principal Investigator

1. JNCI 1989; 81: 1313-21
5. JAMA 1989; 252: 2963-6
INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1988, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so it is important that you make NO STRAY MARKS and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Write your weight in the boxes . . . and fill in the circle corresponding to the figure at the head of each column.

EXAMPLE 2: Keep handwriting within borders of the response box.

EXAMPLE 3: Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

Thank you for completing the 1990 Nurses' Health Study Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.
1. CURRENT
WEIGHT (lbs.)

```
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
1 0 0
```

2. Have your menstrual periods ceased permanently?

- Yes: No menstrual periods
- Yes: Had menopause but now have periods induced by hormones
- No: Premenopausal
- Not sure

3. Since June 1988, have you used female hormones (other than oral contraceptives)?
   - Yes
   - No

   a) Are you currently using them?
   - Yes, currently
   - No, not currently

   b) How many months have you used them during the 24-month period between June 1988 and June 1990?
   - 1-4 mo.
   - 5-9
   - 10-14
   - 15-19
   - 20-24 months

4. Do you currently smoke cigarettes?
   - Yes
   - No

   a) How many per day?
   - 1-4
   - 5-14
   - 15-24
   - 25-34
   - 35-44
   - 45 or more

   b) What specific brand do you smoke?
   Specify exact brand and type.

   (e.g. "Marlboro Lights 100s")

5. On average, how many hours per week do you spend:
   - Walking or hiking outdoors (include walking to work)
   - Standing or walking around at work or away from home?
   - Standing or walking around at home?
   - Sitting at work or away from home or while driving?
   - Sitting at home?

   Walking or hiking outdoors:
   - Less than 1/2 hr.
   - 1/2-1 hr.
   - 1-2 hr.
   - 2-3 hr.
   - 3-4 hr.
   - 4-5 hr.
   - 5-6 hr.
   - 6-7 hr.
   - 7-8 hr.
   - 8-9 hr.
   - 9-10 hr.
   - 10-11 hr.
   - 11-12 hr.
   - 12-13 hr.
   - 13-14 hr.
   - 14-15 hr.
   - 15-16 hr.
   - 16-17 hr.
   - 17-18 hr.
   - 18-19 hr.
   - 19-20 hr.
   - 20-21 hr.
   - 21-22 hr.
   - 22-23 hr.
   - 23-24 hr.
   - 24 or more

   Standing or walking around at work or away from home:
   - Less than 1/2 hr.
   - 1/2-1 hr.
   - 1-2 hr.
   - 2-3 hr.
   - 3-4 hr.
   - 4-5 hr.
   - 5-6 hr.
   - 6-7 hr.
   - 7-8 hr.
   - 8-9 hr.
   - 9-10 hr.
   - 10-11 hr.
   - 11-12 hr.
   - 12-13 hr.
   - 13-14 hr.
   - 14-15 hr.
   - 15-16 hr.
   - 16-17 hr.
   - 17-18 hr.
   - 18-19 hr.
   - 19-20 hr.
   - 20-21 hr.
   - 21-22 hr.
   - 22-23 hr.
   - 23-24 hr.
   - 24 or more

   Standing or walking around at home:
   - Less than 1/2 hr.
   - 1/2-1 hr.
   - 1-2 hr.
   - 2-3 hr.
   - 3-4 hr.
   - 4-5 hr.
   - 5-6 hr.
   - 6-7 hr.
   - 7-8 hr.
   - 8-9 hr.
   - 9-10 hr.
   - 10-11 hr.
   - 11-12 hr.
   - 12-13 hr.
   - 13-14 hr.
   - 14-15 hr.
   - 15-16 hr.
   - 16-17 hr.
   - 17-18 hr.
   - 18-19 hr.
   - 19-20 hr.
   - 20-21 hr.
   - 21-22 hr.
   - 22-23 hr.
   - 23-24 hr.
   - 24 or more

