



PLEASE REPLY TO:
 Channing Laboratory
 180 Longwood Ave.
 Boston, Mass. 02115
 617-732-2279

Dear Colleague:

It is now ten years since you completed the first Nurses' Health Study Questionnaire in 1976. Your participation and that of over 120,000 other R.N.'s has made this study the largest prospective investigation specifically directed to the health of women. I am most grateful for the detailed information you have provided over these years. Whether or not you are still active in nursing, your continued participation is extremely valuable.

Several important findings have already emerged from the study. In 1976, there was concern that oral contraceptives and post-menopausal estrogens might increase the risk of breast cancer. Reassuringly, neither of these hormonal preparations affect the risk of breast cancer (1,2). Continued monitoring is necessary to determine whether this remains true over longer periods. The use of postmenopausal estrogens was associated with a reduced risk of myocardial infarction (MI) (3). Current use of oral contraceptives increased the risk of MI (4) but past use carried no extra risk (5). As expected, cigarette smoking was clearly a major risk factor for MI (6).

We are examining the effects of hair-dye use and diet on breast cancer; details will be sent to you on our 1987 newsletter. Other analyses in progress include the relationships of diet with risk of other cancers and heart disease, and the health effects of exercise, to name a few. We particularly appreciate the special efforts of those who provided additional detailed information on dietary intake, or who gave permission to review their medical records for further diagnostic details. This added information has documented the accuracy of reported dietary intake (7) and medical events (8).

Please complete and return the enclosed questionnaire at your earliest convenience. As always, information will be kept strictly confidential and used for medical statistical purposes only. Again, I would like to express my deepest gratitude for the contribution you have made to this study. Already this has yielded useful information, and we are confident that findings during the next several years will provide important guidance for maintaining optimal health.

Sincerely,

Frank E. Speizer, M.D.
 Principal Investigator

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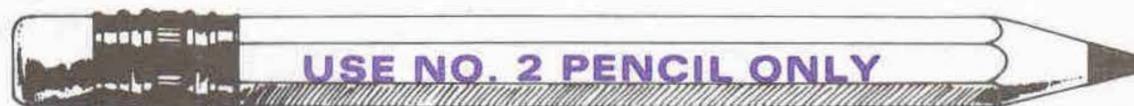
Advisory Board:

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***References:**

1. Oral contraceptives and breast cancer: a prospective cohort study. *JAMA* 1986; 255:58-61.
2. A prospective cohort study of postmenopausal female hormone use and risk of breast cancer. *Am. J. Epidemiol* 1983; 118:416.
3. A prospective study of postmenopausal estrogen therapy and coronary heart disease. *N. Engl. J. Med.* 1985; 313:1044-9.
4. Oral contraceptive use in relation to nonfatal myocardial infarction. *Am. J. Epidemiol* 1980; 111:59-66.
5. Past use of oral contraceptives and risk of coronary heart disease. *Am. J. Epidemiol* 1985; 122:547.
6. Cigarette smoking and non-fatal myocardial infarction in women. *Am. J. Epidemiol* 1981; 113:575-82.
7. Reproducibility and validity of a semiquantitative food frequency questionnaire. *Am. J. Epidemiol* 1985; 122:51-65.
8. Validation of questionnaire information on risk factors and disease outcomes in a prospective cohort study of women. *Am. J. Epidemiol* 1986; 123:894-900.

INSTRUCTIONS



Please use an ordinary pencil to answer all questions by completely filling in the appropriate response circle, or by writing the requested information if a space is provided. Note that some questions ask for information since June 1984, some ask for current status, and some ask about events over longer periods. Because this form is meant to be read by optical-scanning equipment, it is important for you to make no stray marks and to keep any write-in responses within the provided spaces. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Do you live in the United States? NO YES
 Fill circle completely, do not mark this way:

EXAMPLE 2: Where were you born? OREGON
 Keep hand-writing within borders of the response box.

