Dear Colleague:

Thank you for your continued participation in the Nurses’ Health Study II. We are excited that over 23,000 nurses completed the 2005 questionnaire on the web at www.NHS2.org. We would like to encourage you to use our convenient website to answer this year’s survey. Of course if you prefer a #2 pencil to a mouse and keyboard, completing the attached questionnaire is also equally appreciated.

It has been 18 years since you and 116,670 other RNs enrolled in this study of women’s health. The fruits of our collaboration are bountiful as dozens of scientific papers continue to be published from this extraordinary data set. We humbly thank you for making this possible through your dedication, enthusiasm and loyal participation.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our on-line questionnaire at www.NHS2.org. We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire is being sent to each member of NHS II and should take about 30 minutes to complete.

As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only. If you have any questions about the study or the questionnaire, you may contact us at the address shown above.

We value each member of the Nurses’ Health Study II as an irreplaceable colleague in our research, regardless of your health, employment (or retirement) status. In short, no matter what your circumstances, we would like to hear from you!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer to help us all learn more about women’s health.

Sincerely,

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

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

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or 1, & vs O, 5 vs S)
INSTRUCTIONS

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

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

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

13. Since June 2005, have you had any of these clinician-diagnosed illnesses? Leave blank for NO, mark here for YES

<table>
<thead>
<tr>
<th>YEAR OF DIAGNOSIS</th>
<th>Before June '05</th>
<th>June 1 to May '07</th>
<th>After June 1 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by angiography?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Coronary bypass, angioplasty, or stent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.

• If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.

• Thank you for completing the 2007 Nurses' Health Study II Questionnaire.

Federal research regulations require us to include the following information:
There are no direct benefits to you from participating in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any question you do not wish to answer. You will not receive monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).
1. PLEASE USE PENCIL!

2. SINCE JUNE 2005, have you been pregnant?
   - No—Go to Question 3.
   - Yes (continue)
     a) Are you currently pregnant?
        - No
        - Yes—Continue with Part b, but do NOT fill in a bubble in Part b for your current pregnancy.
     b) For each pregnancy ending after JUNE 1, 2005, 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>6/1/05 - 12/31/2005</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2007</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

4. SINCE JUNE 2005, have you used oral contraceptives (OCs)?
   - Yes
   - No
   a) How many months did you use hormones since June 2005?
   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. 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

6. Have you had your uterus removed?
   - No
   - Yes
   a) Date of surgery: Before June 1, 2005
   b) After June 1, 2005

7. Have you ever had either of your ovaries surgically removed?
   - No
   - Yes
   a) How many ovaries do you have remaining?
   - None
   - One
   - Two
   - Three
   - Four

8. SINCE JUNE 2005, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?
   - Yes
   - No
   a) How many months have you used each drug during the 24-month period between June 2005 and June 2007?
   b) Are you currently using Evista or Nolvadex?

9. Are you currently using any over-the-counter (e.g., “herbal,” “natural,” or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)
   - Yes
   - No
   a) What type(s)?
   b) Did not take oral conjugated estrogen
   c) Other hormones CURRENTLY used (e.g., Tri-est), Specify:

10. SINCE JUNE 2005, have you used prescription female hormones?
    - Yes
    - No
    a) How many months did you use hormones since June 2005?
    b) Are you currently using them (within the last month)?
    c) Mark the type(s) of hormones you are CURRENTLY using:
       - Combined:
       - Progestins:
       - Other hormones
    d) If you used oral conjugated estrogen (e.g., Premarin) since June 2005, what dose did you usually take?
    e) What was your pattern of hormone use (Days Per Month)?

11. Do you currently smoke cigarettes?
    - No
    - Yes
    a) How many per day?
    b) Did you smoke when you took hormones?