   Sitting at work or away from home or while driving:
   - Less than 1/2 hr.
   - 1/2-1 hr.
   - 1-2 hr.
   - 2-3 hr.
   - 3-4 hr.
   - 4-5 hr.
   - 5-6 hr.
   - 6-7 hr.
   - 7-8 hr.
   - 8-9 hr.
   - 9-10 hr.
   - 10-11 hr.
   - 11-12 hr.
   - 12-13 hr.
   - 13-14 hr.
   - 14-15 hr.
   - 15-16 hr.
   - 16-17 hr.
   - 17-18 hr.
   - 18-19 hr.
   - 19-20 hr.
   - 20-21 hr.
   - 21-22 hr.
   - 22-23 hr.
   - 23-24 hr.
   - 24 or more

   Sitting at home:
   - Less than 1/2 hr.
   - 1/2-1 hr.
   - 1-2 hr.
   - 2-3 hr.
   - 3-4 hr.
   - 4-5 hr.
   - 5-6 hr.
   - 6-7 hr.
   - 7-8 hr.
   - 8-9 hr.
   - 9-10 hr.
   - 10-11 hr.
   - 11-12 hr.
   - 12-13 hr.
   - 13-14 hr.
   - 14-15 hr.
   - 15-16 hr.
   - 16-17 hr.
   - 17-18 hr.
   - 18-19 hr.
   - 19-20 hr.
   - 20-21 hr.
   - 21-22 hr.
   - 22-23 hr.
   - 23-24 hr.
   - 24 or more

6. What is your usual walking pace outdoors?
   - Easy, casual (less than 2 mph)
   - Normal, average (2.2-2.9 mph)
   - brisk pace (3-3.9 mph)
   - Very brisk/striding (4 mph or faster)
   - Unable to walk

7. How many flights of stairs (not individual steps) do you climb daily?
   - 2 flights or less
   - 3-4
   - 5-9
   - 10-14
   - 15 or more flights

8. Have you ever had a colonoscopy or sigmoidoscopy?
   - Yes
   - No

   a) When did you have your FIRST colonoscopy or sigmoidoscopy?
   - Before 1980
   - 1980-83
   - 1984-85
   - 1986
   - 1987
   - 1988
   - 1989
   - 1990 or later

   b) Why did you have the FIRST colonoscopy or sigmoidoscopy? (mark all that apply)
   - Visible blood in stool
   - Positive test for occult fecal blood
   - Abdominal pain
   - Diarrhea or constipation
   - Family history of colon cancer
   - Routine screening (no symptoms)

   c) When did you have your most recent colonoscopy or sigmoidoscopy?
   - Before 1980
   - 1980-83
   - 1984-85
   - 1986
   - 1987
   - 1988
   - 1989
   - 1990 or later
9. Is this your correct date of birth? 
- Yes
- No

If no, please write correct date.

MONTH / DAY / YEAR

10. Since June 1988 have you had any of these physician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1</th>
<th>June 88 to May 90</th>
<th>After June 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Hospitalized for MI?                         | Yes
|                                             |               |                   |              |
| Angina pectoris                              |               |                   |              |
| Confirmed by angiogram or stress test?       | Yes
|                                             |               |                   |              |
| Coronary bypass or angioplasty               |               |                   |              |
| Stroke (CVA)                                 |               |                   |              |
| Peripheral artery disease or claudication of legs |         |                   |              |
| Was this confirmed by angiogram or surgery? | Yes
|                                             |               |                   |              |
| Pulmonary embolus                            |               |                   |              |
| Fibrocystic/other benign breast disease       |               |                   |              |
| Confirmed by breast biopsy?                  | Yes
|                                             |               |                   |              |
| Breast cancer                                |               |                   |              |
| Cancer of the cervix (include in-situ)        |               |                   |              |
| Cancer of the uterus (endometrium)           |               |                   |              |
| Cancer of the ovary                          |               |                   |              |
| Colon or rectal polyp (benign)               |               |                   |              |
| Cancer of the colon or rectum                |               |                   |              |
| Cancer of the lung                           |               |                   |              |
| Melanoma                                     |               |                   |              |
| Basal cell skin cancer                       |               |                   |              |
| Squamous cell skin cancer                    |               |                   |              |
| Other cancer                                 |               |                   |              |
| Specify site of other cancer                 |               |                   |              |
| Fracture of hip or forearm                   |               |                   |              |
| Please specify site and circumstances on a separate sheet |   |                   |              |
| Rheumatoid arthritis, Doctor diagnosed       |               |                   |              |
| Rheumatoid factor                           | Negative/Unknown
|                                             | Positive       |                   |              |
| Other arthritis                              |               |                   |              |
| Osteoporosis                                 |               |                   |              |
| Cholecystectomy                              |               |                   |              |
| Gastric or duodenal ulcer                   |               |                   |              |
| Glaucoma                                     |               |                   |              |
| Macular degeneration of retina               |               |                   |              |
| Cataract extraction                          |               |                   |              |
| Asthma, Doctor diagnosed                     |               |                   |              |
| Emphysema, Doctor diagnosed                  |               |                   |              |
| Chronic bronchitis, Doctor diagnosed         |               |                   |              |
| Vertebral fracture, X-ray confirmed          |               |                   |              |
| Hip replacement                              |               |                   |              |
| Other major illness or surgery since June 1988 |               |                   |              |

