Dear Colleague:

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

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

We value each member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. By 1996 nearly 38% of the study participants were retired! Also, whether your health has been excellent or if you have been ill, your response is equally important. In short, no matter what your circumstances, we need to hear from you!

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

Best Regards,

Frank E. Speizer, M.D.
Principal Investigator

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

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

EXAMPLE 1: Write in your weight in the boxes . . .
. . . and fill in the circle corresponding to the figure at the head of each column.
Please fill in the circle completely, do not mark this way:

\[\begin{array}{c}
\text{POUNDS} \\
1 & 4 & 0 \\
\end{array}\]

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

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

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1996</th>
<th>June 96 to May 98</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>
</tbody>
</table>

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

Unless you are making a name or address change, remove this cover page (to preserve confidentiality) and return the booklet in the enclosed postage-paid envelope.
1. Is this your correct Date of Birth?
   - [ ] Yes
   - [ ] No → If No, please write correct date.

   [ ] MONTH / [ ] DAY / [ ] YEAR

2. What is your current weight?

3. What is the difference between your highest and lowest weight during the last two years?
   - [ ] No change
   - [ ] 15–29 lbs.
   - [ ] 2–4 lbs.
   - [ ] 5–9 lbs.
   - [ ] 10–14 lbs.
   - [ ] 30–49 lbs.
   - [ ] 50 or more lbs.

4. Have you had your uterus removed?
   - [ ] No
   - [ ] Yes → Date of surgery: [ ] Before June 1, 1996
   - [ ] After June 1, 1996

5. Have you ever had either of your ovaries surgically removed?
   - [ ] No
   - [ ] Yes → a) How many ovaries do you have remaining?
     - [ ] None
     - [ ] One
6. Are you currently using any of these medications for osteoporosis or other reason?
   - Evista (raloxifene)
   - Fosamax (alendronate)
   - Micractin (calcitonin)
   - Didronel
   - Not using any of these

7. Since June 1996, have you used female hormones?
   - Yes
   - No

   a) How many months have you used them during the 24-month period between June 1996 and June 1998?
      - 1–4 months
      - 5–9 months
      - 10–14 months
      - 15–19 months
      - 20–24 months
      - Used only after June 1998

   b) Are you currently using them (within the last month)?
      - Yes, currently
      - No, not currently

   c) Mark the types of hormones you have used the longest during this period.
      - Estrogen:
        - Oral Premarin
        - Estrace
        - Ogen
        - Patch Estrone
        - Vaginal Estrone
        - Other Estrone (specify type in box below)

      - Progesterone/Progesterin (e.g., Provera):
        - Oral
        - Vaginal
        - Other (specify below)

   d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?
      - .30 mg/day or less (Green)
      - .625 mg/day (Brown)
      - .9 mg/day (White)
      - 1.25 mg/day (Yellow)
      - More than 1.25 mg/day
      - Dose unknown
      - Did not take oral conjugated estrogen

   e) If you used oral Medroxy Progesterone (e.g., Provera, Cycrin), what dose did you usually take?
      - <5 mg
      - 5–9 mg
      - 10 mg
      - More than 10 mg
      - Dose unknown
      - Not used

   f) What was your pattern of hormone use (Days per Month)?
      - Oral or Patch Estragen:
        - Days per Month:
          - Not used
          - <1 day/mo
          - 1–8 days
          - 9–18
          - 19–26
          - 27+ days/month

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

8. What is your normal walking pace outdoors?
   - Slow (less than 2 mph)
   - Normal, average (2 to 2.9 mph)
   - Brisk pace (3 to 3.9 mph)
   - Very brisk, striding (4 mph or faster)
   - Unable to walk

9. Number of times you have fallen to the ground in the past 1 year:
   - None
   - 1
   - 2
   - 3
   - 4
   - 5 or more

10. How many flights of stairs (not steps) do you climb daily?
    - No flights
    - 1–2 flights
    - 3–4 flights
    - 5–9 flights
    - 10–14 flights
    - 15 or more flights
11. **DURING THE PAST YEAR**, what was your average time PER WEEK spent at each of the following recreational activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Zero</th>
<th>1-4 Min.</th>
<th>5-19 Min.</th>
<th>20-59 Min.</th>
<th>One Hour</th>
<th>1-1.5 Hrs.</th>
<th>2-3 Hrs.</th>
<th>4-6 Hrs.</th>
<th>7-10 Hrs.</th>
<th>11+ Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking for exercise or walking to work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Running (10 minutes/mile or faster)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bicycling (include stationary machine)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tennis, squash, racquetball</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lap swimming</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other aerobic exercise (aerobic dance, ski or stair machine, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lower intensity exercise (yoga, stretching, toning)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other vigorous activities (e.g., lawn mowing)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. **Do you currently smoke cigarettes?**

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

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

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

14. **In the past two years have you had . . .**

   *(If yes, mark all that apply.)*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, for Screening</th>
<th>Yes, for Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical exam?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exam by eye doctor?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bimanual pelvic exam?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Breast exam by clinician?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mammogram?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fasting blood sugar</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

15. **Have you ever been diagnosed with:**

- Pernicious Anemia
  - No
  - Yes, <1984
  - Yes, 1984+

- Congestive Heart Failure
  - No
  - Yes, <1984
  - Yes, 1984+

- Periostotal Bone Loss
  - No
  - Mild
  - Moderate/severe
16. Since June 1996, have you had any of these physician-diagnosed illnesses?