12. Have you ever had a migraine headache?
    - No
    - Yes
    a) Did you have an aura?
### 13. Since June 2005, have you had any of these clinician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1 2005</th>
<th>June '05 to May '07</th>
<th>After June 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Coronary bypass, angioplasty, or stent</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Deep vein thrombosis/Pul. embolism</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Melanoma</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fibrocystic/other benign breast disease</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other cancer</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Specify site of other cancer</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ulcerative colitis/Crohn’s</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gastric or duodenal ulcer</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Barrett’s Esophagus</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gallstones</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Did you have symptoms?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>How diagnosed?</td>
<td>X-ray or ultrasound</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Endometriosis—1st diagnosis</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirmed by laparoscopy?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Uterine fibroids—1st diagnosis</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirmed by pelvic exam?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Endometriosis conf. by ultrasound/hysteroscopy?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Kidney stones</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Asthma, doctor diagnosed</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emphysema/Chronic Bronchitis Dx</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pneumonia, x-ray confirmed</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Graves’ Disease/Hyperthyroidism</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Thyroid nodule (benign)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Rheumatoid arthritis, Doctor Dx</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other arthritis</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Depression, clinician Dx</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 14. In the past two years have you had?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes, for screening</th>
<th>Yes, for symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physical exam?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>Mammogram (or other breast imaging)?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>Fasting blood sugar?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>Upper endoscopy?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>(Virtual) CT Colonoscopy?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>Colonoscopy?</td>
<td>No</td>
<td>Y</td>
</tr>
<tr>
<td>Sigmoideoscopy?</td>
<td>No</td>
<td>Y</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Days/week</th>
<th>Total tabs/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (e.g., Tylenol)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>“Baby” or low dose aspirin (100 mg tablet or less)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Aspirin or aspirin-containing products (325 mg tablet or more)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Baby or low dose aspirin (100 mg tablet or less)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Celebrex, Vioxx or Bextra (COX-2 inhibitors)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Thiazide diuretic</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Calcium blocker (e.g., Calan, Procardia, Cardizem)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Angiotensin receptor blocker (e.g., valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro))</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Other antihypertensive (e.g., clonidine, doxazosin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>“Statin” cholesterol-lowering drug:</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Mevacor (lovastatin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Zocor (simvastatin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Crestor</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Pravachol (pravastatin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Lipitor (atorvastatin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Lescol</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestil, Zetia]</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Steroids taken orally (e.g., Prednisone, Decadron, Medrol)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Insulin</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Oral hypoglycemic medication</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Thyroid hormone (e.g., Synthroid, Levothroid, extract)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>SSRI’s (e.g., Prozac, Zoloft, Paxil, Celexa)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Other antidepressants (e.g., Elavil, Tofranil, Pamelor)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Other antihypertensives (e.g., clonidine, doxazosin)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Minor tranquilizers (e.g., Valium, Xanax, Alvan, Librium)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>H2 blocker (e.g., Pepcid, Tagamet, Zantac, Atrid)</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>Fosamax, Actonel, or other bisphosphonate</td>
<td>1–2</td>
<td>3–5</td>
</tr>
<tr>
<td>No regular medication</td>
<td>1–2</td>
<td>3–5</td>
</tr>
</tbody>
</table>

### 16. Is this your correct date of birth?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 17. In the past two years, have you had two or more of these conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**For Office Use Only:**

Date: [ ]

**Nurses’ Health Study II**

Copyright © 2007 President of Fellows of Harvard College. All rights reserved worldwide.
20. How many teaspoons of sugar do you add to your beverages or food each day?