EXAMPLE 3: DATE OF BIRTH AND CURRENT WEIGHT:

a) Write in birthdate and weight in the boxes at the top of each grid. For example, May 9, 1921 would be

b) Below each number, fill in the circle that corresponds to that number

1. DATE OF BIRTH:			2. CURRENT WEIGHT:		
MONTH	DAY	YEAR	WEIGHT:		
0	5	0	1	4	0
●	●	●	●	●	●
○	○	○	○	○	○
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

and 140 pounds:
and fill circles that correspond to 140

Thank you for completing the 1986 NURSES' HEALTH STUDY Questionnaire.

Please tear off the cover letter and return questionnaire in the enclosed pre-paid envelope.

1. DATE OF BIRTH			2. CURRENT WEIGHT (lbs.)			3. Have your menstrual periods ceased permanently?		
MONTH	DAY	YEAR	0	1	2	0	1	2
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Yes → a) For what reason?
 No → To #4

SURGERY → If due to surgery, were your ovaries removed?
 Yes, both Not removed
 One only

RADIATION OR CHEMOTHERAPY

NATURAL → If natural (non-surgical) menopause, have you had subsequent surgery to remove ovaries or uterus?
 No One ovary removed
 Uterus removed Both ovaries removed

b) At what age? age →

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

4. Since June 1984, have you used female hormones (other than oral contraceptives)?

Yes → a) Are you currently using them? Yes, currently No, not currently
 No b) How many months have you used them during the 24-month period between June 1984 and June 1986?
 1-4 mo. 5-9 mo. 10-14 mo. 15-19 mo. 20-24 mo.

c) What type of hormone have you used the longest during this period?

Premarin or other conjugated estrogen alone. Estrogen & progesterone (in one pill)
 Progesterone (e.g. Provera) alone Estrogen & Testosterone
 Sequential Estrogen & Progesterone Other, Please specify _____

d) Was this an oral or vaginal preparation? Oral Vaginal

e) If this was conjugated estrogen (e.g. Premarin), what dose did you usually take?

.30 mg./day or less (Green) .9 mg./day (White) More than 1.25 mg./day
 .625 mg./day (Brown) 1.25 mg./day (Yellow) Dose unknown Used vaginal cream

f) If this was conjugated estrogen (e.g. Premarin), did you take it daily or cyclically? (cyclically omits some days each month)

Daily Cyclically Unknown

5. How many months in total (all births combined) did you breast feed?

Did not breast feed Less than 1 month 1-3 mo. 4-6 mo. 7-11 mo. 12-17 mo.
 18-23 mo. 24-35 mo. 36-47 mo. 48 or more Cannot remember

6. a) What was birth weight of your heaviest child? No children less than 8½ lbs. 8½-9½ 9½-10½ 10½ lbs+
 b) What was your age at delivery of first child over 9½ lbs? None over 9½ lbs. Age 24 or less 25-29 30-34 Age 35+
 c) What was your age at delivery of your heaviest child? No children Age 24 or less 25-29 30-34 Age 35+

7. Do you currently smoke cigarettes?

Yes → a) How many per day? 1-4 5-14 15-24 25-34 35-44 45 or more
 No b) What specific brand do you smoke? (e.g. "Marlboro Lights 100's") specify exact brand and type _____

8. On average each day, how often do you apply lipstick? (not gloss or lip balm)

Never use it Less than once a day 1-3 times/day 4-5 times/day 6 or more times/day

9. During the past year, what was your average time per week spent at each of the following activities:

	AVERAGE TOTAL TIME PER WEEK										
	ZERO	1-4 Min.	5-19 Min.	20-59 Min.	ONE HOUR	1-1½ Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11+ Hrs.	○
Walking or hiking outdoors (include walking at golf)	○	○	○	○	○	○	○	○	○	○	○
Jogging (slower than 10 minutes/mile)	○	○	○	○	○	○	○	○	○	○	○
Running (10 minutes/mile or faster)	○	○	○	○	○	○	○	○	○	○	○
Bicycling (include stationary machine)	○	○	○	○	○	○	○	○	○	○	○
Lap Swimming	○	○	○	○	○	○	○	○	○	○	○
Tennis	○	○	○	○	○	○	○	○	○	○	○
Calisthenics/ Aerobics/ Aerobic Dance/ Rowing Machine	○	○	○	○	○	○	○	○	○	○	○
Squash or Racquet Ball	○	○	○	○	○	○	○	○	○	○	○

