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[www.NursesHealthStudy.org](http://www.NursesHealthStudy.org)



**Dear Colleague:**

We are so proud that you have continued to be a part of the Nurses' Health Study. As we enter our 34<sup>th</sup> year, hundreds of research papers continue to be published from NHS data. Each one is a tribute to the great value of our work together. As always, these many developments are possible only because of your continued enthusiastic involvement.

We are increasingly addressing issues of great importance to older women, such as how to maintain cognitive function and maximize quality of life. As such, your ongoing participation remains critical to help current and future generations of women live healthier lives.

The attached questionnaire continues our biennial follow-up. Your prompt reply is greatly appreciated. As always, your answers will be kept strictly confidential and used for medical statistical purposes only.

You are an original member of the Nurses' Health Study and as such, you are an indispensable colleague in our research. Whether you are retired or still working and 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 want to hear from you!**

It is with our deepest gratitude that we thank you for the ongoing commitment and care that you have generously provided as we continue to learn about women's health.

Best Regards,

Susan Hankinson, RN, Sc.D.  
 Principal Investigator



Do we have your correct address and name?  
 Make any necessary changes and return this page with your completed booklet.

**Do you have an e-mail address?**

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.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

We will not release your e-mail address to anyone!

3/8" spine perf

# INSTRUCTIONS

Please use an ordinary 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.

**Please fill in the circles completely.**      **Do not mark this way:** ✗ ✘ ○



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

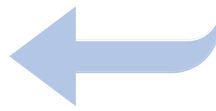
17. Since June 2008, have you had any of these clinician-diagnosed illnesses?

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

	YEAR OF DIAGNOSIS			17
	BEFORE JUNE 1 2008	JUNE '08 TO MAY 2010	AFTER JUNE 1 2010	
Fibrocystic/other benign breast disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Confirmed by breast biopsy? → (N) No <input type="radio"/> Yes <input checked="" type="radio"/>				a
Breast cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2
Cancer of the uterus (endometrium)	<input type="radio"/> (Y)	<input type="radio"/>	<input type="radio"/>	3

- 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 2010 Nurses' Health Study 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.  
 Although complete information is important to the study, 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 Brigham and Women's Hospital (617-424-4100).



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?

POUNDS		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/>	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/>	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/>	<input type="radio"/> 9	<input type="radio"/> 9

3. Do you currently smoke cigarettes?

No  Yes → How many/day?  1-4  5-14  15-24  25-34  35-44  45+

4. Have you had your uterus removed?

No  Yes → Date of surgery:  Before June 1, 2008  After June 1, 2008

5. Have you ever had either of your ovaries surgically removed?

No  Yes → a) How many ovaries do you have remaining?  
 None  One

6. Have you had professionally diagnosed hearing loss?

Yes → a) Year of first diagnosis?  Before 1984  1984-'89  1990-'93  1994-'97  
 No  1998-2001  2002-'05  2006-'09  2010+

7. Have you ever been diagnosed with Chronic Fatigue Syndrome by a clinician?

Yes → a) Year of first diagnosis?  Before 1984  1984-'89  1990-'93  1994-'97  
 No  1998-2001  2002-'05  2006-'09  2010+

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

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3 a

4 a

5 a

6 a

7 a

8. Since June 2008, 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 2008 and June 2010?

Evista:

- Not Used 1-4 months 5-9 10-14 15-19 20-24 months Used only after 6/2010

Nolvadex:

- Not Used 1-4 months 5-9 10-14 15-19 20-24 months Used only after 6/2010

b) Are you currently using Evista or Nolvadex?

- No, not currently Yes, Evista Yes, Nolvadex

9. Since June 2008, have you used prescription female hormones?

- Yes No

a) How many months did you use hormones since June 2008?

- 1-4 months 5-9 10-14 15-19 20-25 26-30 31-35 36+ months

b) Are you currently using them (within the last month)? Yes No If No, skip to Part d.

c) Mark the type(s) of hormones you are CURRENTLY using:

- Combined: Prempro (beige) Prempro (gold) Prempro (peach) Prempro (light blue) Premphase Combipatch FemHRT

- Estrogen: Oral Premarin or conjugated estrogens Patch Estrogen Vaginal Estrogen Estrace Estrogen gels, creams, or sprays on skin Estratest Ogen Other Estrogen (specify in box below)

- Progesterone/Progestin: Provera/Cycrin/MPA Vaginal Micronized (e.g., Prometrium) Other progesterone (specify type in box below)

Other hormones CURRENTLY used (e.g., Tri-est), Specify:

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less .45 mg/day .625 mg/day .9 mg/day 1.25 mg/day or higher Unsure Did not take oral conjugated estrogen

0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9

10. Have you ever had surgery to treat urinary incontinence?

- Yes No

When? Before 2001 2001-2002 2003-2004 2005-2006 2007-2009 2010+

11. During the last 12 months, how often have you leaked or lost control of your urine?

- Never Less than once/month Once/month 2-3 times/month About once/week Almost every day

i) When you lose your urine, how much usually leaks?

