Dear Colleague:

On behalf of our research group, I again want to express my thanks for your participation in the Nurses' Health Study II. We have now finished the processing of the baseline questionnaire that you returned almost two years ago. In total, 116,680 nurses fully completed the forms and thus comprise the population for this important study of lifestyle factors, diet, and oral contraceptive use in relation to breast cancer and other important health issues among women. The accuracy and completeness of the information you provided is truly impressive, and we are confident that this study will provide answers to many critical questions.

The enclosed questionnaire marks the beginning of the follow-up phase of the study. You will note that we ask about your current status for many of the same questions that we posed earlier. We also ask about new medical diagnoses and conditions that have occurred since September, 1989. This date was chosen because the vast majority of participants completed the initial questionnaire during that month or shortly thereafter. We have also included a complete dietary assessment using a questionnaire developed and validated as part of the Nurses' Health Study I. This will provide important information about the effects of diet on medical conditions that occur in later life.

We hope that you give this questionnaire the same attention and care that you did in completing the baseline form. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. We know that some participants are no longer in active nursing. However, the continued participation of all study members is critical regardless of current employment status. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Thank you again for your invaluable participation in this study. We will be sending you the next edition of our newsletter in June of 1992 to update you on the progress of the investigation.

Sincerely,

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

P.S. We would be extremely grateful if you could return the questionnaire within the next 2 weeks; due to federal reductions in research support, our budget for remailings is very limited.
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 September 1989, 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.

Please fill in the circle completely, do not mark this way:

<table>
<thead>
<tr>
<th>CURRENT WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>POUNDS</td>
</tr>
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<td>0 0 0</td>
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<td>0 0 0</td>
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<tr>
<td>0 0 0</td>
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<tr>
<td>0 0 0</td>
</tr>
</tbody>
</table>

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

What specific brand do you smoke? Specify exact brand and type:

| E.G., "MARLBORO LIGHTS 100's"

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

16. Since SEPTEMBER 1989 have you had any of these physician-diagnosed illnesses?

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

<table>
<thead>
<tr>
<th>YEAR OF DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE SEPT 1989</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
</tr>
<tr>
<td>Angina pectoris</td>
</tr>
<tr>
<td>Confirmed by angiography?</td>
</tr>
<tr>
<td>Stroke (CVA) or TIA</td>
</tr>
</tbody>
</table>

Thank you for completing the 1991 Nurses' Health Study II Questionnaire

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.
2. What was the natural color of your hair at age 18?
   - Red
   - Blonde
   - Light Brown
   - Dark Brown
   - Black

3. Do you currently smoke cigarettes?
   - Yes
     - How many per day? 1-4
     - 5-14
     - 15-24
     - 25-34
     - 35-44
     - 45 or more
   - No
   - b) What specific brand do you smoke? (e.g., "Marlboro Lights 100's")
     [Specify exact brand and type]

4. Are you CURRENTLY pregnant?
   - Yes
   - No

5. Since September 1989, have you been pregnant? (Do not include current pregnancy or those ending before Sept. 1, 1989.)
   - Yes
     - a) Number of pregnancies lasting LESS THAN 6 months
       - Zero
     - b) Number of pregnancies lasting more than 6 months
       - Zero
   - No
     - a) Number of pregnancies lasting LESS THAN 6 months
       - Zero
     - b) Number of pregnancies lasting more than 6 months
       - Zero

6. Have you tried to become pregnant for more than one year without success since September 1989?
   - Yes
   - No
   - What was the cause? (Mark all that apply)
     - Spouse
     - Not found
     - Not investigated
     - Other

7. Have your menstrual periods ceased PERMANENTLY?
   - No Premenopausal
   - Yes: No menstrual periods
   - Yes: Had menopause but now have periods induced by hormones
   - Not sure