10. What is your usual walking pace? 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)

11. How many flights of stairs (not individual steps) do you climb daily?

2 flights or less 3-4 5-9 10-14 15 or more flights

12. Please count the number of moles on your left arm from your shoulder to your wrist, of this size or larger: ● (3 mm+ diameter)

None 1-2 moles 3-5 6-9 10-14 15-20 21 or more moles

13. a) Indicate total hours of actual sleep in a 24-hour period: 5 hrs. or less 6 hrs. 7 hrs. 8 hrs. 9 hrs. 10 hrs. 11+
 b) What is your usual sleeping position? On back On side On front
 c) Do you snore? Regularly Occasionally Never

This is your identification number:
(used for maintaining confidentiality)

0	1	2	3	4	5	6	7	8	9	1	1	7	86	0	1	2	3
0	1	2	3	4	5	6	7	8	9	D	2	8	87	0	1	2	3
0	1	2	3	4	5	6	7	8	9	3	9	88	0	1	2	3	
0	1	2	3	4	5	6	7	8	9	R	4	10	0	1	2	3	
0	1	2	3	4	5	6	7	8	9	N	5	11	0	1	2	3	
0	1	2	3	4	5	6	7	8	9	U	6	12	0	1	2	3	

14. Since June 1984 have you had any of the following physician-diagnosed illnesses? Mark here for yes →

	YEAR OF DIAGNOSIS				
		BEFORE JUNE 1 1984	JUNE 84 TO MAY 85	JUNE 85 TO MAY 86	AFTER JUNE 1 1986
DIABETES MELLITUS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ELEVATED CHOLESTEROL	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIGH BLOOD PRESSURE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MYOCARDIAL INFARCTION (Heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Were you hospitalized?		<input type="radio"/> Yes	<input type="radio"/> No		
ANGINA PECTORIS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Did you have an angiogram or stress test?		<input type="radio"/> Yes	<input type="radio"/> No		
CORONARY ARTERY BYPASS or ANGIOPLASTY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STROKE (CVA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PULMONARY EMBOLUS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FIBROCYSTIC BREAST DISEASE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Was this confirmed by a breast biopsy?		<input type="radio"/> Yes	<input type="radio"/> No		
OTHER BENIGN BREAST DISEASE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Was this confirmed by a breast biopsy?		<input type="radio"/> Yes	<input type="radio"/> No		
BREAST CANCER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANCER OF THE CERVIX (include in-situ)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANCER OF THE UTERUS (endometrium)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANCER OF THE OVARY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COLON POLYPS (benign)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANCER OF THE COLON OR RECTUM	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANCER OF THE LUNG	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MELANOMA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BASAL CELL SKIN CANCER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SQUAMOUS CELL SKIN CANCER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER CANCER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Specify site of other cancer					
FRACTURE OF HIP OR FOREARM	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Please specify site and circumstances on a separate sheet.					
OSTEOPOROSIS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RHEUMATOID ARTHRITIS (Physician diagnosed)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GOUT	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER ARTHRITIS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GALL STONES	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ a) Did you have symptoms?		<input type="radio"/> Yes	<input type="radio"/> No		
↳ b) How diagnosed?		<input checked="" type="radio"/> X-Ray/ultra-sound	<input type="radio"/> Other		
CHOLECYSTECTOMY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GASTRIC or DUODENAL ULCER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ULCERATIVE COLITIS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CATARACT EXTRACTION	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER MAJOR ILLNESS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
↳ Specify illness					

