1. PLEASE USE PENCIL!

2. a. SINCE JUNE 1997, have you been pregnant?
   - No—Go to question 3.  
   - Yes

   b. Are you currently pregnant?
   - No
   - Yes—Continue with part c, but do NOT fill in a bubble in part c for your current pregnancy.

   c. For each pregnancy ending after JUNE 1, 1997, fill in a response bubble for the year during which each pregnancy ended.

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Pregnancies lasting 6 months or more</th>
<th>Pregnancies lasting less than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/97 - 12/31/97</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>1998</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>1999</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
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<tr>
<td>2000+</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)
   - None
   - Oral contraceptive
   - Condom
   - Diaphragm/Cervical cap
   - Vasectomy
   - Foam/Jelly/Sponge
   - Rhythm/NFP
   - Norplant
   - Tubal Ligation
   - Intrauterine Device
   - Depo Provera
   - Other

4. SINCE JUNE 1997, have you used oral contraceptives (OCs)?
   - Yes
   - No

   a. How many months did you use OCs during the 24-month period between June 1997 and June 1999?
   - 1 month or less
   - 2-4
   - 5-9
   - 10-14
   - 15-19
   - 20-24 months

   b. Please indicate the brand and type of OC used longest during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

5. SINCE JUNE 1997, have you tried to become pregnant for more than one year without success?
   - Yes—What was the cause?
   - No

   - Tubal blockage
   - Ovulatory disorder
   - Endometriosis
   - Cervical mucous factors
   - Spouse/Partner
   - Not investigated
   - Not found
   - Other

6. Have your natural menstrual periods ceased PERMANENTLY?
   - No: Premenopausal
   - Yes: No menstrual periods
   - Yes: Had menopause but now have periods induced by hormones
   - Not sure (e.g., started hormones prior to cessation of periods)

   a. AGE natural periods ceased:
      - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

   b. For what reason did your periods cease?
      - [ ] Natural
      - [ ] Surgical
      - [ ] Radiation or chemotherapy

7. Have you had your uterus removed?
   - No
   - Yes—Date of surgery:
     - Before June 1, 1997
     - After June 1, 1997

8. Have you ever had either of your ovaries surgically removed?
   - Yes
   - No

   a. How many ovaries do you have remaining?
      - None
      - One

9. Are you currently using any of these medications for osteoporosis or any other reason?
   - Evista (raloxifene)
   - Fosamax (alendronate)
   - Miacalcin (calcitonin)
   - Didronel
   - Not using any of these

10. SINCE JUNE 1997, have you used female replacement hormones (other than oral contraceptives)?
    - Yes
    - No

   a. How many months did you use them during the 24-month period between JUNE 1997 and JUNE 1999?
      - 1-4 months
      - 5-9 months
      - 10-14 months
      - 15-19 months
      - 20-24 months
      - Used only after June, 1999

   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.
      - Combined
      - Oral Premarin
      - Patch Estrogen
      - Vaginal Estrogen
      - Ogen
      - Estrace
      - Soy Estrogen Supplement
      - Herbal or Other estrogen (specify below)
      - Progesterone/Progesterin
      - Provera/Cycrin/MPA
      - Vaginal
      - Micronized
      - Herbal or Other progesterone (specify below)

   Other type of hormones used, please specify:

   d. If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?
      - Less than 0.30 mg/day
      - 0.30 mg/day or less (Green)
      - 0.625 mg/day (Brown)
      - 0.9 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 medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?
      - Less than 2.5 mg
      - 2.5 mg or less
      - 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 Estrogen:
        - Days/Month
        - Not used
        - <1 day/mo
        - 1-8 days
        - 9-18 days
        - 19-26 days
        - 27+ days/mo
      - Progesterone:
        - Days/Month
        - Not used
        - <1 day/mo
        - 1-8 days
        - 9-18 days
        - 19-26 days
        - 27+ days/mo

11. Highest level of education completed by your current spouse/partner:
    - Less than high school
    - High school
    - 2-year college
    - 4-year college
    - Graduate school
    - Not applicable
12. Regular Medication (mark if used regularly in past 2 years)

- Acetaminophen (e.g., Tylenol)
  - Days/week: 1-2
  - Tablets/wk: 1-2

- Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)
  - Days/week: 1-2
  - Tablets/wk: 1-2

- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - Days/week: 1-2
  - Tablets/wk: 1-2

- Other anti-inflammatory analgesics, 2+ times/week
  - (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

- Thiazide diuretic (e.g., Dyazide, HCTZ, Hydroton, Diuril)
  - Any other medication to treat hypertension

- Tamoxifen
  - "Statin" cholesterol-lowering drugs (e.g., Mevacor (Lovastatin), Pravachol (pravastatin), Zocor (simvastatin), Lipitor)
  - Number of years used: 0-2 yrs, 3-5 yrs, 6+ yrs