- A few drops Enough to wet your underwear Enough to wet your outerclothing Enough to wet the floor

ii) When you lose urine, what is the usual cause?

- a) Coughing, sneezing, laughing, or doing physical activity b) A sudden and urgent need to go to the bathroom c) Both a) and b) equally d) In other circumstances

12. On average, how often in the past year have you experienced any amount of accidental bowel leakage?

a) Liquid stool: Never Less than 1/month 1-3/month About once/week Several times/week Nearly daily

b) Solid stool: Never Less than 1/month 1-3/month About once/week Several times/week Nearly daily

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13. Do you use any kind of pad for protection against leaking urine or stool?

- Never  Less than once/week  Once/week or more

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

(If yes, mark all that apply)

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Exam by eye doctor?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Mammogram?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Fasting blood sugar	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Upper endoscopy	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y

15. In the past two years have you had . . .

	No	Yes
(Virtual) CT Colonoscopy?	<input type="radio"/> N	<input type="radio"/> Y
Colonoscopy?	<input type="radio"/> N	<input type="radio"/> Y
Sigmoidoscopy?	<input type="radio"/> N	<input type="radio"/> Y

Initial reason(s) you had Colonoscopy or Sigmoidoscopy?

- Visible blood  Diarrhea/constipation  
 Occult fecal blood  Barium enema  
 Abdominal pain  Prior polyps  
 Family history of colon cancer  
 Follow-up of (virtual) CT colonoscopy  
 Asymptomatic or routine screening

16. What is your usual walking pace outdoors?

- Easy, casual (less than 2 mph)  Normal, average (2–2.9 mph)  Brisk pace (3–3.9 mph)  
 Very brisk/striding (4 mph or faster)  Unable to walk

17. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

	TIME PER WEEK									
	Zero	1–4 Min.	5–19 Min.	20–59 Min.	One Hour	1–1.5 Hrs.	2–3 Hrs.	4–6 Hrs.	7–10 Hrs.	11+ Hrs.
Walking for exercise or walking for transportation or errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running or jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking, swimming, tennis or aerobic exercise machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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18. Since June 2008, have you had any of these clinician-diagnosed illnesses?

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

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2008	JUNE '08 TO MAY 2010	AFTER JUNE 1 2010

<input type="checkbox"/> Fibrocystic/other benign breast disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<input type="checkbox"/> Confirmed by breast biopsy? <input type="radio"/> N No <input type="radio"/> Y Yes					a
Breast cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Cancer of the uterus (endometrium)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Cancer of the ovary	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Colon or rectal polyp (benign)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Cancer of the colon or rectum	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Melanoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Basal cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Squamous cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Chronic lymphocytic leukemia	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
<input type="checkbox"/> Other cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
<input type="checkbox"/> Specify site of other cancer (e.g., lung, pancreas, etc.)					
Diabetes mellitus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
High blood pressure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
<input type="checkbox"/> Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
<input type="checkbox"/> Hospitalized for MI? <input type="radio"/> N No <input type="radio"/> Y Yes					a
<input type="checkbox"/> Angina pectoris	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
<input type="checkbox"/> Confirmed by angiogram? <input type="radio"/> N No <input type="radio"/> Y Yes					a
Coronary bypass, angioplasty, or stent		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Congestive heart failure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Stroke (CVA)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
TIA (Transient ischemic attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Carotid surgery (Endarterectomy)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Pulmonary embolus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

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**18. (Continued)**  
**Since June 2008, have you had any of these clinician-diagnosed illnesses?**

