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WINDOW
 AREA

Dear Colleague:

In 2006 we find ourselves at another significant milestone in the history of the Nurses' Health Study: our 30th anniversary! When we began our work together in 1976, it was Dr. Frank Speizer's trailblazing spirit that brought the field of science to the study of women's health. Of course it wasn't easy getting the study started. Only married nurses were originally enrolled, as it was considered inappropriate at that time to ask single women about the use of birth control. Things have certainly changed since then, and we have learned an enormous amount about ways to enhance health and wellbeing.

As the study begins its fourth decade, your continued enthusiastic participation is as important as ever. We have increased the size of the print on the attached questionnaire to make it easier to read and complete. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is helpful and greatly appreciated.

As an original member of the Nurses' Health Study 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 more about women's health.

Best Regards,

Graham A. Colditz, MD, DrPH
 Principal Investigator

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!

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

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 2004, have you had any of these clinician-diagnosed illnesses?

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

	YEAR OF DIAGNOSIS			17
	BEFORE JUNE 1 2004	JUNE '04 TO MAY 2006	AFTER JUNE 1 2006	
Fibrocystic/other benign breast disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Confirmed by breast biopsy?  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 checked="" type="radio"/>	<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 2006 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 (617-525-3170).

7. Since June 2004, 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 2004 and June 2006?

Evista:

- Not Used
- 1-4 months
- 5-9
- 10-14
- 15-19
- 20-24 months
- Used only after 6/2006

Nolvadex:

- Not Used
- 1-4 months
- 5-9
- 10-14
- 15-19
- 20-24 months
- Used only after 6/2006

b) Are you currently using Evista or Nolvadex?

- No, not currently
- Yes, Evista
- Yes, Nolvadex

8. 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
 - Dong quai (e.g., Rejuvex)
 - Natural progesterone cream or wild yam cream
 - Black cohosh (e.g., Remifemin)
 - Other

9. Since June 2004, have you used prescription female hormones?

- Yes
- No

a) How many months did you use hormones since June 2004?

- 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 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: →

Input box for other hormones currently used.

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

e) 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.

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. Do you have a hearing problem?

- No
- Mild
- Moderate
- Marked, no hearing aid
- Severe, use a hearing aid

11. Do you live 9+ months of the year at this address we mailed to?

- Yes
- No → If No: What is the Zipcode of your other residence?

Input box for zip code of other residence.

3/8" spine perf

12. 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

13. 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
- Occult fecal blood
- Abdominal pain
- Family history of colon cancer
- Follow-up of (virtual) CT colonoscopy
- Asymptomatic or routine screening
- Diarrhea/constipation
- Barium enema
- Prior polyps

14. 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

15. 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 to work	<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"/>

16. On average, how many hours per week were you outdoors in direct sunlight in the middle of the day, including work and recreation, at each of these ages? Your best estimate is fine.

	HOURS PER WEEK			
	Less than 1 hour	2 to 5 hours	6 to 10 hours	11+ hours
Summer months in High School/College/Nursing School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer months ages 25–35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer months ages 36–59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer months ages 60–65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter months over the last 2 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12

13

14

15

16

3/8" spine part

17. Since June 2004, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2004	JUNE '04 TO MAY 2006	AFTER JUNE 1 2006

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

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

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

3/8" spine perf

17. (Continued)
Since June 2004, have you had any of these clinician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS
 BEFORE JUNE 1 2004 JUNE '04 TO MAY 2006 AFTER JUNE 1 2006

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
Vertebral fracture, X-ray confirmed	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Graves' Disease/Hyperthyroidism	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Hyperparathyroidism	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Glaucoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Macular degeneration of retina	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Cataract—1st Diagnosis (Dx)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Cataract extraction	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Alzheimer's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Parkinson's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Seizure (1 or more)/epilepsy	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Ulcerative colitis/Crohn's	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Barrett's esophagus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Kidney stones	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
SLE (systemic lupus)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Rheumatoid Arthritis, clinician Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Gout	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Depression, clinician Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
Other major illness or surgery since June 2004	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46

→ Please specify: _____ Date: _____

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

3/8" spine part

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

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, Vioxx or Bextra (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)

Thiazide diuretic Lasix Potassium

Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)

Beta-blocker (e.g., Inderal, Toprol, Tenormin, Coreg)

ACE Inhibitor or ARB (e.g., Prinivil, Vasotec, Diovan, Avapro)

Other antihypertensive (e.g., doxazosin/Cardura, Clonidine)