15. Glaucoma? If yes, mark year of diagnosis.

No Yes → before '80 '80-'81 '82-'83 '84-'85 '86 or after

16. Macular degeneration? If yes, mark year of diagnosis.

No Yes → before '80 '80-'81 '82-'83 '84-'85 '86 or after

17. Do you currently take multiple vitamins?

Yes → a) How many do you take per week?
 No 2 or less 3-5 6-9 10 or more

↳ b) What specific brand do you usually use?
 SPECIFY EXACT BRAND AND TYPE

18. Not counting multiple vitamins, do you take any of the following preparations:

PREPARATION	AMOUNT PER DAY	1	2	3
Vitamin A?	<input type="radio"/> less than 8,000 IU per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes, seasonal only	<input type="radio"/> 8,000-12,000 IU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes, most months	<input type="radio"/> 13,000-22,000 IU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> No	<input type="radio"/> 23,000 or more <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C?	<input type="radio"/> less than 400 mg. per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes, seasonal only	<input type="radio"/> 400-700 mg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes, most months	<input type="radio"/> 750-1250 mg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> No	<input type="radio"/> 1300 mg. or more <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin B-6?	<input type="radio"/> less than 10 mg. per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes	<input type="radio"/> 10-39 mg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> No	<input type="radio"/> 40-79 mg. <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> 80 mg. or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E?	<input type="radio"/> less than 100 IU per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes	<input type="radio"/> 100-250 IU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> No	<input type="radio"/> 300-500 IU <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> 600 IU or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium?	<input type="radio"/> less than 80 mcg. per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes	<input type="radio"/> 80-130 mcg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> No	<input type="radio"/> 140-250 mcg. <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> 260 mcg. or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Iron?

Yes less than 51 mg. per day 51-200 mg. 201-400 mg. 401 mg. or more don't know

No

Zinc?

Yes less than 25 mg. per day 25-74 mg. 75-100 mg. 101 mg. or more don't know

No

Calcium (include dolomite, Tums, etc.)?

Yes less than 400 mg. per day 400-900 mg. 901-1300 mg. 1301 mg. or more don't know

No

Mark if you take any of these →

<input type="radio"/> Potassium	<input type="radio"/> Chromium	<input type="radio"/> Iodine	<input type="radio"/> Beta-Carotene
<input type="radio"/> Vitamin D	<input type="radio"/> Copper	<input type="radio"/> Lecithin	<input type="radio"/> Folic Acid
<input type="radio"/> B-Complex	<input type="radio"/> Magnesium	<input type="radio"/> Rutin	<input type="radio"/> Brewers yeast

19. Current usual blood pressure:

a) SYSTOLIC <120 mmHg. 140-149 160-169 unknown 120-139 150-159 170 +

b) DIASTOLIC <75 mmHg. 85-89 95-104 unknown 75-84 90-94 105 +

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

VEGETABLES	Never, or less than once per month	1-3 per mo	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
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"/>
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"/>
Sauerkraut (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"/>
Coleslaw, uncooked cabbage (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"/>
Cooked cabbage (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"/>
Brussel 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)	<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)	<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"/>
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"/>
Mixed vegetables (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"/>
Alfalfa 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"/>
Celery (4-inch 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"/>
Mushrooms, fresh, cooked, or canned (one)	<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 yellow/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"/>
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"/>
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 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"/>
Kale, mustard or chard greens (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"/>
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"/>
Green pepper (1/2 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"/>
Cucumber (1/4 cucumber)	<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"/>
Tomatoes (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"/>
Tomato 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, e.g. in spaghetti sauce (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"/>
Red chili sauce (1 Tbs)	<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 or soybeans (3-4 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"/>

EGGS, MEATS, ETC.	Never, or less than once per month	1-3 per mo	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)	<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, with skin (4-6 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"/>
Chicken or turkey, without skin (4-6 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"/>
Processed meats, e.g. sausage, salami, bologna, etc. (piece or 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"/>
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"/>
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"/>
Hamburger (1 patty)	<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, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.	<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, pork, or lamb as a main dish, e.g. steak, roast, ham, etc. (4-6 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"/>
Canned tuna fish (3-4 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"/>
Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 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 fish (3-5 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"/>
Shrimp, lobster, scallops as a main dish	<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"/>