**LEAVE BLANK FOR “NO.”**
**MARK HERE FOR “YES.”**

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1</th>
<th>June 96 to May 98</th>
<th>After June 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalized for MI?</td>
<td>N</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by angiogram?</td>
<td>N</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>Coronary bypass or angioplasty</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIA (Transient ischemic attack)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid surgery (Endarterectomy)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral artery disease or claudication of legs</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not varicose veins)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by angiogram/surgery?</td>
<td>N</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibrocystic/other benign breast disease</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by breast biopsy?</td>
<td>N</td>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the cervix (include in-situ)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the uterus (endometrium)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the ovary</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the colon or rectum</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the lung</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cancer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify site of other cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. (Continued)
Since June 1996, have you had any of these physician-diagnosed illnesses?

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1 1996</th>
<th>June 96 to May 98</th>
<th>After June 1 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoporosis</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertebral fracture, X-ray confirmed</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip replacement</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractures:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist or Colles' Fracture</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip fracture</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric or duodenal ulcer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macular degeneration of retina</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract—1st Diagnosis (Dx)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract extraction</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma, Doctor diagnosed</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emphysema or Chronic bronchitis, Dr. Dx</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.L.S. (Amyotrophic Lateral Sclerosis)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverticulitis/diverticulosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcerative colitis/Crohn's</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interstitial cystitis (Dx by cystoscopy)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active TB (X-ray or culture Dx)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other major illness or surgery since June 1996</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify:                                           Date:               


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

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

18. On average, how many aspirin tablets do you take per week? (4 baby aspirin = 1 tablet)
Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol.

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

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

- No regular medications
- Acetaminophen, 2+ times/week (e.g., Tylenol)
- Non-steroidal anti-inflammatory (e.g., Advil, Motrin, Indocin)
- Tamoxifen
- Coumadin
- Thiazide diuretic
- 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., Aldomet, Aresolone)
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Inhaled steroids
- Inhaled Bronchodilator
- Digoxin
- Antiarrhythmic
- Cholesterol-lowering drug (e.g., Questran, Mevacor, Lopid)
- Antidepressant (e.g., Elavil, Prozac)
- Cimetidine (Tagamet)
- Other H2 blocker (e.g., Zantac, Pepcid, Avid)
- Insulin
- Oral hypoglycemic medication
- Meridia (sibutrimine)
- Other regular medications (no need to specify)
20. Do you currently take a multi-vitamin? (Please report additional individual vitamins in question 21.)
   - Yes
   - No
   - a) How many do you take per week?  
     - 2 or fewer  
     - 3–5  
     - 6–9  
     - 10 or more
   - b) What specific brand do you usually use?  
     (Please specify exact Brand and Type.)

21. Do you take the following separate preparations?

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

<table>
<thead>
<tr>
<th>AMOUNT PER DAY</th>
<th>Vitamin A</th>
<th>Beta-carotene</th>
<th>Vitamin C</th>
<th>Vitamin B6</th>
<th>Vitamin E</th>
<th>Calcium</th>
<th>Selenium</th>
<th>Niacin</th>
<th>Zinc</th>
<th>Other supplements that you take on a regular basis?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose per day</td>
<td></td>
<td>Dose per day</td>
<td>Dose per day</td>
<td>Dose per day</td>
<td>Dose per day</td>
<td>Dose per day</td>
<td>Dose per day</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Metamucil/CitruCil, Cod Liver Oil, Vitamin B12, Coenzyme Q10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Potassium, Chromium, Folic Acid, B-Complex, DHEA, Fish oil</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Magnesium, Lecithin, Brewer’s Yeast, Blue Green Algae</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Melatonin, Brewer’s Yeast, Blue Green Algae</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td>Brewer’s Yeast, Blue Green Algae</td>
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<td></td>
<td>Brewer’s Yeast, Blue Green Algae</td>
</tr>
</tbody>
</table>

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

Systolic:
- Unknown/Not checked in 2 years
- <105 mmHg
- 105–114
- 115–124
- 125–134
- 135–144
- 145–154
- 155–164
- 165–174
- 175+

Diastolic:
- Unknown/Not checked in 2 years
- <65 mmHg
- 65–74
- 75–84
- 85–89
- 90–94
- 95–104
- 105+
23. **What brand and type of cold breakfast cereal do you usually eat?**
   - [ ] Don't eat cold breakfast cereal

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

24. **How many teaspoons of sugar do you add to your beverages or food each day?**
   - [ ] Teaspoons