Coumadin Plavix Digoxin Antiarrhythmic

"Statin" cholesterol-lowering drug:
 Lovastatin (Mevacor) Simvastatin (Zocor) Crestor
 Pravastatin (Pravachol) Atorvastatin (Lipitor) Other statin

Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zetia]

Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

Insulin Oral hypoglycemic medication

SSRI's (e.g., Prozac, Zoloft, Paxil, Celexa)

Other antidepressants (e.g., Elavil, Tofranil, Pamelor)

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

Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex

H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)

Aricept Namenda

Fosamax, Actonel, or other bisphosphonate

Other regular medications (no need to specify)

3/8" spine
perforations

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

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

20. 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 8,000 IU 8,000 to 12,000 IU 13,000 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 10 mEq 11 to 20 mEq 21 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 B₆ No Yes
If Yes, Dose per day: Less than 25 mg 26 to 50 mg 51 to 100 mg 101 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 500 mg 501 to 1000 mg 1001 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 (In calcium supplement or separately) No Yes
If Yes, Dose per day: Less than 300 IU 300 to 500 IU 600 to 900 IU 1,000 IU or more Don't know

i) Zinc No Yes
If Yes, Dose per day: Less than 25 mg 25 to 74 mg 75 to 100 mg 101 mg or more Don't know

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

- Metamucil/Citrucel
- Cod Liver Oil
- Vitamin B₁₂
- Flax Seed Oil
- Flax Seed
- Folic Acid
- B-Complex
- Beta-carotene
- Magnesium
- Melatonin
- Fish Oil
- Niacin
- Chromium
- Lecithin
- Coenzyme Q₁₀
- Choline
- Evening Primrose
- Ginkgo Biloba
- Lycopene
- DHEA
- Iron
- Glucosamine/Chondroitin
- Other

(Please specify)

3/8" spine part

22. 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

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

Teaspoons

0	0	23
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	0
8	8	
9	9	

DAIRY FOODS

24. 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., in coffee, whipped or sour cream (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 (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

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

Frozen yogurt, sherbet 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

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

Yogurt, low-carb, artificially sweetened or plain (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 servings per day

Yogurt, sweetened—with fruit or other flavoring (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 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

Butter (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 (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

25. 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 Spread Country Crock Light Tub)?

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9	9	9

FRUITS

26. 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 (6 prunes or 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

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 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

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

Other fruit juices (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

27. 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 or dried (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

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 or canned)

- 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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27. (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 vegetables, stir-fry (1/2 cup), vegetable soup (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

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, or chard greens (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 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

Romaine or leaf lettuce (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

27. (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 (3 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

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 vegetable, rings or soup (1/2 cup)

- 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

28. 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 (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.)

- 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

3/8" spine part

28. (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., 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

CEREALS, BREADS & STARCHES

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

Cold 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

Cooked oatmeal/cooked oat bran (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

Crispbreads (e.g., Wasa) (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

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 (regular) 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

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

Pasta, e.g., spaghetti, noodles, 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

Tortillas (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

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, regular or lowfat (6) e.g., Triscuits, Ritz

- 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

30. **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, 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

30. (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

Herbal tea or decaffeinated tea (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

3/8" spine part

SWEETS, BAKED GOODS & MISCELLANEOUS

31. 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

Brownies (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

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, 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, other ready-made (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, home baked (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

31. (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 (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 (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

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

Sweet roll, coffee cake or other pastry, other ready made (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

Sweet roll, coffee cake or other pastry, home baked (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

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

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

Oat bran, 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

Other bran, 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

3/8" spine part

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

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

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

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

Splenda (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

Other artificial sweetener (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

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

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

32. 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

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

- Less than once a week
- Once per week
- 2-4 times per week
- 5-6 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
- Vegetable oil
- Vegetable shortening
- Lard
- Not applicable

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

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

36. 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

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

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

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

(Specify brand and type)

39. Are there any other foods not mentioned above that you usually eat at least once per week?

Include for example: Applesauce, mushrooms, bulgur, couscous, radish, horseradish, Eggbeaters, dates, figs, rhubarb, mango, mixed dried fruit, papaya, wheat germ, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars.

(Do not include dry spices and do not list something that has been listed in the previous sections.)

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

40. Did you need any help from someone else to complete this questionnaire?

No Yes → What kind of help did you need? (Mark all that apply.)

- Help with vision
- Help with writing
- Help with memory
- Other
- This questionnaire was completed by someone other than the participating nurse. (Please elaborate on the reverse side of this page and include your name, telephone number and relationship to the participant.)

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