8. SINCE SEPTEMBER 1989, have you used female replacement hormones (other than oral contraceptives)?
   - No
   - Past only
   - Currently
   - a) How many months have you used them since September 1989?
     - 1-4 mo.
     - 5-9
     - 10-14
     - 15-19
     - 20 or more months
   - b) What type of hormone have you used the longest during this period?
     - Oral Premarin or other conjugated estrogen alone
     - Oral conjugated estrogen and progesterone (e.g., Provera)
     - Patch estrogen alone
     - Patch estrogen and progesterone (e.g., non-conjugated estrogen)
   - c) If this was oral conjugated estrogen (e.g., Premarin) what dose did you take?
     - Not used
     - Dose unknown
     - 30 mg/day or less
     - 62.5 mg/day
     - 9 mg/day or more
   - d) Dose of progesterone (if taken)?
     - Not used
     - Dose unknown
     - < 5 mg
     - 5-9 mg
     - 10 mg
     - More than 10 mg

9. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply)
   - None
   - Oral contraceptive
   - Norplant
   - Diaphragm/Cervical cap
   - Tubal ligation
   - Foil or jelly
   - Condom
   - Intrauterine device
   - Rhythm/NFP
   - Vasectomy
   - Sponge
   - Other

10. Have you EVER used oral contraceptives (OC's) for 2 months or more for any reason (contraception, acne, etc.)?
    - Yes
    - No: Go to Question 12

11. SINCE SEPTEMBER 1989, have you used oral contraceptives?
    - Yes
      - a) How many months have you used OC's since September 1989?
        - 1 or less months
        - 2-4
        - 5-9
        - 10-14
        - 15-19
        - 20 or more months
      - b) Please indicate the brand and type of OC used during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

12. Since September 1989, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?
    - None
    - 1-4 mo.
    - 5-9
    - 10-14
    - 15-19
    - 20 or more months

13. How many times per week do you engage in physical activity long enough to perspire heavily (including swimming)?
    - Less than once/week
    - Once/week
    - 2-3 times/week
    - 4-6 times/week
    - 7 or more times/week

14. 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

15. Is this your correct date of birth? 
- Yes  - No  
If no, please write correct date.

16. Since SEPTEMBER 1989 have you had any of these physician-diagnosed illnesses? 
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

- Myocardial infarction (heart attack)  
- Angina pectoris  
- Confirmed by angiography?  
- No  - Yes  
- Stroke (CVA) or TIA  
- Melanoma  
- Basal cell skin cancer  
- Squamous cell skin cancer  
- Fibrocystic/other benign breast dis.  
- Confirmed by breast biopsy?  
- No  - Yes  
- Confirmed by aspiration?  
- No  - Yes  
- Breast cancer  
- Other cancer:  
  Specify site of other cancer  
- High blood pressure (excluding during pregnancy)  
- Diabetes: Gestational  
- Diabetes: Not pregnancy-related  
- Elevated cholesterol  
- Deep vein thrombosis/Pul. embolism  
- Rheumatoid arthritis, doctor diagnosed  
- Rheumatoid factor  
- Negative/Unknown  
- Positive  
- Other arthritis  
- Colon or rectal polyp (benign)  
- Cholecystectomy  
- Gastric or duodenal ulcer  
- Gallstones  
  a) Did you have symptoms?  
  - No  - Yes  
  b) How diagnosed?  
  - X-ray or Other ultrasound  
  - Other  
- Toxemia/Pre-eclampsia of pregnancy  
  (raised blood pressure and proteinuria)  
- Other major illness or surgery since Sept. 1989:  
  Please specify other major illness or surgery:  

GO TO QUESTION 17

17. Have you EVER had any of these physician-diagnosed illnesses? 
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

- Vaginal yeast infection  
- Kidney stones  
- Urinary tract infection  
- Pneumonia  
- Hirsutism (excess facial hair)  
- Multiple sclerosis-1st Dx  
- Hydatidiform mole (of preg)  
- Asthma-1st Physician Dx  
- Ulcerative colitis/Crohn's  

18. In how many months did you practice breast self-examination in the past year? 
- None  
- One  
- 2-3  
- 4-6  
- 7-11  
- 12  