---

**DAIRY FOODS**

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

<table>
<thead>
<tr>
<th>Skim or 1% milk (8 oz. glass)</th>
<th>2% milk (8 oz. glass)</th>
<th>Whole milk (8 oz. glass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Never</td>
<td>[ ] Never</td>
<td>[ ] Never</td>
</tr>
<tr>
<td>[ ] Less than once per month</td>
<td>[ ] Less than once per month</td>
<td>[ ] Less than once per month</td>
</tr>
<tr>
<td>[ ] 1–3 glasses per month</td>
<td>[ ] 1–3 glasses per month</td>
<td>[ ] 1–3 glasses per month</td>
</tr>
<tr>
<td>[ ] 1 glass per week</td>
<td>[ ] 1 glass per week</td>
<td>[ ] 1 glass per week</td>
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<tr>
<td>[ ] 2–4 glasses per week</td>
<td>[ ] 2–4 glasses per week</td>
<td>[ ] 2–4 glasses per week</td>
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<tr>
<td>[ ] 5–6 glasses per week</td>
<td>[ ] 5–6 glasses per week</td>
<td>[ ] 5–6 glasses per week</td>
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<tr>
<td>[ ] 1 glass per day</td>
<td>[ ] 1 glass per day</td>
<td>[ ] 1 glass per day</td>
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<tr>
<td>[ ] 2–3 glasses per day</td>
<td>[ ] 2–3 glasses per day</td>
<td>[ ] 2–3 glasses per day</td>
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<tr>
<td>[ ] 4 or more glasses per day</td>
<td>[ ] 4 or more glasses per day</td>
<td>[ ] 4 or more glasses per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soy milk (8 oz. glass)</th>
<th>Cream, e.g., in coffee, whipped or sour cream (1 tbs.)</th>
<th>Non-dairy coffee whitener (1 tbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Never</td>
<td>[ ] Never</td>
<td>[ ] Never</td>
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<tr>
<td>[ ] Less than once per month</td>
<td>[ ] Less than once per month</td>
<td>[ ] Less than once per month</td>
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<tr>
<td>[ ] 1–3 glasses per month</td>
<td>[ ] 1–3 glasses per month</td>
<td>[ ] 1–3 tbs. per month</td>
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<tr>
<td>[ ] 1 glass per week</td>
<td>[ ] 1 glass per week</td>
<td>[ ] 1 tbs. per week</td>
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<tr>
<td>[ ] 2–4 glasses per week</td>
<td>[ ] 2–4 glasses per week</td>
<td>[ ] 2–4 tbs. per week</td>
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<tr>
<td>[ ] 5–6 glasses per week</td>
<td>[ ] 5–6 glasses per week</td>
<td>[ ] 5–6 tbs. per week</td>
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<tr>
<td>[ ] 1 glass per day</td>
<td>[ ] 1 glass per day</td>
<td>[ ] 1 tbs. per day</td>
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<tr>
<td>[ ] 2–3 glasses per day</td>
<td>[ ] 2–3 glasses per day</td>
<td>[ ] 2 or more tbs. per day</td>
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<tr>
<td>[ ] 4 or more glasses per day</td>
<td>[ ] 4 or more glasses per day</td>
<td>[ ] 2 or more tbs. per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular ice cream (1/2 cup)</th>
<th>Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Never</td>
<td>[ ] Never</td>
</tr>
<tr>
<td>[ ] Less than once per month</td>
<td>[ ] Less than once per month</td>
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<tr>
<td>[ ] 1–3 times per month</td>
<td>[ ] 1–3 times per month</td>
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<td>[ ] Once per week</td>
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<td>[ ] 2–4 times per week</td>
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<td>[ ] 5–6 times per week</td>
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<td>[ ] Once per day</td>
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<tr>
<td>[ ] 2 or more servings per day</td>
<td>[ ] 2 or more servings per day</td>
</tr>
</tbody>
</table>
25. (Continued) Please fill in your average total use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>Yogurt, plain or artificially sweetened (1 cup)</th>
<th>Other flavored yogurt (1 cup)</th>
<th>Cottage or ricotta cheese (1/2 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never</td>
<td>□ Never</td>
<td>□ Never</td>
</tr>
<tr>
<td>□ Less than once per month</td>
<td>□ Less than once per month</td>
<td>□ Less than once per month</td>
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<tr>
<td>□ 1–3 cups per month</td>
<td>□ 1–3 cups per month</td>
<td>□ 1–3 times per month</td>
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<tr>
<td>□ 1 cup per week</td>
<td>□ 1 cup per week</td>
<td>□ Once per week</td>
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<tr>
<td>□ 2–4 cups per week</td>
<td>□ 2–4 cups per week</td>
<td>□ 2–4 times per week</td>
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<td>□ 5–6 cups per week</td>
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<td>□ 5–6 times per week</td>
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<tr>
<td>□ 1 cup per day</td>
<td>□ 1 cup per day</td>
<td>□ Once per day</td>
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<tr>
<td>□ 2 or more servings per day</td>
<td>□ 2 or more servings per day</td>
<td>□ 2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cream cheese (1 oz.)</th>
<th>Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)</th>
<th>What type of cheese do you usually eat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never</td>
<td>□ Never</td>
<td>□ None</td>
</tr>
<tr>
<td>□ Less than once per month</td>
<td>□ Less than once per month</td>
<td>□ Regular</td>
</tr>
<tr>
<td>□ 1–3 times per month</td>
<td>□ 1–3 slices per month</td>
<td>□ Low fat or lite</td>
</tr>
<tr>
<td>□ Once per week</td>
<td>□ 1 slice per week</td>
<td>□ Nonfat</td>
</tr>
<tr>
<td>□ 2–4 times per week</td>
<td>□ 2–4 slices per week</td>
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<tr>
<td>□ 5–6 times per week</td>
<td>□ 5–6 slices per week</td>
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<tr>
<td>□ Once per day</td>
<td>□ 1 slice per day</td>
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<tr>
<td>□ 2 or more servings per day</td>
<td>□ 2 or more slices per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Butter (small pat or tsp.), added to food or bread; exclude use in cooking</th>
<th>Margarine (small pat or tsp.), added to food or bread; exclude use in cooking</th>
<th>26. What form of margarine do you usually use?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never</td>
<td>□ Never</td>
<td>□ None</td>
</tr>
<tr>
<td>□ Less than once per month</td>
<td>□ Less than once per month</td>
<td>□ Regular</td>
</tr>
<tr>
<td>□ 1–3 pats per month</td>
<td>□ 1–3 pats per month</td>
<td>□ Light spread</td>
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<td>□ 1 pat per week</td>
<td>□ 1 pat per week</td>
<td>□ Extra light spread</td>
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<tr>
<td>□ 2–4 pats per week</td>
<td>□ 2–4 pats per week</td>
<td>□ Nonfat</td>
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<td>□ 5–6 pats per week</td>
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<td>□ 4 or more pats per day</td>
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</table>