- Other cholesterol-lowering drug

- Tricyclic antidepressants (e.g., Elavil, Tofranil, Palmerol)

- Prozac

- Zoloft

- Paxil

- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)

- Meridia (sibutramine)

- Phentermine (Fastin)

- Other regular medication (no need to specify)

- Tamoxifen

- Other regular medication (no need to specify)

13. Have any of your children ever been diagnosed with cancer or leukemia?

14. Is this your correct date of birth?

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

<table>
<thead>
<tr>
<th>Systolic:</th>
<th>105 mmHg</th>
<th>105-114</th>
<th>115-124</th>
<th>Diastolic:</th>
</tr>
</thead>
</table>

16. In the past two years have you had:

- Colonoscopy/Sigmoidoscopy?
- Mammogram?
- Bimanual pelvic exam?
- Fasting blood sugar?

17. Do you currently smoke cigarettes?

18. Did your mother smoke when she was pregnant with you?

19. When you were a child, did either of your parents smoke regularly inside your home?

20. Since age 18, how many years have you lived with someone who smoked regularly inside your home?

21. Since June, 1997, have you had any of these physician-diagnosed illnesses?

- Myocardial infarction (heart attack)
- Angina pectoris
- Coronary bypass/angioplasty
- Stroke (CVA) or TIA
- Deep vein thrombosis/Pul. embolism
- Elevated cholesterol
- Melanoma
- Basal cell skin cancer
- Squamous cell skin cancer
- Fibrocystic/benign breast disease
- Breast cancer
- Other cancer

Specify site of other cancer:

- Colon or rectal polyp (benign)
- Ulcerative colitis/Crohn's
- Gastric or duodenal ulcer
- Gallstones
- High blood pressure (not pregnancy related)
- Pregnancy-related high blood pressure
- Toxemia/Preeclampsia of pregnancy
- Diabetes: Not pregnancy-related
- Diabetes: Gestational
- Hydatidiform mole of pregnancy
- Ectopic pregnancy
- Endometriosis—1st diagnosis
- Uterine fibroids—1st diagnosis
- Cholecystectomy
- Polycystic ovarian syndrome
- Kidney stones
- Multiple sclerosis
- Asthma, doctor diagnosed
- Emphysema/Chronic Bronchitis Drx
- Pneumonia, x-ray confirmed
- Graves' Disease/Hyperthyroidism
- Hypothyroidism
- Thyroid nodule (benign)
- Intestinal cystitis (not UUTI)
- Herniated lumbar disc, CTMRI confirmed
- SLE (systemic lupus)
- Rheumatoid arthritis, doctor diagnosed
- Rheumatoid factor (negative/unknown)
- Other arthritis
- Other major illness or surgery since June, 1997
22. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 23.)
  - No
  - Yes
  - If 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?

23. Do you take the following separate preparations? DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.
   a) Vitamin A
      - No
      - Yes, seasonal only
      - Yes, most months
      - 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) Beta-Carotene
      - No
      - Yes, seasonal only
      - Yes, most months
      - 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
   c) Vitamin C
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 100 mg.
        - 100 to 250 mg.
        - 250 to 500 mg.
        - 500 mg. or more
      - Don't know
   d) Vitamin B6
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 10 mg.
        - 10 to 39 mg.
        - 40 to 79 mg.
        - 80 mg. or more
      - Don't know
   e) Vitamin E
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 100 IU
        - 100 to 250 IU
        - 250 to 500 IU
        - 500 IU or more
      - Don't know
   f) Calcium
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day (elemental calcium):
        - Less than 400 mg.
        - 400 to 900 mg.
        - 901 to 1300 mg.
        - 1301 mg. or more
      - Don't know
   g) Selenium
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 80 mcg.
        - 80 to 130 mcg.
        - 140 to 250 mcg.
        - 260 mcg. or more
      - Don't know
   h) Niacin
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 50 mg.
        - 50 to 300 mg.
        - 400 to 800 mg.
        - 900 mg. or more
      - Don't know
   i) Zinc
      - No
      - Yes, seasonal only
      - Yes, most months
      - If Yes, Dose per day:
        - Less than 25 mg.
        - 25 to 75 mg.
        - 75 to 100 mg.
        - 101 mg. or more
      - Don't know
   j) Are there other supplements that you take on a regular basis?
      - No
      - Yes
      - If Yes, supplements include:
        - Metamucil/Citrucil
        - Potassium
        - Chromium
        - Folic Acid
        - Vitamin D
      - Don't know

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

25. What brand and type of cold breakfast cereal do you usually eat?
   - Don't eat cold breakfast cereal.
   - Specify cereal brand & type

26. What form of margarine do you usually use?
   - None
   - Form?
     - Stick
     - Tub
     - Spray
     - Squeeze (liquid)
   - Type?
     - Reg.
     - Light
     - Extra Light
     - Nonfat

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

Milk (8 oz. glass)
- Skim or 1% milk
- 2% milk
- Whole milk
- Soy milk

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

Non-dairy coffee whitener (1 Tbs)

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

Regular ice cream (1/2 cup)

Yogurt, plain or artificially sweetened (1 cup)

Other flavored yogurt (1 cup)

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

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

Cottage or ricotta cheese (1/2 cup)

Cream cheese (1 oz.)