19. Since September 1989, have you had: 

- Mammogram  
- Breast exam by clinician  
- Colonoscopy/Sigmoidoscopy  

20. Mark if you use:  
- Insulin  
- Oral Hypoglycemic  

21. Regarding YOUR infancy:  
  a) Were you breast fed?  
  - Yes  
  - No  
  - Unknown  
  Number of months?  
  - 0  
  - 3 or less  
  - 3-6 months  
  - 6-12 months  
  - 12+ months  

  b) Your birthweight in pounds:  
  - Unknown  
  - < 5.5 lbs.  
  - 5.5-6.9 lbs.  
  - 7-8.4 lbs.  
  - 8.5-9.9 lbs.  
  - 10+ lbs.  

  c) Were you:  
  - Full-term  
  - Premature  
  - Multiple birth  

22. Please indicate the name of someone at a DIFFERENT PERMANENT ADDRESS to whom we might write in the event we are unable to contact you:  
Name:  
Address:  

PLEASE GO TO PAGE 3 AND BEGIN BY WRITING YOUR ID NUMBER.
25. Do you currently take multi-vitamins? (Please report other individual vitamins in question 26.)

- [ ] 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?**

Specify exact brand and type

26. Not counting multi-vitamins, do you take any of the following preparations:

**a) Vitamin A?**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 6,000 IU
- [ ] 6,000 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
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 50 mg.
- [ ] 50 mg. to 100 mg.
- [ ] 100 mg. to 250 mg.
- [ ] 250 mg. or more
- [ ] Don't know

**c) Vitamin E?**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 10 mg.
- [ ] 10 mg. to 100 mg.
- [ ] 100 mg. to 500 mg.
- [ ] 500 mg. or more
- [ ] Don't know

**d) Vitamin B6?**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 1 mg.
- [ ] 1 mg. to 2 mg.
- [ ] 2 mg. to 4 mg.
- [ ] 4 mg. or more
- [ ] Don't know

**e) Selenium?**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 50 mcg.
- [ ] 50 mcg. to 100 mcg.
- [ ] 100 mcg. to 200 mcg.
- [ ] 200 mcg. or more
- [ ] Don't know

**f) Iron**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 10 mg.
- [ ] 10 mg. to 20 mg.
- [ ] 20 mg. to 40 mg.
- [ ] 40 mg. or more
- [ ] Don't know

**g) Zinc**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 10 mg.
- [ ] 10 mg. to 20 mg.
- [ ] 20 mg. to 40 mg.
- [ ] 40 mg. or more
- [ ] Don't know

**h) Calcium (include Calcium in Dolomite and Tums, etc.)**

- [ ] No
- [ ] Yes, seasonal only
- [ ] Yes, most months

If YES, indicate how many years:

- [ ] 0-1 yr.
- [ ] 2-4 years
- [ ] 5-9 years
- [ ] 10+ years
- [ ] Don't know

Specify how much per day:

- [ ] Less than 100 mg.
- [ ] 100 mg. to 300 mg.
- [ ] 300 mg. to 600 mg.
- [ ] 600 mg. or more
- [ ] Don't know

**i) Are there other supplements that you take on a regular basis?**

- [ ] No
- [ ] Yes

Specify which:

- [ ] Vitamin D
- [ ] Cod liver oil
- [ ] Other fish oil
- [ ] Niacin
- [ ] Beta-carotene
- [ ] Other (please specify)
- [ ] B-Complex vitamins
- [ ] Folic acid
- [ ] Brewer's yeast
- [ ] Iodine
- [ ] Magnesium

27. 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 low fat 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

**AVERAGE USE LAST YEAR**

<table>
<thead>
<tr>
<th></th>
<th>NEVER OR LESS THAN ONCE</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>
</tr>
</thead>
<tbody>
<tr>
<td>Skim or low fat milk (8 oz. glass)</td>
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<tr>
<td>Whole milk (8 oz. glass)</td>
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<tr>
<td>Cream, e.g. coffee, whipped (Tbs)</td>
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<tr>
<td>Sour cream (Tbs)</td>
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<td>Non-dairy coffee whitener (tsp.)</td>
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<tr>
<td>Sherbet, ice milk or frozen yogurt (1/2 cup)</td>
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<tr>
<td>Ice cream (1/2 cup)</td>
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<td>Yogurt (1 cup)</td>
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<tr>
<td>Cottage or ricotta cheese (1/2 cup)</td>
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<tr>
<td>Cream cheese (1 oz.)</td>
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<tr>
<td>Other cheese, e.g. American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)</td>
<td>( )</td>
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<tr>
<td>Margarine (pat), added to food or bread; exclude use in cooking</td>
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<tr>
<td>Butter (pat), added to food or bread; exclude use in cooking</td>
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</tbody>
</table>

Please copy your ID from page 2 to here.