What specific brand and type (e.g., Parkay Corn Oil Spread)?
27. Please fill in your average total use, during the past year, of each specified food.

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

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Prunes (7 prunes or 1/2 cup)</th>
<th>Bananas (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raisins (1 oz. or small pack) or grapes</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 times per month&lt;br&gt; ○ Once per week&lt;br&gt; ○ 2-4 times per week&lt;br&gt; ○ 5-6 times per week&lt;br&gt; ○ Once per day&lt;br&gt; ○ 2 or more servings per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 times per month&lt;br&gt; ○ Once per week&lt;br&gt; ○ 2-4 times per week&lt;br&gt; ○ 5-6 times per week&lt;br&gt; ○ Once per day&lt;br&gt; ○ 2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cantaloupe (1/4 melon)</th>
<th>Avocado (1/2 fruit or 1/2 cup)</th>
<th>Fresh apples or pears (1)</th>
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</thead>
<tbody>
<tr>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 times per month&lt;br&gt; ○ Once per week&lt;br&gt; ○ 2-4 times per week&lt;br&gt; ○ 5-6 times per week&lt;br&gt; ○ Once per day&lt;br&gt; ○ 2-3 times per day&lt;br&gt; ○ 4 or more servings per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 times per month&lt;br&gt; ○ Once per week&lt;br&gt; ○ 2-4 times per week&lt;br&gt; ○ 5-6 times per week&lt;br&gt; ○ Once per day&lt;br&gt; ○ Two or more per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 per month&lt;br&gt; ○ 1 per week&lt;br&gt; ○ 2-4 per week&lt;br&gt; ○ 5-6 per week&lt;br&gt; ○ 1 per day&lt;br&gt; ○ 2-3 per day&lt;br&gt; ○ 4 or more per day</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Apple juice or cider (small glass)</th>
<th>Oranges (1)</th>
<th>Orange juice (small glass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 glasses per month&lt;br&gt; ○ 1 glass per week&lt;br&gt; ○ 2-4 glasses per week&lt;br&gt; ○ 5-6 glasses per week&lt;br&gt; ○ 1 glass per day&lt;br&gt; ○ 2 or more glasses per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 per month&lt;br&gt; ○ 1 per week&lt;br&gt; ○ 2-4 per week&lt;br&gt; ○ 5-6 per week&lt;br&gt; ○ 1 per day&lt;br&gt; ○ 2-3 per day&lt;br&gt; ○ 4 or more per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 glasses per month&lt;br&gt; ○ 1 glass per week&lt;br&gt; ○ 2-4 glasses per week&lt;br&gt; ○ 5-6 glasses per week&lt;br&gt; ○ 1 glass per day&lt;br&gt; ○ 2 or more glasses per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orange juice—calcium fortified (small glass)</th>
<th>Grapefruit (1/2)</th>
<th>Grapefruit juice (small glass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 glasses per month&lt;br&gt; ○ 1 glass per week&lt;br&gt; ○ 2-4 glasses per week&lt;br&gt; ○ 5-6 glasses per week&lt;br&gt; ○ 1 glass per day&lt;br&gt; ○ 2 or more glasses per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 times per month&lt;br&gt; ○ Once per week&lt;br&gt; ○ 2-4 times per week&lt;br&gt; ○ 5-6 times per week&lt;br&gt; ○ Once per day&lt;br&gt; ○ 2-3 times per day&lt;br&gt; ○ 4 or more times per day</td>
<td>○ Never&lt;br&gt; ○ Less than once per month&lt;br&gt; ○ 1-3 glasses per month&lt;br&gt; ○ 1 glass per week&lt;br&gt; ○ 2-4 glasses per week&lt;br&gt; ○ 5-6 glasses per week&lt;br&gt; ○ 1 glass per day&lt;br&gt; ○ 2 or more glasses per day</td>
</tr>
</tbody>
</table>
27. (Continued) Please fill in your average total use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>Other fruit juices (small glass)</th>
<th>Strawberries, fresh, frozen or canned (1/2 cup)</th>
<th>Blueberries, fresh, frozen or canned (1/2 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
<td>○ Never</td>
<td>○ Never</td>
</tr>
<tr>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
</tr>
<tr>
<td>○ 1–3 glasses per month</td>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
</tr>
<tr>
<td>○ 1 glass per week</td>
<td>○ Once per week</td>
<td>○ Once per week</td>
</tr>
<tr>
<td>○ 2–4 glasses per week</td>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
</tr>
<tr>
<td>○ 5–6 glasses per week</td>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