LEAVE BLANK FOR "NO," MARK HERE FOR "YES" →

**YEAR OF DIAGNOSIS**  
 BEFORE JUNE 1 2008    JUNE '08 TO MAY 2010    AFTER JUNE 1 2010

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

Atrial fibrillation	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
ICD-Implantable Cardiac Defibrillator	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Osteoporosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Hip replacement	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Hip fracture	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Graves' Disease/Hyperthyroidism	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Hyperparathyroidism	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Glaucoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Macular degeneration of retina	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Cataract—1st Diagnosis (Dx)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Cataract extraction	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Alzheimer's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Parkinson's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Ulcerative colitis/Crohn's	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Gastric or duodenal ulcer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Barrett's esophagus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Kidney stones	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
SLE (systemic lupus)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Rheumatoid Arthritis, clinician Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Gout	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Depression, clinician Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Other major illness or surgery since June 2008	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45

→ Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

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0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

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

**Analgesics**

- Acetaminophen (e.g., Tylenol)  
**Days per week:**  
 1    2-3    4-5    6+ days  
**Total tablets per week:**  
 1-2    3-5    6-14    15+ tablets
  
- "Baby" or low dose aspirin (100 mg or less/tablet)  
**Days per week:**  
 1    2-3    4-5    6+ days  
**Total tablets per week:**  
 1-2    3-5    6-14    15+ tablets
  
- Aspirin or aspirin-containing products (325mg or more/tablet)  
**Days per week:**  
 1    2-3    4-5    6+ days  
**Total tablets per week:**  
 1-2    3-5    6-14    15+ tablets
  
- Ibuprofen (e.g., Advil, Motrin, Nuprin)  
**Days per week:**  
 1    2-3    4-5    6+ days  
**Total tablets per week:**  
 1-2    3-5    6-14    15+ tablets
  
- Celebrex (COX-2 inhibitors)  
**Days per week:**  
 1    2-3    4-5    6+ days
  
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

**Other Regular Medications**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Thiazide diuretic   <input type="radio"/> Lasix   <input type="radio"/> Potassium</li> <li><input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)</li> <li><input type="radio"/> Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)</li> <li><input type="radio"/> ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)</li> <li><input type="radio"/> Angiotensin receptor blocker (e.g., Diovan, Cozaar, Avapro)</li> <li><input type="radio"/> Other anti-hypertensive (e.g., clonidine, doxazosin)</li> <li><input type="radio"/> Coumadin   <input type="radio"/> Plavix   <input type="radio"/> Digoxin   <input type="radio"/> Antiarrhythmic</li> <li><input type="radio"/> "Statin" cholesterol-lowering drug:<br/> <input type="radio"/> Mevacor (lovastatin)   <input type="radio"/> Zocor (simvastatin)   <input type="radio"/> Crestor<br/> <input type="radio"/> Pravachol (pravastatin)   <input type="radio"/> Lipitor (atorvastatin)   <input type="radio"/> Other</li> <li><input type="radio"/> Other cholesterol-lowering drug [e.g., niacin, Lipid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]</li> <li><input type="radio"/> Steroids taken orally (e.g., Prednisone, Decadron, Medrol)</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Insulin   <input type="radio"/> Metformin   <input type="radio"/> Avandia or Actos</li> <li><input type="radio"/> Other oral hypoglycemic medication</li> <li><input type="radio"/> SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)</li> <li><input type="radio"/> Other antidepressants (e.g., Elavil, Tofranil, Pamelor)</li> <li><input type="radio"/> Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)</li> <li><input type="radio"/> Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex</li> <li><input type="radio"/> H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)</li> <li><input type="radio"/> Aricept, Exelon, Razadyne   <input type="radio"/> Namenda</li> <li><input type="radio"/> Fosamax, Actonel, or other bisphosphonate</li> </ul> |
|---|--|



20. Do you currently take multi-vitamins? (Please report other 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

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

b) What specific brand (or equivalency) do you usually use?

(Please specify exact Brand and Type.)

- Centrum Silver
- Centrum
- Other
- Theragran M
- One-A-Day Essential

Ex: AARP Alphabet II Formula 643 Multivitamins and Minerals

21. Do you take the following separate preparations?

**DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.**

(Mark either "Yes" or "No" for each.)