ID: 

PLEASE TURN TO PAGE 4
27. (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>5+ Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raisins (1 oz. or small pack) or grapes</td>
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<tr>
<td>Prunes (7 prunes or 1/2 cup)</td>
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<tr>
<td>Bananas (1)</td>
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<tr>
<td>Cantaloupe (1/4 melon)</td>
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<tr>
<td>Avocado (1/2 fruit or 1/2 cup)</td>
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<td>Fresh apples or pears (1)</td>
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<td>Apple juice or cider (small glass)</td>
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<td>Oranges (1)</td>
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<td>Orange juice (small glass)</td>
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<td>Grapefruit (1/2)</td>
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<td>Grapefruit juice (small glass)</td>
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<td>Other fruit juices (small glass)</td>
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<tr>
<td>Strawberries, fresh, frozen or canned (1/2 cup)</td>
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<tr>
<td>Blueberries, fresh, frozen or canned (1/2 cup)</td>
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<tr>
<td>Peaches, apricots or plums (1 fresh, or 1/2 cup canned)</td>
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### 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>5+ Per Day</th>
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<tr>
<td>Tomatoes (1)</td>
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<td>Tomato juice, V8 (small glass)</td>
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<td>Tomato sauce (1/2 cup) e.g. spaghetti sauce</td>
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<td>Red chili sauce (1 Tbs)</td>
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<td>Tofu or soybeans (3-4 oz.)</td>
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<td>String beans (1/2 cup)</td>
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<td>Broccoli (1/2 cup)</td>
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<td>Cabbage or cole slaw (1/2 cup)</td>
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<td>Cauliflower (1/2 cup)</td>
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<td>Brussels sprouts (1/2 cup)</td>
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<td>Carrots, raw (1/2 carrot or 2-4 sticks)</td>
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<tr>
<td>Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)</td>
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<td>Beets - not greens (1/2 cup)</td>
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<td>Corn (1 ear or 1/2 cup frozen or canned)</td>
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<td>Peas or lima beans (1/2 cup fresh, frozen, canned)</td>
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<td>Mixed vegetables (1/2 cup)</td>
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<td>Beans or lentils, baked or dried (1/2 cup)</td>
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<td>Dark orange (winter) squash (1/2 cup)</td>
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<td>Eggplant, zucchini or other summer squash (1/2 cup)</td>
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<td>Yams or sweet potatoes (1/2 cup)</td>
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<td>Spinach, cooked (1/2 cup)</td>
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<td>Spinach, raw as in salad (serving)</td>
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<td>Kale, mustard or chard greens (1/2 cup)</td>
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<td>Iceberg or head lettuce (serving)</td>
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<td>Romaine or leaf lettuce (serving)</td>
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<td>Celery (4&quot; stick)</td>
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<td>Green peppers (3 slices or 1/4 pepper)</td>
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<td>Onions as a garnish, or in salad (1 slice)</td>
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<td>Onions as a vegetable, rings or soup (1 onion)</td>
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</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>5+ Per Day</th>
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<tbody>
<tr>
<td>Eggs (1)</td>
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<td>Chicken with skin (4-6 oz.)</td>
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<tr>
<td>Chicken without skin (4-6 oz.)</td>
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<td>Turkey, including ground (4-6 oz. or 2 Turkey dogs)</td>
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<td>Hot dogs (1)</td>
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<td>Bacon (2 slices)</td>
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</table>
### CARBONATED BEVERAGES