</tr>
<tr>
<td>○ 1 glass per day</td>
<td>○ Once or more per day</td>
<td>○ Once or more per day</td>
</tr>
<tr>
<td>○ 2 or more glasses per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Tomatoes (1)</th>
<th>Tomato or V8 juice (small glass)</th>
<th>Tomato sauce (1/2 cup) e.g., spaghetti sauce</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
<td>○ Never</td>
<td>○ Never</td>
</tr>
<tr>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
</tr>
<tr>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
</tr>
<tr>
<td>○ Once per week</td>
<td>○ Once per week</td>
<td>○ Once per week</td>
</tr>
<tr>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
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<tr>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
</tr>
<tr>
<td>○ Once per day</td>
<td>○ Once per day</td>
<td>○ Once per day</td>
</tr>
<tr>
<td>○ 2 or more servings per day</td>
<td>○ 2 or more glasses per day</td>
<td>○ 2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salsa, picante or taco sauce (1/4 cup)</th>
<th>Tofu or soybeans (3–4 oz.)</th>
<th>String beans (1/2 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
<td>○ Never</td>
<td>○ Never</td>
</tr>
<tr>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
</tr>
<tr>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
</tr>
<tr>
<td>○ Once per week</td>
<td>○ Once per week</td>
<td>○ Once per week</td>
</tr>
<tr>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
</tr>
<tr>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
</tr>
<tr>
<td>○ Once per day</td>
<td>○ Once per day</td>
<td>○ Once per day</td>
</tr>
<tr>
<td>○ 2 or more servings per day</td>
<td>○ 2 or more servings per day</td>
<td>○ 2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Broccoli (1/2 cup)</th>
<th>Cabbage or cole slaw (1/2 cup)</th>
<th>Cauliflower (1/2 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
<td>○ Never</td>
<td>○ Never</td>
</tr>
<tr>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
<td>○ Less than once per month</td>
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<tr>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
<td>○ 1–3 times per month</td>
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<tr>
<td>○ Once per week</td>
<td>○ Once per week</td>
<td>○ Once per week</td>
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<tr>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
<td>○ 2–4 times per week</td>
</tr>
<tr>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
<td>○ 5–6 times per week</td>
</tr>
<tr>
<td>○ 1 or more servings per day</td>
<td>○ 1 or more servings per day</td>
<td>○ 1 or more servings per day</td>
</tr>
<tr>
<td>Food Category</td>
<td>Serving Size</td>
<td>Servings per Week/Day</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Brussels sprouts</td>
<td>(1/2 cup)</td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Carrots, raw (1/2 carrot or 2-4 sticks)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Corn (1 ear or 1/2 cup frozen or canned)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Peas or lima beans (1/2 cup fresh, frozen or canned)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Mixed vegetables, stir-fry, vegetable soup (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Beans or lentils, baked or dried (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Yams or sweet potatoes (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Dark orange (winter) squash (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Eggplant, zucchini or other summer squash (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Spinach, cooked (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Spinach, raw as in salad</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Kale, mustard, or chard greens (1/2 cup)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Iceberg or head lettuce (serving)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
<tr>
<td>Romaine or leaf lettuce (serving)</td>
<td></td>
<td>Never, 1-3 times, 2-4 times, 5-6 times, 1 or more per day</td>
</tr>
</tbody>
</table>
28. (Continued) Please fill in your average total use, during the past year, of each specified food.