**AMOUNT PER DAY**

a) Vitamin A  No  Yes, seasonal only  Yes, most months   
 If Yes, Dose per day:  Less than 10,000 IU  10,000 to 15,000 IU  16,000 to 22,000 IU  23,000 IU or more  Don't know

b) Potassium (over the counter)  No  Yes   
 If Yes, Dose per day:  Less than 2.5 mEq (100 mg)  3 to 9 mEq  10 to 19 mEq  20 mEq or more  Don't know

c) Vitamin C  No  Yes, seasonal only  Yes, most months   
 If Yes, Dose per day:  Less than 400 mg  400 to 700 mg  750 to 1250 mg  1300 mg or more  Don't know

d) Vitamin B<sub>6</sub>  No  Yes   
 If Yes, Dose per day:  Less than 50 mg  50 to 99 mg  100 to 149 mg  150 mg or more  Don't know

e) Vitamin E  No  Yes   
 If Yes, Dose per day:  Less than 100 IU  100 to 250 IU  300 to 500 IU  600 IU or more  Don't know

Type:  Natural  Regular (dl)  Unknown

f) Calcium (Include elemental Calcium in Tums, etc.)  No  Yes   
 If Yes, Dose per day (elemental calcium):  Less than 600 mg  600 to 900 mg  901 to 1500 mg  1501 mg or more  Don't know

g) Selenium  No  Yes   
 If Yes, Dose per day:  Less than 80 mcg  80 to 130 mcg  140 to 250 mcg  260 mcg or more  Don't know

h) Vitamin D  No  Yes, seasonal only  Yes, most months   
 If Yes, Dose per day:  Less than 600 IU  600 to 900 IU  1000 to 1500 IU  2,000 IU or more  Don't know

(In calcium supplement or separately)

i) Zinc  No  Yes   
 If Yes, Dose per day:  Less than 31 mg  31 to 74 mg  75 to 100 mg  101 mg or more  Don't know

22. Are there other supplements that you take on a regular basis?

- Metamucil/Citrucel
- Beta-carotene
- Chromium
- Folic Acid
- Glucosamine/Chondroitin
- Cod Liver Oil
- Resveratrol
- Vitamin Water
- B-Complex
- Iron
- Fish Oil
- Melatonin
- Coenzyme Q<sub>10</sub>
- Ginkgo Biloba
- Magnesium
- Flax Seed Oil
- Vitamin B<sub>12</sub>
- Niacin
- Lycopene
- Other

(Please specify)

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

Don't eat cold breakfast cereal

→ Specify brand & type (e.g., "Kellogg's Raisin Bran")

0	0	0
1	1	1
Ch	2	2
rb	3	3
cf	4	4
sw	5	5
gn	6	6
t	7	7
k	8	8
w	9	9

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

- Zero   
  1 tsp.   
  2 tsp.   
  3 tsp.   
  4 tsp.   
  5 tsp.   
 More than 10?
- 6 tsp.   
  7 tsp.   
  8 tsp.   
  9 tsp.   
  10 tsp.   
 Write number here →

\_\_\_\_\_ tsp.

0	0	24
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

## DAIRY FOODS

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

**Skim milk (8 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 or more glasses per day

**1% or 2% milk (8 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 or more glasses per day

**Whole milk (8 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 or more glasses per day

**Soy milk (8 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 or more glasses per day

**Cream, e.g., coffee, sour (exclude fat free) (1 Tbs.)**

- 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 or more Tbs. per day

**Non-dairy coffee whitener (exclude fat free) (1 Tbs.)**

- 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 or more Tbs. per day

**Yogurt, Plain (4–6 oz)**

- Never
- Less than once per month
- 1–3 times per month
- 1 cup per week
- 2–4 times per week
- 5–6 times per week
- 1 cup per day
- 2 or more servings per day

**Yogurt, Artificially sweetened, e.g., light peach (4–6 oz)**

- 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 servings per day

**Yogurt, Sweetened, e.g., strawberry, vanilla (4–6 oz)**

- 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 servings per day

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25. (Continued) Please fill in your average total use, during the past year, of each specified food.

**Frozen yogurt, sherbet, sorbet or low-fat ice cream (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
- Once per day
- 2 or more servings per day

**Regular ice cream (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
- Once per day
- 2 or more servings per day

**Cottage or ricotta cheese (1/2 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
- Once per day
- 2 or more servings per day

**Cream cheese (1 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

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

- 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 or more slices per day

**What type of cheese do you usually eat?**

- None
- Regular
- Low fat or lite
- Nonfat

**Pure butter (1 pat), added to food or bread; exclude use in cooking**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

**Margarine (e.g., Country Crock) (1 pat), added to food or bread; exclude use in cooking**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

**"Spreadable Butter" - butter/oil blend (e.g., Olivio Spreadable Butter) (1 pat), added to food/bread**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

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

- None
- Form?**
- Stick
  - Tub
  - Spray
  - Squeeze (liquid)
- Type?**
- Regular
  - Light spread
  - Nonfat

What specific **brand** and **type** (e.g., Shedd's Country Crock plus calcium and vitamins)?