11. Have you ever had any of these illnesses?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterine fibroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid artery surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIA (Transient Ischemic Attack)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic kidney failure (requiring dialysis or transplant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Do you have difficulty with your balance?

- No
- Yes

13. In how many months did you practice breast self-examination in the past year?

- None
- One
- 2-3
- 4-6
- 7-11
- 12

14. In the past 2 years have you had:

- A physical exam?
- A rectal exam?
- Stool occult blood exam?
- Mammogram?
- Breast exam by clinician?
- Exam by eye doctor?

15. How often do you usually have a bimanual pelvic exam?

- Every
- 2 years
- 3 years
- 4-5 years
- 5+ years

16. Your resting pulse rate: (please take after sitting for 5 min.)

- <55/min
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85-89
- 90-99
- 100 or more

17. Your Serum Cholesterol (if checked within 5 years):

- Unknown/Not checked within 5 years
- <140 mg/dl
- 140-159
- 160-179
- 180-199
- 200-219
- 220-239
- 240-269
- 270-299
- 300-329
- 330+ mg/dl

18. Current usual blood pressure

- (if checked within 2 years):
  - Systolic: Unknown/Not checked within 2 years
  - <120 mmHg
  - 120-129
  - 130-139
  - 140-149
  - 150-159
  - 160-179
  - 180-199
  - 200-209
  - 210-219
  - 220-229
  - 230-239
  - 240-249
  - 250-259
  - 260-269
  - 270-279
  - 280-289
  - 290-299
  - 300-309
  - 310-319
  - 320-329
  - 330-339
  - 340-349
  - 350-359
  - 360-369
  - 370-379
  - 380-389
  - 390-399
  - 400-409
  - 410-419
  - 420-429
  - 430-439
  - 440-449
  - 450-459
  - 460-469
  - 470-479
  - 480-489
  - 490-499
  - 500-509
  - 510-519
  - 520-529
  - 530-539
  - 540-549
  - 550-559
  - 560-569
  - 570-579
  - 580-589
  - 590-599
  - 600-609
  - 610-619
  - 620-629
  - 630-639
  - 640-649
  - 650-659
  - 660-669
  - 670-679
  - 680-689
  - 690-699
  - 700-709
  - 710-719
  - 720-729
  - 730-739
  - 740-749
  - 750-759
  - 760-769
  - 770-779
  - 780-789
  - 790-799
  - 800-809
  - 810-819
  - 820-829
  - 830-839
  - 840-849
  - 850-859
  - 860-869
  - 870-879
  - 880-889
  - 890-899
  - 900-909
  - 910-919
  - 920-929
  - 930-939
  - 940-949
  - 950-959
  - 960-969
  - 970-979
  - 980-989
  - 990-999
  - 1000 or more