**Celery (4" stick)**
- Never
- Less than once per month
- 1–3 per month
- Once per week
- 2–4 per week
- 5–6 per week
- Once per day
- 2 or more servings per day

**Green or red peppers**
- (3 slices or 1/4 pepper)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

**Onions as a garnish or in a salad**
- (1 slice)
- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 or more slices per day

**Onions as a vegetable, rings or soup**
- (1 onion)
- Never
- Less than once per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more per day

---

**Eggs, Meat & Fish**

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

**Egg Beaters or egg whites only**
- (1/4 cup or 1 egg)
  - Never
  - Less than once per month
  - 1–3 eggs per month
  - 1 egg per week
  - 2–4 eggs per week
  - 5–6 eggs per week
  - 1 egg per day
  - 2 or more eggs per day

**Eggs, including yolk**
- (1)
  - Never
  - Less than once per month
  - 1–3 eggs per month
  - 1 egg per week
  - 2–4 eggs per week
  - 5–6 eggs per week
  - 1 egg per day
  - 2 or more eggs per day

**Bacon**
- (2 slices)
  - Never
  - Less than once per month
  - 1–3 times per month
  - Once per week
  - 2–4 times per week
  - 5–6 times per week
  - 1 or more servings per day

**Beef or pork hot dogs**
- (1)
  - Never
  - Less than once per month
  - 1–3 per month
  - 1 per week
  - 2–4 per week
  - 5–6 per week
  - 1 per day
  - 2 or more per day

**Chicken or turkey hot dogs**
- (1)
  - Never
  - Less than once per month
  - 1–3 per month
  - 1 per week
  - 2–4 per week
  - 5–6 per week
  - 1 per day
  - 2 or more per day

**Chicken or turkey sandwich**
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more per week

**Other chicken or turkey, with skin**
- (3 oz.)
  - Never
  - Less than once per month
  - 1–3 times per month
  - Once per week
  - 2–4 times per week
  - 5–6 times per week
  - 1 or more servings per day

**Other chicken or turkey, without skin**
- (3 oz.)
  - Never
  - Less than once per month
  - 1–3 times per month
  - Once per week
  - 2–4 times per week
  - 5–6 times per week
  - 1 or more servings per day
29. (Continued) Please fill in your average total use, during the past year, of each specified food.

### Salami, bologna, or other processed meat sandwiches
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more per week

### Processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

### Hamburger, regular (1 patty)
- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more per day

### Hamburger, lean or extra lean (1 patty)
- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more per day

### Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

### Pork as a main dish, e.g., ham or chops (4–6 oz.)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

### Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

### Liver: beef, calf or pork (4 oz.)
- Never
- Less than once per month
- 1 times per month
- 2–3 times per month
- 1 or more servings per week

### Liver: chicken or turkey (1 oz.)
- Never
- Less than once per month
- 1 time per month
- 2–3 times per month
- 1 or more servings per week

### Canned tuna fish (2–3 oz.)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

### Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more per day

### Shrimp, lobster, scallops, clams as a main dish (1 serving)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

### Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

### Other fish, e.g., cod, haddock, halibut (3–5 oz.)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day
30. Please fill in your **average** total use, **during the past year**, of each specified food.

### Cold breakfast cereal (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

### Cooked oatmeal/cooked oat bran (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

### Other cooked breakfast cereal (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

### White bread (slice), including pita bread
- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

### Dark bread (slice), including wheat pita bread
- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

### Bagels, English muffins, soft pretzels or rolls (1 whole)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more per day

### Muffins (regular) or biscuits (1)
- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more per day

### Brown rice (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

### White rice (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

### Pancakes or waffles (2 pieces)
- Never
- Less than once per month
- 1–3 servings per month
- 1 serving per week
- 2–4 servings per week
- 5–6 servings per week
- 1 serving per day
- 2 or more servings per day

### Pasta, e.g., spaghetti, noodles, etc. (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

### Tortillas (1)
- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4 or more per day
### Other grains, e.g., bulgur, kasha, couscous, etc. (1 cup)
- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

### French fries (4 oz. or 1 serving)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

### Potatoes, baked, boiled (1) or mashed (1 cup)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 per day
- 2 or more servings per day

### Potato chips or corn chips (small bag or 1 oz.)
- Never
- Less than once per month
- 1–3 times per month
- 1 per week
- 2–4 times per week
- 5–6 times per week
- 1 per day
- 2 or more servings per day

### Crackers, Triscuits, Wheat Thins (5)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2–3 times per day
- 4 or more servings per day

### Pizza (2 slices)
- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

### Beverages

#### Carbonated Beverages—Consider the serving size as one 12 oz. glass, bottle or can for these carbonated beverages.

### Low-Calorie (Sugar-Free Types)

#### Low-calorie cola with caffeine, e.g., Diet Coke (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

#### Other low-cal beverage with caffeine, e.g., Diet Mt. Dew (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

#### Other low-cal beverage without caffeine, e.g., Diet 7-Up (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

#### Regular Types (Not Sugar-Free)

#### Coke, Pepsi, or other cola with sugar (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

#### Other carbonated bev. with caffeine and sugar, e.g., Mt. Dew, Surge, Dr. Pepper (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

#### Other carbonated bev. with sugar, e.g., 7-Up (1 glass, bottle, or can)
- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day
31. (Continued) Please fill in your average total use, during the past year, of each specified food.