21. What brand and type of cold breakfast cereal do you usually eat?

22. What form of margarine or spread do you usually use (exclude pure butter)?

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

<table>
<thead>
<tr>
<th>DAIRY FOODS</th>
<th>AVERAGE USE LAST YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never or less than once per month</td>
</tr>
<tr>
<td>Skim milk</td>
<td>□</td>
</tr>
<tr>
<td>1 or 2 % milk</td>
<td>□</td>
</tr>
<tr>
<td>Whole milk</td>
<td>□</td>
</tr>
<tr>
<td>Soy milk</td>
<td>□</td>
</tr>
<tr>
<td>Cream, e.g., coffee, whipped or sour cream (1 Tbs)</td>
<td>□</td>
</tr>
<tr>
<td>Non-dairy coffee whitener (1 Tbs)</td>
<td>□</td>
</tr>
<tr>
<td>Frozen yogurt, sherbet or low-fat ice cream (1 cup)</td>
<td>□</td>
</tr>
<tr>
<td>Yogurt (1 cup)</td>
<td>□</td>
</tr>
<tr>
<td>Low-carb, artificially sweetened or plain Sweetened—with fruit or other flavoring</td>
<td>□</td>
</tr>
<tr>
<td>Spreads added to food or bread; exclude use in cooking</td>
<td>□</td>
</tr>
<tr>
<td>Pure Butter</td>
<td>□</td>
</tr>
<tr>
<td>Margarine</td>
<td>□</td>
</tr>
<tr>
<td>“Spreadable butter” - butter/oil blend</td>
<td>□</td>
</tr>
<tr>
<td>Cottage or ricotta cheese (1/2 cup)</td>
<td>□</td>
</tr>
<tr>
<td>Cream cheese (1 oz.)</td>
<td>□</td>
</tr>
<tr>
<td>Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)</td>
<td>□</td>
</tr>
</tbody>
</table>

Redrawn from: Special health and nutrition questionnaires for nurses in the Nurses’ Health Study II. Harvard University and the Harvard School of Public Health, Department of Nutrition. 2001.
23. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

### FRUITS
- **Never, or 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**
- **5–6 per day**
- **2–4 per day**
- **1 per day**
- **2–3 per day**
- **1 per day**
- **Never, or less than once per month**

<table>
<thead>
<tr>
<th>Fruit/Type</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>5–6 per day</th>
<th>2–4 per day</th>
<th>1 per day</th>
<th>2–3 per day</th>
<th>5–6 per day</th>
<th>Never, or less than once per month</th>
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<tbody>
<tr>
<td>Raisins (1 oz. or small pack) or grapes (1/2 cup)</td>
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<td>Prunes or dried plums (6 prunes or 1/4 cup)</td>
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<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>Orange juice (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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<td>Peaches or plums (1 fresh or 1/2 cup canned)</td>
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<td>Apricots (1 fresh, 1/2 cup canned or 5 dried)</td>
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### VEGETABLES
- **Never, or 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**
- **5–6 per day**
- **2–4 per day**
- **1 per day**
- **2–3 per day**
- **1 per day**
- **Never, or less than once per month**

<table>
<thead>
<tr>
<th>Vegetable/Type</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>5–6 per day</th>
<th>2–4 per day</th>
<th>1 per day</th>
<th>2–3 per day</th>
<th>5–6 per day</th>
<th>Never, or less than once per month</th>
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<td>Tomatoes (2 slices)</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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<td>String beans (1/2 cup)</td>
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<td>Beans or lentils, baked, dried or soup (1/2 cup)</td>
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<td>Tofu, soy burger, soybeans, miso or other soy protein</td>
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<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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<td>Brussels sprouts (1/2 cup)</td>
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<td>Carrots, raw (1/2 carrot or 2–4 sticks)</td>
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<tr>
<td>Carrots, cooked (1/2 cup) or carrot juice (2–3 oz.)</td>
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<td>Corn (1 ear or 1/2 cup frozen or canned)</td>
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<td>Mixed or stir-fry vegetables (1/2 cup), veg. soup (1 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 greens or chard (1/2 cup)</td>
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<td>Spinach, cooked (1/2 cup)</td>
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<td>Spinach, raw as in salad (1 cup)</td>
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<td>Iceberg or head lettuce (1 serving)</td>
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<td>Romaine or leaf lettuce (1 serving)</td>
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<td>Celery (2–3 sticks)</td>
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<td>Peppers: green, yellow or red (3 slices)</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 cooked vegetable, rings or soup (1/2 cup)</td>
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### EGGS, MEAT, ETC.
- **Never, or 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**
- **5–6 per day**
- **2–4 per day**
- **1 per day**
- **2–3 per day**
- **1 per day**
- **Never, or less than once per month**