- Diastolic: Unknown/Not checked within 2 years
- <85 mmHg
- 85-94
- 95-104
- 105+

19. On average, how many days each month do you take any of the following medications?

<table>
<thead>
<tr>
<th>Medication</th>
<th>1-4 Days</th>
<th>5-14 Days</th>
<th>15-21 Days</th>
<th>22 or More Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (e.g., Tylenol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin (e.g., Anacin, Bufferin, Midol, Aika-Seltzer, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other anti-inflammatory (e.g., Ibuprofen, Naprosyn, Advil)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE GO TO PAGE 3 AND BEGIN BY WRITING YOUR ID NUMBER.
25. Do you currently take multi-vitamins?
   - No
   - Yes → a) How many do you take per week?
     - 2 or less
     - 3 - 5
     - 6 - 9
     - 10 or more
   b) What specific brand do you usually use?

26. Not counting multi-vitamins, do you take any of the following preparations:
   a) Vitamin A
   - No
   - Yes, seasonal only → If Yes, Dose per day:
     - Less than 8,000 IU
     - 8,000 to 12,000 IU
     - 13,000 to 22,000 IU
     - 23,000 IU or more
   - Don't know
   b) Vitamin C
   - No
   - Yes, seasonal only → If Yes, Dose per day:
     - Less than 400 mg.
     - 400 to 700 mg.
     - 750 to 1,250 mg.
     - 1,300 mg or more
   - Don't know
   c) Vitamin B6
   - No
   - Yes → If Yes, Dose per day:
     - Less than 10 mg.
     - 10 to 19 mg.
     - 20 to 39 mg.
     - 40 to 79 mg.
     - 80 mg or more
   - Don't know
   d) Vitamin E
   - No
   - Yes → If Yes, Dose per day:
     - Less than 100 IU
     - 100 to 250 IU
     - 300 to 500 IU
     - 600 IU or more
   - Don't know
   e) Calcium
   - No
   - Yes (Include Calcium in Dolomite and Tunes, etc.) → If Yes, Dose per day:
     - Less than 400 mg.
     - 400 to 900 mg.
     - 901 to 1,300 mg.
     - 1,301 mg or more
   - Don't know
   f) Selenium
   - No
   - Yes → If Yes, Dose per day:
     - Less than 80 mcg.
     - 80 to 130 mcg.
     - 140 to 250 mcg.
     - 260 mcg or more
   - Don't know
   g) Iron
   - No
   - Yes → If Yes, Dose per day:
     - Less than 51 mg.
     - 51 to 200 mg.
     - 201 to 400 mg.
     - 401 mg or more
   - Don't know
   h) Zinc
   - No
   - Yes → If Yes, Dose per day:
     - Less than 25 mg.
     - 25 to 74 mg.
     - 75 to 100 mg.
     - 101 mg or more
   - Don't know
   i) Fish Oil
   - No
   - Yes → If Yes, Dose per day:
     - Less than 2,500 mg.
     - 2,500 to 4,999 mg.
     - 5,000 to 9,999 mg.
     - 10,000 mg or more
   - Don't know
   j) Are there other supplements that you take on a regular basis?
      - B-Complex Vitamins
      - Cod liver Oil
      - Brewer's Yeast
      - Iodine
      - Beta-Carotene
      - Vitamin D
      - Folic acid
      - Niacin
      - Copper
      - Magnesium
      - Other (please specify):

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

28. What kind of cold breakfast cereal do you usually eat?
   - Don't eat cold breakfast cereal

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

### DAIRY FOODS
- Skim or lowfat milk (8 oz. glass)
- Whole milk (8 oz. glass)
- Cream, e.g. coffee, whipped (Tbs)
- Sour cream (Tbs)
- Non-dairy coffee whitener (tsp.)
- Sherbet, ice milk or frozen yogurt (1/2 cup)
- Ice cream (1/2 cup)
- Yogurt (1 cup)
- Cottage or ricotta cheese (1/2 cup)
- Cream cheese (1 oz.)
- Other cheese, e.g. American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)
- Margarine (pat), added to food or bread: exclude use in cooking
- Butter (pat), added to food or bread: exclude use in cooking

29A. What form of margarine do you usually use?
   - None
   - Stick
   - Tub
   - 'Lite' stick
   - 'Lite' tub
   - Imitation (Low-Cal)

---

PLEASE TURN TO PAGE 4
29. (Continued) Please fill in your average 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 approximate 3 months that it is in season, then the average use would be once per week.