### OTHER BEVERAGES

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

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

**Beer, regular (1 glass, bottle, can)**

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

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

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

**Red wine (4 oz. glass)**

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

**White wine (4 oz. glass)**

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

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

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

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

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

**Herbal tea or decaffeinated tea (1 cup)**

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

**Tea (1 cup), Not herbal teas**

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

**Decaffeinated coffee (1 cup)**

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

**Coffee with caffeine (1 cup)**

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4–5 cups per day
- 6+ cups per day
## Sweets, Baked Goods & Miscellaneous

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

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pure chocolate candy bar or packet, (e.g., Hershey’s, M&amp;M’s)</strong></td>
<td>Never, Less than once per month, 1–3 per month, 1 per week, 2–4 per week, 5–6 per week, 1 per day, 2–3 per day, 4 or more per day</td>
</tr>
<tr>
<td><strong>Candy bars, (e.g., Snickers, Milky Way, Reeses)</strong></td>
<td>Never, Less than once per month, 1–3 candy bars per month, 1 candy bar per week, 2–4 candy bars per week, 5–6 candy bars per week, 1 candy bar per day, 2–3 candy bars per day, 4 or more candy bars per day</td>
</tr>
<tr>
<td><strong>Candy without chocolate (e.g., 1 pack mints, Lifesavers)</strong></td>
<td>Never, Less than once per month, 1–3 times per month, Once per week, 2–4 times per week, 5–6 times per week, Once per day, 2–3 times per day, 4 or more times per day</td>
</tr>
<tr>
<td><strong>Cookies, fat free or reduced fat (1)</strong></td>
<td>Never, Less than once per month, 1–3 cookies per month, 1 cookie per week, 2–4 cookies per week, 5–6 cookies per week, 1 cookie per day, 2–3 cookies per day, 4 or more cookies per day</td>
</tr>
<tr>
<td><strong>Cookies, other ready-made (1)</strong></td>
<td>Never, Less than once per month, 1–3 cookies per month, 1 cookie per week, 2–4 cookies per week, 5–6 cookies per week, 1 cookie per day, 2–3 cookies per day, 4 or more cookies per day</td>
</tr>
<tr>
<td><strong>Cookies, home baked (1)</strong></td>
<td>Never, Less than once per month, 1–3 cookies per month, 1 cookie per week, 2–4 cookies per week, 5–6 cookies per week, 1 cookie per day, 2–3 cookies per day, 4 or more cookies per day</td>
</tr>
<tr>
<td><strong>Brownies (1)</strong></td>
<td>Never, Less than once per month, 1–3 per month, 1 per week, 2–4 per week, 5–6 per week, 1 per day, 2 or more per day</td>
</tr>
<tr>
<td><strong>Doughnuts (1)</strong></td>
<td>Never, Less than once per month, 1–3 per month, 1 per week, 2–4 per week, 5–6 per week, 1 per day, 2–3 per day, 4 or more per day</td>
</tr>
<tr>
<td><strong>Cake, ready made (slice)</strong></td>
<td>Never, Less than once per month, 1–3 slices per month, 1 slice per week, 2–4 slices per week, 5–6 slices per week, 1 or more slices per day</td>
</tr>
<tr>
<td><strong>Cake, home baked (slice)</strong></td>
<td>Never, Less than once per month, 1–3 slices per month, 1 slice per week, 2–4 slices per week, 5–6 slices per week, 1 or more slices per day</td>
</tr>
<tr>
<td><strong>Pie, homemade or ready made (slice)</strong></td>
<td>Never, Less than once per month, 1–3 slices per month, 1 slice per week, 2–4 slices per week, 5–6 slices per week, 1 or more slices per day</td>
</tr>
<tr>
<td><strong>Jams, jellies, preserves, syrup, or honey (1 tbs.)</strong></td>
<td>Never, Less than once per month, 1–3 tbs. per month, 1 tbs. per week, 2–4 tbs. per week, 5–6 tbs. per week, 1 tbs. per day, 2–3 tbs. per day, 4 or more tbs. per day</td>
</tr>
</tbody>
</table>
32. (Continued) Please fill in your average total use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>Peanut butter (1 tbs.)</th>
<th>Popcorn (1 cup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>1–3 tbs. per month</td>
<td>1–3 cups per month</td>
</tr>
<tr>
<td>1 tbs. per week</td>
<td>1 cup per week</td>
</tr>
<tr>
<td>2–4 tbs. per week</td>
<td>2–4 cups per week</td>
</tr>
<tr>
<td>5–6 tbs. per week</td>
<td>5–6 cups per week</td>
</tr>
<tr>
<td>1 tbs. per day</td>
<td>1 cup per day</td>
</tr>
<tr>
<td>2–3 tbs. per day</td>
<td>2 or more cups per day</td>
</tr>
<tr>
<td>4 or more tbs. per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sweet roll, coffee cake or other pastry, fat free or reduced fat (serving)</th>
<th>Sweet roll, coffee cake or other pastry, other ready made (serving)</th>
<th>Sweet roll, coffee cake or other pastry, home baked (serving)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>Less than once per month</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>1–3 times per month</td>