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

What type of cheese do you usually eat?
   - Regular
   - Low fat or Lite
   - Nonfat
   - None
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 Description</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>Raisins (1 oz. or small pack) or grapes</td>
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<td>Prunes (7 prunes or 1/2 cup)</td>
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<td>Prune juice (small glass)</td>
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<td>Bananas (1)</td>
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<tr>
<td>Cantaloupe (1/4 melon)</td>
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<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>Orange juice—calcium fortified (small glass)</td>
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<td>Grapefruit (1/2) or grapefruit juice (small glass)</td>
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<td>Other fruit juices (small glass)</td>
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<td>Strawberries, fresh, frozen or canned (1/2 cup)</td>
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<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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</tbody>
</table>

### VEGETABLES

<table>
<thead>
<tr>
<th>Food Description</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>
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<td>Tomato or V-8 juice (small glass)</td>
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<td>Tomato sauce (1/2 cup) e.g., spaghetti sauce</td>
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<td>Salsa, picante or taco sauce (1/4 cup)</td>
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<tr>
<td>Tofu, soy beans (3-4 oz.) or tofu burger (1 patty)</td>
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<td>String beans (1/2 cup)</td>
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<td>Beans or lentils, baked or dried (1/2 cup)</td>
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<tr>
<td>Peas or lima beans (1/2 cup fresh, frozen, canned)</td>
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<td>Broccoli (1/2 cup)</td>
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<td>Cauliflower (1/2 cup)</td>
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<td>Cabbage or coleslaw (1/2 cup)</td>
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<tr>
<td>Brussels sprouts (1/2 cup)</td>
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<tr>
<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>Corn (1 ear or 1/2 cup frozen or canned)</td>
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<td>Mixed vegetables, stir-fry, vegetable soup (1/2 cup)</td>
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<td>Yams or sweet potatoes (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>Kale, mustard or chard greens (1/2 cup)</td>
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<tr>
<td>Spinach, cooked (1/2 cup)</td>
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<tr>
<td>Spinach, raw as in salad (serving)</td>
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<tr>
<td>Iceberg or head lettuce (serving)</td>
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<tr>
<td>Romaine or leaf lettuce (serving)</td>
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<tr>
<td>Celery (4&quot; stick)</td>
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<tr>
<td>Green or red peppers (3 slices or 1/4 pepper)</td>
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<tr>
<td>Onions as a garnish or in salad (1 slice)</td>
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<tr>
<td>Onions as a vegetable, rings or soup (1 onion)</td>
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</tbody>
</table>

### EGGS, MEAT, ETC.

<table>
<thead>
<tr>
<th>Food Description</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>Egg Beaters or egg whites only (1/4 cup or 1 egg)</td>
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<tr>
<td>Eggs including yolk (1)</td>
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<tr>
<td>Beef or pork hot dogs (1)</td>
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<tr>
<td>Chicken or turkey hot dogs (1)</td>
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<tr>
<td>Chicken or turkey sandwich</td>
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<tr>
<td>Other chicken or turkey, with skin (3 oz.)</td>
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<tr>
<td>Other chicken or turkey, without skin (3 oz.)</td>
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<tr>
<td>Bacon (2 slices)</td>
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</tr>
</tbody>
</table>
27. (Continued) Please fill in your average use, during the past year, of each specified food.

