



HARVARD  
MEDICAL  
SCHOOL

# NURSES' HEALTH STUDY II



HARVARD  
SCHOOL of  
PUBLIC HEALTH

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This is your ID →

## Dear Colleague:

Thank you for your continuing participation in the Nurses' Health Study II. We are very honored that you take time out of your busy life to be an active participant in this study of women's health.

Your ongoing participation is as important as ever in the quest for a greater understanding of the choices that lead to a healthy life. We are pleased to offer you the choice of completing either an on-line questionnaire or the attached traditional form. The on-line survey is available at [www.NHS2.org](http://www.NHS2.org) and can be accessed with your ID number. Over 10% of the responses to the 2001 questionnaire were completed on-line. We hope that this option will make your continued involvement in the study more convenient.

The attached questionnaire continues our important work together by requesting updated information on your diet, lifestyle and medical diagnoses. The questionnaire is being sent to each of the 116,671 members of NHS II and should take about 30 minutes to complete.

We know that you will give this questionnaire the same careful consideration that you have given our forms since the study began in 1989. 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.

Thank you again for your help in this worthwhile endeavor. The time and care that you have continued to offer in furthering the study of women's health is greatly appreciated.

Sincerely,

*Walter Willett*

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

## Do you have internet 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 i, ø vs O, 5 vs S)

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

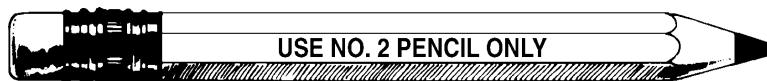
## INSTRUCTIONS

**INTERNET:**

Go to our website at [www.NHS2.org](http://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.

18. Since June 2001, have you had any of these physician-diagnosed illnesses?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS			
	Before June 1 2001	June '01 to May '03	After June 1 2003	
Myocardial infarction (heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2
Confirmed by angiography?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/>	a
Coronary bypass/angioplasty	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Stroke (CVA) or TIA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	4

Please fill in the circles completely; do not mark this way:

- 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 2003 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 2001, have you been pregnant?  No-Go to Question 3.  Yes

CURRENT WEIGHT		
POUNDS		
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

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, 2001**, fill in a response bubble for the year during which each pregnancy **ended**.

Calendar Year	Pregnancies lasting 6 months or more		Pregnancies lasting less than 6 months	
	SINGLE BIRTHS	TWINS/TRIPLETS	MISCARRIAGES	INDUCED ABORTIONS
6/1/01 - 12/31/2001	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2002	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2003	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2004+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)

- None  Oral contraceptive  Condom  Diaphragm/Cervical cap  
 Vasectomy  Foam/Jelly/Sponge  Rhythm/NFP  Nuva Ring  
 Tubal Ligation  Intrauterine Device  Depo Provera  Ortho Evra Patch  Other

4. SINCE JUNE 2001, have you used oral contraceptives (OCs)?

Yes  No

a) How many months did you use OCs during the 24-month period between June 2001 and June 2003?  
 1 month or less  2-4  5-9  10-14  15-19  20-24 months

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

5. 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: 

AGE	
-----	--

b) For what reason did your periods cease?  
 Natural  Surgical  
 Radiation or chemotherapy

6. Have you had your uterus removed?  No  Yes Date of surgery:  Before June 1, 2001  After June 1, 2001

7. Have you ever had either of your ovaries surgically removed?  
 No  Yes How many ovaries do you have remaining?  None  One

8. Since June 2001, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?

No  Yes, Evista  Yes, tamoxifen

a) IF YES, are you CURRENTLY taking Evista or tamoxifen?  No, not currently  Yes, Evista  Yes, tamoxifen

b) How many months have you used EVISTA in the 24 month period between June 2001 and June 2003?  
 Not Used  1-4 months  5-9  10-14  15-19  20-24 months  Used only after June 2003

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.)

No  Yes What type(s)?  Soy estrogen products  Natural progesterone cream or wild yam cream  Other

10. Since June 2001, have you used prescription female hormones?

Yes  No

a) How many months did you use hormones since June 2001?  
 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 e.

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

Combined:  Prempro (Pink)  Prempro (Blue)  Premphase  Combipatch  FemHRT

Estrogen:  Oral Premarin  Patch Estrogen  Vaginal Estrogen  Ogen

Estrace  Estratest  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) Since June 2001, how many months have you used the preparation(s) you marked in Part c?

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

e) 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

f) If you used oral medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?

2.5 mg or less  5-9 mg  10 mg  More than 10 mg  Unsure  Not used

g) What was your pattern of hormone use (Days per Month)?

Oral or Patch Estrogen: Days per Month  Not used  <1 day/mo.  1-8 days  9-18  19-26  27+ days/mo.

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

11. Do you currently smoke cigarettes?

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

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12. Since June 2001, have you had: (If yes, mark all that apply.)

- a) A physical exam? b) Fasting blood sugar? c) Colonoscopy? d) Sigmoidoscopy?

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

- Visible blood, Occult fecal blood, Abdominal pain, Diarrhea/constipation, Family history of colon cancer, Barium enema, Virtual (CT) colonography, Prior polyps, Asymptomatic or routine screening

13. 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

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

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

- Acetaminophen (e.g., Tylenol), Aspirin or aspirin-containing products, Ibuprofen (e.g., Advil, Motrin, Nuprin), Celebrex, Vioxx or Bextra (COX-2 inhibitors), Other anti-inflammatory analgesics, Thiazide diuretic, Calcium blocker, Beta-blocker, ACE Inhibitors, Other antihypertensive, "Statin", Steroids taken orally, Insulin, Prozac, Zoloft, Paxil, Celexa, Other antidepressants, Minor tranquilizers, H2 blocker, No regular medication

15. Is this your correct date of birth?

Yes/No selection and date entry box with fields for month, day, and year.

16. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

17. In the past 10 years, how many times have you donated blood? None, 1 or 2, 3-5, 6-9, 10-14, 15-19, 20+ times

18. Since June 2001, have you had any of these physician-diagnosed illnesses?

Table with columns for illness types (e.g., Myocardial infarction, Angina pectoris, Stroke, Cancer, Diabetes, etc.) and columns for year of diagnosis (Before June 1 2001, June '01 to May '03, After June 1 2003).

Please specify: Date: [0-9 keypad]

FOR OFFICE USE ONLY table with columns 1-12 and rows A-E.

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19. Do you currently take a multi-vitamin? (Please report other individual vitamins in Question 20.)

Form for Question 19: Includes options for 'Yes' or 'No', and sub-questions 'a) How many do you take per week?' and 'b) What specific brand (or equivalency) do you usually take?' with various brand names and an example: 'Ex: AARP Alphabet II Formula 643 Multivitamins and Minerals'.

20. Do you take the following separate preparations? (DO NOT report the contents of multi-vitamins reported above.)

Form for Question 20: Lists vitamins a) through i) with 'Yes/No' options and 'If Yes' dose per day options. Includes: a) Vitamin A, b) Vitamin C, c) Vitamin B6, d) Vitamin E, e) Calcium, f) Vitamin D, g) Selenium, h) Niacin, i) Zinc.

Form for Question 20 continuation: 'Are there other supplements that you take on a regular basis?' with a list of supplement types like Metamucil/Citrucil, Lutein, Chromium, Folic Acid, DHEA, etc., and a box for 'Other (Please specify)'.

Form for Question 21: 'How many teaspoons of sugar do you add to your beverages or food each day?' with a grid for numerical input.

Form for Question 22: 'What brand and type of cold breakfast cereal do you usually eat?' with a box for 'Specify cereal brand & type' and a grid for numerical input.

Form for Question 23: 'What form of margarine do you usually use?' with options for Form (Stick, Tub, Spray, Squeeze) and Type (Reg, Light, Extra Light, Nonfat), plus a box for 'What specific brand & type of margarine'.

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

Table for Question 24: 'AVERAGE USE LAST YEAR' with columns for frequency (Never, 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) and rows for various food items under 'DAIRY FOODS' and 'Other cheese'.

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

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

FRUITS		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	4-5 per day	6+ per day
Raisins (1 oz. or small pack)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapes (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes (7 prunes or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prune juice (glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applesauce (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (glass)	Calcium fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	4-5 per day	6+ per day
Tomatoes (3 slices or 1/2 small tomato)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frozen, canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables, stir-fry, vegetable soup (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (4" stick)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green or red peppers (3 slices or 1/4 pepper)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a vegetable, rings or soup (1 onion)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	4-5 per day	6+ per day
Egg Beaters or egg whites only (1/4 cup or 1 egg)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs including yolk (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/Turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3/8" spine perf



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

SWEETS, BAKED GOODS, MISCELLANEOUS		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	4-5 per day	6+ per day	P
Chocolate (bar or packet) e.g., Hershey's, M & M's		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy bars, e.g., Snickers, Milky Way, Reese's		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy without chocolate (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies (1)	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other ready made/frozen dough	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Home baked	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownies (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake, ready made (slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake, home baked (slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie, homemade or ready made (slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jams, jellies, preserves, syrup, or honey (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popcorn (3 cups)	Fat free or light	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet roll, coffee cake or other pastry (serving)	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other ready made	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Home baked	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretzels (1 small bag or serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanuts (small packet or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walnuts (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other nuts (small packet or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oat bran, added to food (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other bran (e.g., wheat), added to food (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheat germ (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chowder or cream soup (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketchup or red chili sauce (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt added at table (1 shake)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrasweet or Equal (1 packet) NOT Sweet 'N Low		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garlic (1 clove or 4 shakes)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olive oil added to other food or bread (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-fat or fat-free mayonnaise (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular mayonnaise (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing (2 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of salad dressing:  Nonfat  Low-fat  Olive oil  Other vegetable oil

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

26. How much of the visible fat on your beef, pork or lamb do you remove before eating?  
 Remove all visible fat  Remove most  Remove small part of fat  Remove none  Don't eat meat

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

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

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

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

31. How often do you eat deep fried chicken, fish, shrimp or clams away from home?  
 Never  Less than once a week  1-3 times per week  4-6 times per week  Daily

32. What percent of your noon and evening meals are prepared at home? (exclude commercially prepared meals)  
 Almost none  25%  50%  75%  Almost all

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

	Other foods that you usually eat at least once per week	Servings per week
(a)		
(b)		
(c)		

1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P	P	P	P
A	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
B	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
C	0	0	0	av	rhu	0	0				
	1	1	1	mus	ven	1	1				
	2	2	2	rad	pep	2	2				
	3	3	3	hrd	pks	3	3				
	4	4	4	dap	pkd	4	4				
	5	5	5	dat	olv	5	5				
	6	6	6	mgo	slm	6	6				
	7	7	7	mxf	enr	7	7				
	8	8	8	pap	en+	8	8				
	9	9	9	pnl	pwb	9	9				
25	6	6	6	mgo	slm	6	6				
A	7	7	7	mxf	enr	7	7				
B	8	8	8	pap	en+	8	8				
26	9	9	9	pnl	pwb	9	9				
27				OLV		0	0				
				CAN		1	1				
28				COR		2	2				
				SOY		3	3				
29				VEG		4	4				
						5	5				
						6	6				
30						7	7				
						8	8				
31						9	9				
32											

3/8" spine perf