<table>
<thead>
<tr>
<th>Protein/Type</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>5–6 per day</th>
<th>2–4 per day</th>
<th>1 per day</th>
<th>2–3 per day</th>
<th>5–6 per day</th>
<th>Never, or less than once per month</th>
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<tbody>
<tr>
<td>Eggs (1)</td>
<td>Omega-3 fortified including yolk</td>
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<td>Eggs (1)</td>
<td>Regular eggs including yolk</td>
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<td>Beef or pork hot dogs (1)</td>
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<td>Chicken or turkey hot dogs or sausage (1)</td>
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<td>Chicken/turkey sandwich or frozen dinner</td>
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<td>Other chicken or turkey, with skin (3 oz.)</td>
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<td>Other chicken or turkey, without skin (3 oz.)- including ground</td>
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<td>Bacon (2 slices)</td>
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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.
### Eggs, Meat, etc.

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

### Breads, Cereals, Starches

<table>
<thead>
<tr>
<th>Item</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>Cold breakfast cereal (1 serving)</td>
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<tr>
<td>Cooked oatmeal/cooked oat bran (1 cup)</td>
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<tr>
<td>Other cooked breakfast cereal (1 cup)</td>
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<tr>
<td>Bread (1 slice)</td>
<td>White bread, including pita</td>
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<tr>
<td></td>
<td>Rye/Pumpernickel</td>
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<tr>
<td></td>
<td>Whole wheat, oatmeal, other whole grain</td>
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<tr>
<td>Crackers, regular or lowfat (8) e.g., Triscuits, Ritz</td>
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<tr>
<td>Bagels, English muffins, 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 small 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, couscous, etc. (1 cup)</td>
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<tr>
<td>Tortillas (2)</td>
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<tr>
<td>French Fries (8 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/tortilla chips (small bag or 1 oz.)</td>
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<tr>
<td>Pizza (2 slices)</td>
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</tbody>
</table>

### Beverages

#### Low-Calorie Beverage with Caffeine (e.g., Diet Coke, Diet Mt. Dew)

<table>
<thead>
<tr>
<th>Item</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 beverage with caffeine, e.g., Diet Coke, 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>Carbonated beverage with caffeine &amp; sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper</td>
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<tr>
<td>Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke</td>
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<tr>
<td>Other sugared beverages: Punch, lemonade, sports 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 (5 oz. glass)</td>
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<tr>
<td>White wine (5 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>Water: bottled, sparkling, or tap (8 oz. cup)</td>
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<tr>
<td>Herbal tea or decaffeinated tea (8 oz. cup)</td>
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<tr>
<td>Tea with caffeine (8 oz. cup), including green tea</td>
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<tr>
<td>Decaffeinated coffee (8 oz. cup)</td>
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<tr>
<td>Coffee with caffeine (8 oz. cup)</td>
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<tr>
<td>Dairy coffee drink (hot/cold), e.g., Cappuccino (16 oz.)</td>
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</tbody>
</table>

#### Regular Types (not sugar-free)

- High-calorie beverages
- Other high-cal beverages without caffeine
- Other carbonated beverages without sugar
- Other sugared beverages
- Beer, regular (1 glass, bottle, can)
- Light Beer, e.g., Bud Light (1 glass, bottle, can)
- Red wine (5 oz. glass)
- White wine (5 oz. glass)
- Alcohol (e.g., vodka, gin, etc.)
- Water: bottled, sparkling, or tap (8 oz. cup)
- Herbal tea or decaffeinated tea (8 oz. cup)
- Tea with caffeine (8 oz. cup), including green tea
- Decaffeinated coffee (8 oz. cup)
- Coffee with caffeine (8 oz. cup)
- Dairy coffee drink (hot/cold), e.g., Cappuccino (16 oz.)
23. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