<table>
<thead>
<tr>
<th>EGGs, MEATs, ETC. (continued)</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>Salami, bologna, or other processed meat sandwiches</td>
<td>○</td>
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<tr>
<td>Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Hamburger, regular (1 patty)</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Hamburger, lean or extra lean (1 patty)</td>
<td>○</td>
<td>○</td>
<td>W</td>
<td>D</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.</td>
<td>○</td>
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<td>D</td>
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<td>○</td>
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<tr>
<td>Pork as a main dish, e.g., ham or chops (4-6 oz.)</td>
<td>○</td>
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<td>D</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Canned tuna fish (2-3 oz.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>D</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Shrimp, lobster, scallops as a main dish</td>
<td>○</td>
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<td>○</td>
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</tr>
<tr>
<td>Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Other fish, e.g., cod, haddock, halibut (3-5 oz.)</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BREADs, CEREALS, STARCHes</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>Cold breakfast cereal (1 cup)</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Cooked oatmeal/cooked oat bran (1 cup)</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Other cooked breakfast cereal (1 cup)</td>
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<td>○</td>
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<tr>
<td>White bread (slice), including pita bread</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Dark bread (slice), including wheat pita bread</td>
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<td>○</td>
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<tr>
<td>Bagels, English muffins, soft pretzels, or rolls (1)</td>
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<tr>
<td>Muffins or biscuits (1)</td>
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<tr>
<td>Pancakes or waffles (2 pieces)</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>Tortillas (1)</td>
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<tr>
<td>Other grains, e.g., bulgur, kasha, couscous, etc. (1 cup)</td>
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<tr>
<td>French Fries (4 oz. or 1 serving)</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 (5)</td>
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<td>○</td>
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<tr>
<td>Pizza (2 slices)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CARBONATED BEVERAGES</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 cola with caffeine, e.g., Diet Coke</td>
<td>○</td>
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<tr>
<td>Other low-cal bev. with caffeine, e.g., Diet Mt. Dew</td>
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<tr>
<td>Other low-cal bev. without caffeine, e.g., Diet 7-Up</td>
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<tr>
<td>Coke, Pepsi, or other cola with sugar</td>
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<tr>
<td>Other carbonated bev. with caffeine and sugar, e.g., Mt. Dew, Surge, Dr. Pepper</td>
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<tr>
<td>Other carbonated beverage with sugar, e.g., 7-Up</td>
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<tr>
<td>Punch, lemonade, other non-carbonated fruit drinks, or sugared ice tea (1 glass, bottle, can)</td>
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<tr>
<td>Beer, regular (1 glass, bottle, can)</td>
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<tr>
<td>Light Beer, e.g., Bud Light (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., vodka, gin, etc. (1 drink or shot)</td>
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<tr>
<td>Plain water, bottled, sparkling, or tap (1 cup or glass)</td>
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</tr>
<tr>
<td>Herbal tea or decaffeinated tea (1 cup)</td>
<td>○</td>
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</tr>
<tr>
<td>Tea with caffeine (1 cup), not herbal teas</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Decaffeinated coffee (1 cup)</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
<tr>
<td>Coffee with caffeine (1 cup)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
</tbody>
</table>

PLEASE TURN TO PAGE 6
27. (Continued) Please fill in your average use, during the past year, of each specified food.

**SWEETS, BAKED GOODS, MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Item (bar or packet) e.g., Hershey's, M &amp; M's</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>Candy bars, e.g., Snickers, Milky Way, Reeses</td>
<td>[ ]</td>
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<td>Candy without chocolate (1 oz.)</td>
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<td>Cookies (1)</td>
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<td>Brownies (1)</td>
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<td>Doughnuts (1)</td>
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<td>Cake, ready made (slice)</td>
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<td>Cake, home baked (slice)</td>
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<td>Pie, homemade or ready made (slice)</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>Sweet roll, coffee cake or other pastry (serving)</td>
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<td>Pretzels (1 oz or 1 bag)</td>
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<tr>
<td>Peanuts (small packet or 1 oz.)</td>
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<tr>
<td>Walnuts (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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<td>Chowder or cream soup (1 cup)</td>
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<td>Ketchup or red chili sauce (1 Tbs)</td>
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<td>Salt added at table (1 shake)</td>
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<td>Nutrasweet or Equal (1 packet) NOT Sweet 'N Low</td>
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<td>Garlic (1 clove or 4 shakes)</td>
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<td>Olive oil added to other food or bread (1 Tbs)</td>
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<td>Low-fat or fat-free mayonnaise (1 Tbs)</td>
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<td>Regular mayonnaise (1 Tbs)</td>
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<td>Salad dressing (2 Tbs)</td>
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Type of salad dressing: Nonfat Low-fat Olive oil Other vegetable oil

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

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

29. 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
- Don't eat meat

30. How often do you eat food fried, stir-fried, or sautéed at home?
- Never
- Less than once a week
- Once per week
- 2-4 times per week
- 5-6 times per week
- Daily

31. What kind of fat is usually used for frying and sautéing at home?
- Any "Pam" type spray
- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

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

33. How often do you eat deep fried chicken, fish, shrimp or clams away from home?
- Never
- Less than once a week
- Once per week
- 2-4 times per week
- 5-6 times per week
- Daily

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

Specify brand and type

Other foods 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/Sport bars, Garden Burgers, brewer's yeast, flax seed/flax seed oil.
- Do not include dry spices and do not list something that has been listed in the previous sections.

35. Are there any other important foods 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/Sport bars, Garden Burgers, brewer's yeast, flax seed/flax seed oil.
- (a)
- (b)
- (c)

Thank you! Please return forms in prepaid return envelope to: Dr. Walter Willett, 181 Longwood Ave., Boston, MA 02115.