### FRUITS

<table>
<thead>
<tr>
<th>Food</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raisins (1 oz. or small pack) or grapes</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Prunes (1/2 cup or 7 fruit)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bananas (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cantaloupe (1/4 melon)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Watermelon (1 slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fresh apples or pears (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Applesauce (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Apple juice or cider (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oranges (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Orange juice (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Grapefruit (1/2)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Grapefruit juice (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other fruit juices (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Strawberries, fresh, frozen or canned (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Blueberries, fresh, frozen or canned (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peaches, apricots or plums (1 fresh, or 1/2 cup canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</table>

### VEGETABLES

<table>
<thead>
<tr>
<th>Food</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tomatoes (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Tomato juice (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Tomato sauce (1/2 cup) e.g. spaghetti sauce</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Red chili sauce</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Tofu or soybeans (3-4 oz)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>String beans (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Broccoli (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
</tr>
<tr>
<td>Cabbage or cole slaw (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Cauliflower (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Brussels sprouts (1/2 cup)</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Carrots, raw (1/2 carrot or 2-4 sticks)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Carrots, cooked (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Corn (1 ear or 1/2 cup frozen or canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Peas, or lima beans (1/2 cup fresh, frozen, canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Mixed vegetables (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Beans or lentils, baked or dried (1/2 cup)</td>
<td>O</td>
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<td>O</td>
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<td>O</td>
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<tr>
<td>Dark orange (winter) squash (1/2 cup)</td>
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<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>Eggplant, zucchini or other summer squash (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Yams or sweet potatoes (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Spinach, cooked (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Spinach, raw as in salad</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Kale, mustard or chard greens (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Iceberg or head lettuce (serving)</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Romaine or leaf lettuce (serving)</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Celery (4&quot; stick)</td>
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<td>O</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>Beets (1/2 cup)</td>
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<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Onions as a garnish (1 slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>Onions as a vegetable, rings or soup (1 onion)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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</tbody>
</table>

### EGGS, MEAT, ETC.

<table>
<thead>
<tr>
<th>Food</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chicken or turkey, with skin (4-6 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
</tr>
<tr>
<td>Chicken or turkey, without skin (4-6 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bacon (2 slices)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Hot dogs (1)</td>
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<td>O</td>
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<td>O</td>
<td>O</td>
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</table>
29. (Continued) Please fill in your average use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EGGS, MEATS ETC. (continued)</strong></td>
<td></td>
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<tr>
<td>Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)</td>
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<tr>
<td>Hamburger (1 patty)</td>
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</tr>
<tr>
<td>Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.</td>
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<tr>
<td>Pork as a main dish, e.g. ham or chops (4-6 oz.)</td>
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<tr>
<td>Beef or lamb as a main dish, e.g. steak, roast (4-6 oz.)</td>
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<td></td>
</tr>
<tr>
<td>Canned tuna fish (3-4 oz.)</td>
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<td></td>
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<tr>
<td>Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)</td>
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<td></td>
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<tr>
<td>Other fish (3-5 oz.)</td>
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</tr>
<tr>
<td>Shrimp, lobster, scallops as a main dish</td>
<td></td>
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</tr>
<tr>
<td><strong>BREADS, CEREALS, STARCHES</strong></td>
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<tr>
<td>Cold breakfast cereal (1 cup)</td>
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<tr>
<td>Cooked oatmeal/cooked oat bran (1 cup)</td>
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<tr>
<td>Other cooked breakfast cereal (1 cup)</td>
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<tr>
<td>White bread (slice), including pita bread</td>
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<td></td>
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<tr>
<td>Dark bread (slice), including wheat pita bread</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>English muffins, bagels, or rolls (1)</td>
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<tr>
<td>Muffins or biscuits (1)</td>
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<tr>
<td>Brown rice (1 cup)</td>
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<tr>
<td>White rice (1 cup)</td>
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<tr>
<td>Pasta, e.g. spaghetti, noodles, etc. (1 cup)</td>
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<tr>
<td>Other grains, e.g. bulgar, kasha, couscous, etc. (1 cup)</td>
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<td></td>
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<tr>
<td>Pancakes or waffles (serving)</td>
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<td></td>
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<tr>
<td>French fried potatoes (4 oz.)</td>
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<tr>
<td>Potatoes, baked boiled (1) or mashed (1 cup)</td>
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<tr>
<td>Potato chips or corn chips (small bag or 1 oz.)</td>
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<tr>
<td>Crackers, Triscuits, Wheat Thins (1)</td>
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<tr>
<td>Pizza (2 slices)</td>
<td></td>
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</tbody>
</table>