#### Low-calorie (sugar-free) Types
- Low-calorie cola, e.g. Diet Coke with caffeine
- Low-calorie caffeine-free cola
- Other low-calorie carbonated beverage, e.g. Fresca, Diet 7-Up, diet ginger ale

#### Regular Types (not sugar-free)
- Coke, Pepsi, or other cola with sugar
- Caffeine Free Coke, Pepsi, or other cola with sugar
- Other carbonated beverage with sugar, e.g. 7-Up

### OTHER BEVERAGES
- Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)
- Regular Beer (1 glass, bottle, can)
- Light Beer, e.g. Bud Light (1 glass, bottle, can)
- Red wine (4 oz. glass)
- White wine (4 oz. glass)
- Liquor, e.g. whiskey, gin, etc. (1 drink or shot)
- Plain water, bottled or tap (1 cup or glass)
- Tea (1 cup), not herbal tea
- Decaffeinated coffee (1 cup)
- Coffee with caffeine (1 cup)

### EGGS, MEAT, ETC. (continued)

- Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)
- Hamburger (1 patty)
- Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagna, etc.
- Pork as a main dish, e.g. ham or chops (4-6 oz.)
- Beef or lamb as a main dish, e.g. steak, roast (4-6 oz.)
- Canned tuna fish (3-4 oz.)
- Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)
- Other fish (2-5 oz.)
- Shrimp, lobster, scallops as a main dish

### BREADS, CEREALS, STARCHES

- Cold breakfast cereal (1 cup)
- Cooked oatmeal/cooked oat bran (1 cup)
- Other cooked breakfast cereal (1 cup)
- White bread (slice), including pita bread
- Dark bread (slice), including wheat pita bread
- English muffins, bagels, or rolls (1)
- Muffins or biscuits (1)
- Brown rice (1 cup)
- White rice (1 cup)
- Pasta, e.g. spaghetti, noodles, etc. (1 cup)
- Tortillas (1)
- Other grains, e.g. bulgur, kasha, couscous, etc. (1 cup)
- Pancakes or waffles (serving)
- French fried potatoes (4 oz.)
- Potatoes, baked, boiled (1) or mashed (1 cup)
- Potato chips or corn chips (small bag or 1 oz.)
- Crackers, Triscuits, Wheat Thins (5)
- Pizza (2 slices)
27. (Continued) Please fill in your average use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>SWEETS, BAKED GOODS, MISC.</th>
<th>NEVER OR LESS THAN ONCE PER MONTH</th>
<th>1-3 PER WEEK</th>
<th>1-2 PER WEEK</th>
<th>2-3 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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<tbody>
<tr>
<td>Chocolate (bar or packet) e.g. Hershey's, M &amp; M's</td>
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<td>Candy bars, e.g. Snickers, Milky Way, Reeeses</td>
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<td>Candy without chocolate (1 oz.)</td>
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<td>Cookies, home baked (1)</td>
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<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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<td>Cake, home baked (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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<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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<td>Jams, jellies, preserves, syrup, or honey (1 Tbs)</td>
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<td>Peanut butter (1 Tbs)</td>
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<td>Popcorn (1 cup)</td>
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<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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<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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<td>Chowder or cream soup (1 cup)</td>
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<td>Olive oil salad dressings (1 Tbs)</td>
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<td>Other oil and vinegar dressing, e.g. Italian (1 Tbs)</td>
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<td>Mayonnaise or other creamy salad dressing (1 Tbs)</td>
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<td>Salt added at table (1 Tbs)</td>
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<td>Garlic (1 clove or 4 shakes)</td>
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28. Liver: beef, calf or pork (4 oz.)
   Liver: chicken or turkey (1 oz.)

29. Which cold breakfast cereal do you usually eat?
   Specify brand and type (e.g. Kellogg's Nutri-grain Nuggets)

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

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

39. How does your current diet compare to your usual diet over the past five years?
   ○ Almost the same ○ Slightly changed ○ Moderately changed ○ Greatly changed

THANK YOU! Please return the questionnaire in the enclosed postage-paid envelope to:
Walter Willett, M.D.  677 Huntington Avenue  Nurses' Health Study II  Boston, MA 02115