

NURSES' HEALTH STUDY II



HARVARD
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This is your ID →

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Your email:

Please print your email address in the box so that we may send you occasional updates from the Nurses' Health Study II.

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!

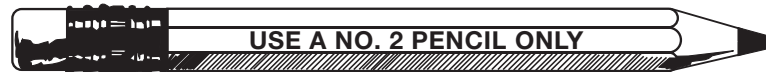
INSTRUCTIONS

INTERNET:

Go to our website at www.NHS2.org 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 online.

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 A) Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

19. Since June 2013, have you had any of these clinician-diagnosed illnesses?

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

| | YEAR OF DIAGNOSIS | | | 19 |
|---|------------------------------------|----------------------------------|----------------------------------|----|
| | Before June 1 2013 | June '13 to May '15 | After June 1 2015 | |
| Myocardial infarction (heart attack) | <input checked="" type="radio"/> Y | <input type="radio"/> | <input type="radio"/> | 1 |
| Angina pectoris | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 2 |
| Confirmed by angiography? <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a |
| Coronary bypass, angioplasty or stent | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 3 |
| Transient ischemic attack (TIA) | <input checked="" type="radio"/> Y | <input type="radio"/> | <input type="radio"/> | 4 |

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

EXAMPLE B) AGE natural periods ceased:

| AGE | |
|-----|---|
| 4 | 6 |

Print numbers neatly within boxes. Your writing will be read by our scanner.

- 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 email address, please make any necessary changes on the letter and return it to us.
- Thank you for completing the 2015 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 Brigham and Women's Hospital (617-424-4100).

1. PLEASE USE PENCIL

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 |

2. Do you currently smoke cigarettes?
 No Yes → How many/day? 1-4 5-14 15-24 25-34 35-44 45+
3. Have you had your uterus removed?
 No Yes → Date of surgery: Before June 1, 2013 After June 1, 2013
4. Have you ever had either of your ovaries surgically removed?
 No Yes → a) How many ovaries do you have remaining? None One
5. Have your natural menstrual periods ceased PERMANENTLY?
 No: Premenopausal
 Yes: No menstrual periods → a) AGE natural periods ceased:

| | |
|-----|--|
| AGE | |
|-----|--|

 → b) For what reason did your periods cease?
 Yes: Had menopause but now have periods induced by hormones
 Not sure (e.g., perimenopausal)
 Natural Surgery
 Endometrial ablation
 Radiation or Chemo.
6. Are you currently using oral contraceptives for any reason?
 No Yes

7. Since June 2013, have you used prescription female hormones? (Not including oral contraceptives.)
 Yes → a) How many months did you use hormones since June 2013?
 No 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 Premphase Combipatch FemHRT
 Estrogen: Oral Premarin or conjugated estrogen Patch Estrogen Vaginal Estrogen Estrace
 Estrogen gels, creams, or sprays on skin Estratest Other Estrogen (specify in box below)
 Progesterone/Progestin: Provera/Cycrin/MPA Vaginal Micronized (e.g., Prometrium)
 Other progesterone (specify type) →

| |
|--|
| |
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 Other hormones CURRENTLY used: Bioidentical estrogen Testosterone Bioidentical progesterone Other (specify in box)

| |
|--|
| |
|--|
- d) If you used oral conjugated estrogen (e.g., Premarin) since June 2013, 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

8. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?
 Soy estrogen products Black cohosh (e.g., Remifemin) Natural progesterone cream/wild yam Other OTC

9. 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?
 No Yes

10. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?
 No Yes

11. In the past year, have you been bothered by constipation for at least 12 weeks (not necessarily consecutive)?
 No Yes → If Yes: I have seen my primary care physician I have seen a specialist (e.g., gastroenterologist) Neither

12. Has your spouse (or sleep partner) ever told you that you appear to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed), on three or more occasions?
 No Yes I do not have a sleep partner

13. Please estimate an average of the time when you fall asleep and wake up, over the past 2 years on WORK-FREE DAYS, when you were without obligations and not using an alarm clock to wake up:
- I usually fall asleep at

| | |
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| | |
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 hour

| | |
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| | |
|--|--|

 minute AM PM (This is NOT when you get into bed!)
- I usually wake up at

| | |
|--|--|
| | |
|--|--|

 hour

| | |
|--|--|
| | |
|--|--|

 minute AM PM (This may NOT be when you get OUT of bed!)
- I always use alarm clock to wake up on free days

14. What proportion of the dairy products and fruit & vegetables you consume are organic?
 Dairy products: None Less than 5% 5-10% 11-25% 26-50% 51-75% 75%+
 Fruit & Vegetables: None Less than 5% 5-10% 11-25% 26-50% 51-75% 75%+

15. How often do you eat canned food? (e.g., vegetables, tuna, soup, tomato sauce, etc., in metal cans)
 <1 per month 1 to 3 per month 1 to 4 per week 5 to 7 per week 2 per day 3+ per day

16. How often do you drink canned beverages? (e.g., soda, beer, juices, etc., in metal cans)
 <1 per month 1 to 3 per month 1 to 4 per week 5 to 7 per week 2 per day 3+ per day

17. Has a clinician ever diagnosed you with any of the following conditions?
 Celiac disease Fatty liver disease and/or cirrhosis Glaucoma Sarcoidosis None of these

18. In the past two years, have you been diagnosed with an episode of:
 a) Diverticulitis (NOT diverticulosis) that required antibiotics and/or hospitalization?
 No Yes → If Yes, did you require surgery for diverticulitis? No Yes
 b) Diverticular bleeding that required blood transfusion and/or hospitalization? No Yes
 c) Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding? No Yes

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19. Since June 2013, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS
Before June 1 2013 June '13 to May '15 After June 1 2015

Table with columns for illness types (e.g., Myocardial infarction, Cancer, Diabetes) and columns for diagnosis years. Includes a 'Specify site of other cancer' section and a date grid for office use.