**CARBONATED BEVERAGES**

<table>
<thead>
<tr>
<th>Type</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Calorie (sugar-free) types</td>
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<tr>
<td>Low-calorie cola, e.g. Diet Coke with caffeine</td>
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<tr>
<td>Low-calorie caffeine-free cola</td>
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<tr>
<td>Other low-calorie carbonated beverage, e.g. Fresca, Diet 7-Up, diet ginger ale</td>
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<tr>
<td>Coke, Pepsi, or other cola with sugar</td>
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<tr>
<td>Caffeine Free Coke, Pepsi, or other cola with sugar</td>
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</tr>
<tr>
<td>Other carbonated beverage with sugar, e.g. 7-Up</td>
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<tr>
<td>Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)</td>
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<td>Beer (1 glass, bottle, can)</td>
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<tr>
<td>Red wine (4 oz. glass)</td>
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<td>White wine (4 oz. glass)</td>
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<td>Liquor, e.g. whiskey, gin, etc. (1 drink or shot)</td>
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<td>Plain water, bottled or tap (1 cup or glass)</td>
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<tr>
<td>Tea (1 cup), not herbal tea</td>
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<tr>
<td>Decaffeinated coffee (1 cup)</td>
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<tr>
<td>Coffee with caffeine (1 cup)</td>
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<td>Regular types (not sugar-free)</td>
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<tr>
<td>No usual method/don’t know</td>
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</tbody>
</table>

**OTHER BEVERAGES**

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
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</thead>
<tbody>
<tr>
<td>Coca-Cola, Pepsi, or other cola (1 glass, bottle, can)</td>
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<tr>
<td>Other carbonated beverages with sugar, e.g. 7-Up</td>
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<tr>
<td>Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)</td>
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<td>Beer (1 glass, bottle, can)</td>
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<tr>
<td>Red wine (4 oz. glass)</td>
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<tr>
<td>White wine (4 oz. glass)</td>
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<tr>
<td>Liquor, e.g. whiskey, gin, etc. (1 drink or shot)</td>
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<tr>
<td>Plain water, bottled or tap (1 cup or glass)</td>
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<tr>
<td>Tea (1 cup), not herbal tea</td>
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<tr>
<td>Decaffeinated coffee (1 cup)</td>
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<tr>
<td>Coffee with caffeine (1 cup)</td>
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</table>

**Usual Method of Preparing Coffee**

- Decaffeinated:
  - Mainly filtered
  - Mainly instant
  - Mainly espresso or percolated
  - No usual method/don’t know