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1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

## FRUITS

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.

**Raisins (1 oz. or small pack)  
or grapes (1/2 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
- Once per day
- 2 or more servings per day

**Prunes or dried plums  
(1/4 cup or 6 dried)**

- 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

**Prune juice (small 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 or more glasses per day

**Bananas (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

**Cantaloupe (1/4 melon)**

- 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

**Avocado (1/2 fruit or 1/2 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
- Once per day
- Two or more servings per day

**Fresh apples or pears (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

**Apple juice or cider  
(small 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 or more glasses per day

**Oranges (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

**Orange juice—calcium or  
Vit. D fortified (small 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 or more glasses per day

**Orange juice—regular  
(not fortified) (small 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 or more glasses per day

**Grapefruit (1/2) or grapefruit  
juice (small glass)**

- 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

27. (Continued) Please fill in your average total use, during the past year, of each specified food.

**Other fruit juices (e.g., grape, cranberry) (small 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 or more glasses per day

**Strawberries, fresh, frozen or canned (1/2 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
- Once or more per day

**Blueberries, fresh, frozen or canned (1/2 cup)**

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more servings per week

**Peaches 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

**Apricots (1 fresh, 1/2 cup canned or 5 dried)**

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

**VEGETABLES**

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

**Tomatoes (2 slices)**

- 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

**Tomato or V8 juice (small 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 or more glasses per day

**Tomato sauce (1/2 cup) e.g., spaghetti sauce**

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more servings per week

**Salsa, picante or taco sauce (1/4 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
- Once per day
- 2 or more servings per day

**String beans (1/2 cup)**

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more servings per week

**Beans or lentils, baked, dried (1/2 cup) or soup**

- 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

**Tofu, soy burger, soybeans, miso, or other soy protein**

- 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

**Peas or lima beans (1/2 cup fresh, frozen, canned) or soup**

- 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

**Cabbage or cole slaw (1/2 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 or more servings per day

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

**Broccoli (1/2 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 or more servings per day

**Cauliflower (1/2 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 or more servings per day

**Brussels sprouts (1/2 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 or more servings per day

**Carrots, raw (1/2 carrot or 2–4 sticks)**

- 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

**Carrots, cooked (1/2 cup) or carrot juice (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

**Corn (1 ear or 1/2 cup frozen or canned)**

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

**Mixed or stir-fry vegetables (1/2 cup) or vegetable soup**

- 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

**Yams or sweet potatoes (1/2 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 or more servings per day

**Dark orange (winter) squash (1/2 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 or more servings per day

**Eggplant, zucchini or other summer squash (1/2 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 or more servings per day

**Spinach, cooked (1/2 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 or more servings per day

**Spinach, raw as in salad (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 or more servings per day

**Kale, mustard, greens or chard (1/2 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 or more servings per day

**Iceberg or head lettuce (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
- Once per day
- 2 or more servings per day

**Romaine or leaf lettuce (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
- Once per day
- 2 or more servings per day



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

**Celery (2-3 sticks)**

- 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

**Peppers: green, yellow or red (2 rings or 1/4 small)**

- 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 cooked vegetable or rings (1/2 cup) or soup**

- 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

**EGGS, MEAT & FISH**

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

**Omega-3 fortified eggs, including yolk (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

**Regular eggs, including yolk (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

**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 or sausage (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/turkey sandwich or frozen dinner**

- 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.) - including ground**

- 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

**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
- Once per day
- 2 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, 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

**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

**Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinner, 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 time 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 (3–4 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 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., tuna steak, 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



## BREADS, CEREALS &amp; STARCHES

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

**Cold breakfast cereal  
(1 serving)**

- 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 (including instant) (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, including  
pita (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 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

**Rye or Pumpernickel bread  
(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 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

**Whole wheat, oatmeal, other  
whole grain bread (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 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

**Bagels, English muffins 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 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

**Pancakes or waffles  
(2 small 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

**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

**Pasta, e.g., spaghetti, noodles,  
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

30. (Continued) Please fill in your average total use, during the past year, of each specified food.

**Tortillas:  
corn or flour (2)**

- 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

**French fries  
(6 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 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more servings per day

**Potato chips or corn/tortilla  
chips (small bag or 1 oz.)**

- 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 servings per day

**Crackers: Whole wheat or  
whole grain (e.g., Triscuits) (6)**

- 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

**Other crackers  
(e.g., Ritz, saltines) (6)**

- 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**

31. **CARBONATED BEVERAGES**—Consider the serving size as one glass, bottle or can for these carbonated beverages.