20. In the past two years have you had: (If yes, mark all that apply)

No Yes, for screening Yes, for symptoms

Form for question 20 with rows for: A physical exam?, Mammogram, Eye exam, Fasting blood sugar, Upper endoscopy, (Virtual) CT Colonoscopy, Colonoscopy, Sigmoidoscopy.

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

Form for question 20 with rows for reasons: Visible blood, Occult fecal blood, Abdominal pain, Diarrhea/constipation, Family history of colon cancer, Fecal/stool DNA testing, Follow-up of (virtual) CT colonoscopy, Prior polyps, Asymptomatic or routine screening.

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

Form for question 21 with rows for various medications: Acetaminophen, Aspirin, Ibuprofen, Celebrex, Anti-inflammatories, Diuretics, Calcium blockers, Beta-blockers, ACE inhibitors, Angiotensin receptor blockers, Other anti-hypertensives, Coumadin, Pradaxa/Xarelto/Eliquis, Plavix, Prasugrel, Digoxin, Antiarrhythmic, Mevacor, Zocor, Crestor, Pravachol, Lipitor, Other statin, Other cholesterol-lowering drug, Tricor, Steroids, Insulin, Metformin, Other oral hypoglycemic agents, Thyroid hormone, Triptans, Bisphosphonates, Evista, Nolvadex, Anticholinergics, SSRI, Tricyclics, Other antidepressants, Minor tranquilizers, Prilosec, Nexium, Pevacid, Protonix, Aciphex, Dexilant, H2 blocker.

22. Is this your correct date of birth?

Form for question 22 with options: Yes, No, and a date entry field (MONTH / DAY / YEAR).

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23. Do you currently take multivitamins? (Please report other individual vitamins in the next section.)

- Yes No a) How many do you take per week? b) What specific brand (or equivalency) do you usually take?
Centrum Silver or Senior vit. Centrum or generic equiv. Any Multi-vit. Pack
Eye Vitamin, e.g., Ocuville One-A-Day Women's Other

Not counting multivitamins, do you take any of the following vitamin preparations?

- a) Vitamin A b) Potassium c) Vitamin C d) Vitamin B6 e) Vitamin E f) Calcium g) Selenium h) Vitamin D i) Zinc
Dose per day: Less than 10,000 to 16,000 to 23,000 IU or more
Dose per day: Less than 3 to 10 to 20 mEq or more
Dose per day: Less than 400 to 750 to 1300 mg or more
Dose per day: Less than 50 to 100 to 150 mg or more
Dose per day: Less than 100 to 300 to 600 IU or more
Dose per day: Less than 600 to 901 to 1501 mg or more
Dose per day: Less than 80 to 140 to 260 mcg or more
Dose per day: Less than 600 to 1000 to 2000 IU or more
Dose per day: Less than 31 to 75 to 101 mg or more

24. Are there other supplements that you take on a regular basis?
Metamucil/Citrucel Beta-carotene Chromium Folic Acid Glucosamine/Chondroitin
Cod Liver Oil Probiotics Vitamin Water B-Complex Iron Magnesium
Fish Oil Melatonin Coenzyme Q10 Ginkgo Biloba
Flax Seed Oil Vitamin B12 Niacin Lycopene Other

25. 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. 6 tsp. 7 tsp. 8 tsp. 9 tsp. 10 tsp.
More than 10? Write number here

26. What brand and type of cold breakfast cereal do you usually eat?
Specify cereal brand & type (e.g., Kellogg's Raisin Bran)
Don't eat cold breakfast cereal.

27. What form of margarine or spread do you usually use (exclude pure butter)?
None Form? Stick Tub Spray Squeeze (liquid)
Type? Reg Light Nonfat
What specific brand & type of margarine (e.g., Shedd's Country Crock plus calcium and vitamins)

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

Table 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 'YOGURT'. Includes a grid for marking responses and a question about cheese type.

28. (continued) 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) or grapes (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"/> |
| Prunes or dried plums (1/2 cup canned or 1/4 cup dried) | | <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"/> |
| Avocado (1/2 fruit 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"/> |
| 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 (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"/> |
| Tangerines, clementines, mandarin 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"/> |
| 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 (small glass) | Calcium or Vit. D 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 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"/> |
| Grapefruit (1/2) | | <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 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"/> |
| Other fruit juices (e.g., cranberry, grape) (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"/> |
| 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, plums or apricots (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 (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"/> |
| Tomato juice 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"/> |
| Hummus (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"/> |
| 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, dried (1/2 cup) or soup | | <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, soybeans, miso 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"/> |
| Peas or lima beans (1/2 cup fresh, frz., canned) or soup | | <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 or stir fry vegetables (1/2 cup) or soup | | <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 (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"/> |
| Iceberg or head lettuce (1 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 (1 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"/> |
| Peppers: green, yellow or red (2 rings or 1/4 small) | | <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 cooked vegetable or rings (1/2 cup) or soup | | <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 |
|---|----------------------------------|------------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| Eggs (1) | Omega-3 fortified including yolk | <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 eggs including yolk | <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 or sausage (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.)-including ground | | <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"/> |