- Caffeinated:
  - Mainly filtered
  - Mainly instant
  - Mainly espresso or percolated
  - No usual method/don’t know
29. (Continued) Please fill in your average use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>SWEETS, BAKED GOODS, MISCELLANEOUS</th>
<th>Never, or less than once per month</th>
<th>1-3 per month</th>
<th>1 per week</th>
<th>2-4 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>8+ per day</th>
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</thead>
<tbody>
<tr>
<td>Chocolate (bar or packet) e.g. Hershey's, M &amp; M's</td>
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<tr>
<td>Candy bars, e.g. Snickers, Milky Way, Reese's</td>
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<tr>
<td>Candy, without chocolate (1 oz.)</td>
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<tr>
<td>Cookies, home baked (1)</td>
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<tr>
<td>Cookies, ready made (1)</td>
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<td>Brownies (1)</td>
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<td>Doughnuts (1)</td>
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<tr>
<td>Cake, home baked (slice)</td>
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<td>Cake, ready made (slice)</td>
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<td>Pie, homemade (slice)</td>
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<td>Pie, ready made (slice)</td>
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<tr>
<td>Sweet roll, coffee cake or other pastry, home baked (serving)</td>
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<td>Sweet roll, coffee cake or other pastry, ready made (serving)</td>
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<tr>
<td>Jams, jellies, preserves, syrup, or honey (1 Tbs)</td>
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<td>Peanut butter (1 Tbs)</td>
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<tr>
<td>Popcorn (1 cup)</td>
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<tr>
<td>Peanuts (small packet or 1 oz.)</td>
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<td>Other nuts (small packet or 1 oz.)</td>
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<tr>
<td>Oat bran, added to food (1 Tbs)</td>
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<td>Other bran, added to food (1 Tbs)</td>
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<td>Wheat germ, (1 Tbs)</td>
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<tr>
<td>Chowder or cream soup (1 cup)</td>
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<tr>
<td>Olive oil salad dressings (1 Tbs)</td>
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<td>Oil and vinegar dressing, e.g. Italian (1 Tbs)</td>
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<tr>
<td>Mayonnaise or other creamy salad dressing (1 Tbs)</td>
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<td>Salt added at table (1 shake)</td>
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</table>

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

Lever: chicken or turkey (1 oz)  
     Never  
     Less than 1/mo  
     1/mo  
     2-3/mo  
     1/week or more  

31. When you have beef or lamb as a main dish, how well done is the meat cooked?  
     Rare  
     Medium rare  
     Medium  
     Medium well  
     Well  
     Don't know/not eaten  

32. How often do you eat meat that was charred during cooking? (e.g. during barbecuing or broiling)  
     Never  
     Less than 1/mo  
     1/mo  
     2-3/mo  
     1/week  
     2+/week  

33. How much of the visible fat on your beef, pork or lamb do you remove before eating?  
     Remove all visible fat  
     Remove most  
     Remove small part of fat  
     Remove none  
     Don't eat meat  

34. What kind of fat do you usually use for frying and sautéing at home? (Exclude "Pam" - type spray)  
     Real butter  
     Margarine  
     Vegetable oil  
     Vegetable shortening  
     Lard  

35. What kind of fat do you usually use for baking at home?  
     Real butter  
     Margarine  
     Vegetable oil  
     Vegetable shortening  
     Lard  

36. How often do you eat food that is fried at home? (Exclude "Pam" - type spray)  
     Less than once a week  
     1-3 times per week  
     4-6 times per week  
     Daily  

37. How often do you eat fried food away from home? (e.g. french fries, fried chicken, fried fish)  
     Less than once a week  
     1-3 times per week  
     4-6 times per week  
     Daily  

38. What type of cooking oil do you usually use at home?  
     (e.g. Mazola Corn Oil)  
     Specify brand and type  
     Other foods that you usually eat at least once per week  
     Usual serving size  
     Servings per week  

39. Are there any other important foods that you usually eat at least once per week?  
     Include for example: Paté, tortillas, yeast, cream sauce, custard, radishes, fava beans, carrot juice, coconut, avocado, mango, horseradish, pannips, rhubarb, papaya, dried apricots, dates, figs, etc.  
     (Do not include dry spaces and do not list something that has been listed in the previous sections.)  

Thank you! Please return forms in prepaid return envelope to Frank Speizer, MD, Nurses' Health Study, 180 Longwood Ave., Boston, MA 02115