<table>
<thead>
<tr>
<th>SWEETS, BAKED GOODS, MISCELLANEOUS</th>
<th>Never, or less than once per month</th>
<th>1–3 per month</th>
<th>1 per week</th>
<th>2–4 per week</th>
<th>6–8 per week</th>
<th>1 per day</th>
<th>2–3 per day</th>
<th>4–6 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk chocolate (bar or pack), e.g., Hershey's, M&amp;M's</td>
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<tr>
<td>Dark chocolate, e.g., Hershey's Dark or Dove Dark</td>
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<tr>
<td>Candy bars, e.g., Snickers, Milky Way, Reeses</td>
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<tr>
<td>Candy without chocolate (1 oz.)</td>
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<tr>
<td>Cookies (1) or Other ready made</td>
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<tr>
<td>Brownies (1) or Home baked</td>
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<tr>
<td>Doughnuts (1)</td>
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<tr>
<td>Cake, homemade or ready made (slice) or other pastry</td>
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<tr>
<td>Pie, homemade or ready made (slice) or other pastry</td>
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<tr>
<td>Jams, jellies, preserves, syrup, or honey (1 Tbs)</td>
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<tr>
<td>Peanut butter (1 Tbs)</td>
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<tr>
<td>Popcorn (3 cups)</td>
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<tr>
<td>Sweet roll, coffee cake or other pastry (serving)</td>
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<tr>
<td>Breakfast bars, e.g., Nutrigrain, granola, Kashi (1)</td>
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<tr>
<td>Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (1)</td>
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<tr>
<td>Lowcarb bars, e.g., Atkins, Zone, South Beach (1)</td>
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<tr>
<td>Pretzels (1 small bag or serving)</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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<tr>
<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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<tr>
<td>Other bran (wheat, etc.), added to food (1 Tbs)</td>
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<tr>
<td>Chowder or cream soup (1 cup)</td>
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<tr>
<td>Ketchup or chili sauce (1 Tbs)</td>
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<tr>
<td>Splenda (1 packet)</td>
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<tr>
<td>Other artificial sweetener (1 packet)</td>
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<tr>
<td>Olive oil added to food or bread (1 Tbs)</td>
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<tr>
<td>Low-fat or fat-free mayonnaise (1 Tbs)</td>
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<tr>
<td>Regular mayonnaise (1 Tbs)</td>
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<tr>
<td>Salad dressing (1–2 Tbs)</td>
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</tbody>
</table>

24. Liver: beef, calf or pork 4 oz.) | Never | Less than 1/mo | 1/mo | 2–3/mo | 1 week or more | A | | | | |
| Liver: chicken or turkey 1 oz.) | Never | Less than 1/mo | 1/mo | 2–3/mo | 1 week or more | B | | | | |

25. How often do you eat fried or sautéed food at home? (Exclude “Pam”-type spray)

<table>
<thead>
<tr>
<th>Less than once a week</th>
<th>1–3 times per week</th>
<th>4–6 times per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

26. What kind of fat is usually used for frying and sautéing at home? (Exclude “Pam”-type spray)

<table>
<thead>
<tr>
<th>Real butter</th>
<th>Margarine</th>
<th>Olive oil</th>
<th>Vegetable oil</th>
<th>Veg. shortening</th>
<th>Lard</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
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<td></td>
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</tbody>
</table>

27. What kind of fat is usually used for baking at home?

<table>
<thead>
<tr>
<th>Real butter</th>
<th>Margarine</th>
<th>Olive oil</th>
<th>Vegetable oil</th>
<th>Veg. shortening</th>
<th>Lard</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Specify brand and type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
</tr>
<tr>
<td>(b)</td>
</tr>
</tbody>
</table>

29. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?

<table>
<thead>
<tr>
<th>Less than once a week</th>
<th>1–3 times per week</th>
<th>4–6 times per week</th>
<th>Daily</th>
</tr>
</thead>
</table>

30. How often do you eat toasted breads, bagel or English muffin (e.g., slice or 1 half bagel)?

<table>
<thead>
<tr>
<th>Less than once a week</th>
<th>1–3 times per week</th>
<th>4–6 times per week</th>
<th>Daily</th>
</tr>
</thead>
</table>

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