<td>1–3 times per month</td>
<td>1–3 times per month</td>
</tr>
<tr>
<td>Once per week</td>
<td>Once per week</td>
<td>Once per week</td>
</tr>
<tr>
<td>2–4 times per week</td>
<td>2–4 times per week</td>
<td>2–4 times per week</td>
</tr>
<tr>
<td>5–6 times per week</td>
<td>5–6 times per week</td>
<td>5–6 times per week</td>
</tr>
<tr>
<td>Once per day</td>
<td>Once per day</td>
<td>Once per day</td>
</tr>
<tr>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pretzels (1 oz., or small bag)</th>
<th>Peanuts (small packet or 1 oz.)</th>
<th>Walnuts (1 oz.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>Less than once per month</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>1–3 servings per month</td>
<td>1–3 per month</td>
<td>1–3 per month</td>
</tr>
<tr>
<td>One serving per week</td>
<td>1 per week</td>
<td>1 per week</td>
</tr>
<tr>
<td>2–4 servings per week</td>
<td>2–4 per week</td>
<td>2–4 per week</td>
</tr>
<tr>
<td>5–6 servings per week</td>
<td>5–6 per week</td>
<td>5–6 per week</td>
</tr>
<tr>
<td>One serving per day</td>
<td>1 per day</td>
<td>1 per day</td>
</tr>
<tr>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other nuts (small packet or 1 oz.)</th>
<th>Oat bran, added to food (1 tbs.)</th>
<th>Other bran, added to food (1 tbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>Less than once per month</td>
<td>Less than once per month</td>
</tr>
<tr>
<td>1–3 per month</td>
<td>1–3 tbs. per month</td>
<td>1–3 tbs. per month</td>
</tr>
<tr>
<td>1 per week</td>
<td>1 tbs. per week</td>
<td>1 tbs. per week</td>
</tr>
<tr>
<td>2–4 per week</td>
<td>2–4 tbs. per week</td>
<td>2–4 tbs. per week</td>
</tr>
<tr>
<td>5–6 per week</td>
<td>5–6 tbs. per week</td>
<td>5–6 tbs. per week</td>
</tr>
<tr>
<td>1 per day</td>
<td>1 tbs. per day</td>
<td>1 tbs. per day</td>
</tr>
<tr>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
<td>2 or more servings per day</td>
</tr>
<tr>
<td>Food Item</td>
<td>Frequency Options</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Olive oil added to food or bread</td>
<td>Never, Less than once per month, 1-3 tbs. per month, 1 tbs. per week, 2-4 tbs. per week, 5-6 tbs. per week, 1 tbs. per day, 2-3 tbs. per day, 4-5 tbs. per day, 6+ tbs. per day</td>
<td></td>
</tr>
<tr>
<td>Low fat mayonnaise/fat-free mayonnaise</td>
<td>Never, Less than once per month, 1-3 servings per month, 1 serving per week, 2-4 servings per week, 5-6 servings per week, 1 serving per day, 2 or more servings per day</td>
<td></td>
</tr>
<tr>
<td>Salad dressing (2 tbs.)</td>
<td>Never, Less than once per month, 1-3 servings per month, 1 serving per week, 2-4 servings per week, 5-6 servings per week, 1 serving per day, 2-3 servings per day, 4 or more servings per day</td>
<td></td>
</tr>
<tr>
<td>Type of salad dressing:</td>
<td>Nonfat, Low fat, Olive oil dressing, Other vegetable oil dressing</td>
<td></td>
</tr>
<tr>
<td>Salt added at table</td>
<td>Never, Less than once per month, 1-3 shakes per month, 1 shake per week, 2-4 shakes per week, 5-6 shakes per week, 1 shake per day, 2-3 shakes per day, 4-5 shakes per day, 6+ shakes per day</td>
<td></td>
</tr>
<tr>
<td>Nutrasweet or Equal (1 packet) NOT Sweet 'N Low</td>
<td>Never, Less than once per month, 1-3 per month, 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day</td>
<td></td>
</tr>
<tr>
<td>Garlic (1 clove or 4 shakes)</td>
<td>Never, Less than once per month, 1-3 per month, 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day</td>
<td></td>
</tr>
<tr>
<td>Horseradish or Red chill sauce (1 tbs.)</td>
<td>Never, Less than once per month, 1-3 cups per month, 1 cup per week, 2-4 cups per week, 5-6 cups per week, 1 or more cups per day, 2 or more servings per day</td>
<td></td>
</tr>
</tbody>
</table>
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

36. What kind of fat is usually used for baking at home?
  - Real butter
  - Margarine
  - Olive oil
  - Vegetable oil
  - Vegetable shortening
  - Lard

37. How often do you eat deep fried chicken, fish, shrimp or clams away from home?
  - Less than once a week
  - 1–3 times per week
  - 4–6 times per week
  - Daily

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

39. Are there any other foods not mentioned above that you usually eat at least once per week?
   Include for example: Applesauce, mushrooms, radish, horseradish, dried apricots, dates, figs, mango, mixed
dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or
light), Power/Sports bars.

   (Do not include dry spices and do not list something that has been listed in the previous sections.)

<table>
<thead>
<tr>
<th>Other foods that you usually eat at least once per week</th>
<th>Servings per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
</tr>
</tbody>
</table>
Thank you!

Please check to make sure you have not accidentally skipped any pages.

Please return form in prepaid envelope to:

Frank E. Speizer, MD
Nurses’ Health Study
181 Longwood Ave.
Boston, MA 02115