**LOW-CALORIE (sugar-free types)**

**Low-calorie beverage with  
caffeine, e.g., Diet Coke,  
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-calorie 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)**

**Carbonated beverage with  
caffeine and sugar, e.g., Coke,  
Pepsi, Mt. Dew, Dr. Pepper**

- 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 beverage with sugar,  
e.g., 7-Up, Caffeine-Free Coke, Root  
Beer, Ginger Ale (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**

**Other sugared beverages: Punch, lemonade, sports 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 (5 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 (5 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 (8 oz. cup)**

- 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

**Decaffeinated tea, exclude herbal (8 oz. 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 with caffeine (8 oz. cup), including green tea**

- 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 (8 oz. 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 (8 oz. 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

**Dairy coffee drink (hot/cold), e.g., Cappucino (16 oz.)**

- 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

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## SWEETS, BAKED GOODS &amp; MISCELLANEOUS

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

**Milk chocolate (bar or pack), e.g., Hershey's, M&M's**

- 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

**Dark chocolate, e.g., Hershey's Dark or Dove Dark**

- 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

**Candy bars, (e.g., Snickers, Milky Way, Reeses)**

- 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

**Candy without chocolate (e.g., 1 pack mints, Lifesavers)**

- 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

**Sweet roll, coffee cake or other pastry (regular, fat free or reduced fat)**

- 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

**Doughnuts (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

**Cookies or Brownies: Fat free or reduced fat (1)**

- 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

**Cookies or Brownies: Other ready made, mix or dough (1)**

- 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

**Cookies or Brownies: Home baked, from scratch (1)**

- 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

**Cake, homemade or ready made (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

**Pie, homemade or ready made (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

**Jams, jellies, preserves, syrup, or honey (1 Tbs.)**

- 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

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

**Peanut butter (1 Tbs.)**

- 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

**Fat free or light popcorn (2–3 cups)**

- 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

**Regular popcorn (2–3 cups)**

- 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

**Breakfast bars, e.g., Nutrigrain, Kashi, granola (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

**Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (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

**High Protein bars, e.g., Atkins, Zone, South Beach (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

**Slimfast Shakes (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

**Ensure, Boost or other meal replacement drinks (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

**Peanuts (small packet or 1 oz.)**

- 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 servings per day

**Walnuts (1 oz.)**

- 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 servings per day

**Other nuts (small packet or 1 oz.)**

- 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 servings per day

**Pretzels (1 small bag or serving)**

- Never
- Less than once per month
- 1–3 servings per month
- One serving per week
- 2–4 servings per week
- 5–6 servings per week
- One serving per day
- 2 or more servings per day

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

**Mixed dried fruit  
(1/4 cup)**

- 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

**Oat bran or other bran (wheat,  
etc.) added to food (1 Tbs.)**

- 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 or more servings per day

**Wheat germ (1 Tbs.)**

- 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 or more servings per day

**Flaxseed (1 Tbs.)**

- 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 per day

**Artificial sweeteners  
(1 packet)**

- 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

**Type(s) of artificial  
sweeteners:**

- Splenda
- Equal
- NutraSweet
- Sweet'N Low
- Saccharin

**Chowder or cream soup  
(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 or more cups per day

**Tomato soup (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 or more cups per day

**Ketchup or red chili sauce  
(1 Tbs.)**

- 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 or more servings per day

**Garlic, fresh or powdered  
(1 clove or 4 shakes)**

- 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

**Low fat mayonnaise or  
fat-free mayonnaise (1 Tbs.)**

- 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

**Regular mayonnaise  
(1 Tbs.)**

- 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



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

**Olive oil added to food or bread (1 Tbs.); exclude use in cooking**

- 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

**Salad dressing (1–2 Tbs.)** →

- 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

**Type of salad dressing:**

- Nonfat
- Low fat
- Olive oil dressing
- Other vegetable oil dressing

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

- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily

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

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard
- Not applicable

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

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard
- Not applicable

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

(Specify brand and type)

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

- Never
- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily

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

- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily
- 2+ times/day

0	0	38
1	1	
2	2	
3	3	
4	4	
OLV	5	5
CAN	6	6
CRN	7	7
SOY	8	8
VEG	9	9

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