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

Liver: chicken or turkey (1 oz) Never Less than 1/month 1/mo 2-3/mo 1/week or more

How often do you eat meat that was charred during cooking? (e.g. during barbequing or broiling)

Never Less than 1/month 1/month 2-3/mo 1/week 2+/week

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

BREADS, CEREALS, STARCHES	Never, or less than once per month	1-3 per mo	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
Cold breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English muffins, bagels, or rolls (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g. spaghetti, noodles, etc. (1 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grains, e.g. bulgur, kasha, etc. (1 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fried potatoes (4 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, e.g. Triscuits, Wheat Thins, etc. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per mo	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
Chocolate bars/pieces, e.g. Hershey's M&M's, etc. (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy bars, e.g. Snickers, Milky Way, Reeses, etc. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy without chocolate (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies, home-baked (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies, ready-made (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake, home-baked (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake, ready-made (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie, home-baked (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie, ready-made (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet roll, coffee cake or other pastry (1 serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanuts (small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other nuts (small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheat germ (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil and vinegar dressing, e.g. Italian, etc. (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or other creamy salad dressing (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mustard, dry or prepared (1 tsp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pepper (1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy or Worcestershire sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-made soup with bouillon cubes (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-made soup without bouillon cubes (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready-made soup from can, package or restaurant (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. HOW OFTEN DO YOU EAT BEEF, PORK or LAMB cooked these ways?

- a) Roasted Never Less than 1x/month 1-3x/month 1 Weekly 2-4x/week 5+/week
- b) Panfried Never Less than 1x/month 1-3x/month 1 Weekly 2-4x/week 5+/week
- c) Broiled Never Less than 1x/month 1-3x/month 1 Weekly 2-4x/week 5+/week
- d) Barbequed Never Less than 1x/month 1-3x/month 1 Weekly 2-4x/week 5+/week
- e) Boiled or stewed Never Less than 1x/month 1-3x/month 1 Weekly 2-4x/week 5+/week

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23. What do you do with the visible fat on your meat?
 Eat most of the fat Eat as little as possible
 Eat about half of the fat (Don't eat meat)

24. Kind of fat most often used at home for baking:
 Real butter Vegetable Oil Lard
 Margarine Solid vegetable shortening None

25. Kind of fat usually used for frying and sautéing (Exclude "Pam"-type spray)
 Real butter Vegetable Oil Lard
 Margarine Solid vegetable shortening None

26. What form of margarine do you usually use?
 None Stick form Tub form Diet form (low calorie or spread)
 SPECIFY BRAND AND TYPE

27. How many shakes of salt do you add to your food at the table each day?
 _____ SHAKES

28. How much salt is added during cooking to these home made foods per serving:

	None	1/8 tsp	1/4 tsp	1/2+ tsp
a) Meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Staple foods (e.g. rice pasta, potatoes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Teaspoons of sugar added to your food and beverages each day (e.g. coffee, cereal, etc.)
 _____ TSP

30. Usual type of cold breakfast cereal:
 _____ SPECIFY BRAND AND TYPE

31. Usual type of cooking oil:
 _____ SPECIFY BRAND AND TYPE

32. How often are your midday meals prepared at home?
 Never 1-2/week 3-4 5-6 7 days

33. How often are your evening meals prepared at home?
 Never 1-2/week 3-4 5-6 7 days

34. How often do you eat food that is fried at home (exclude "Pam"-type spray):
 Less than 1/week 1-3/wk 4-6 Daily

35. How often do you eat food that is fried away from home (e.g. Fried chicken, fish etc.)
 Less than 1/week 1-3/wk 4-6 Daily

36. In a typical week, on how many days do you have any form of alcoholic beverages?
 None 1-2 days 3-4 5-6 7 days/week

37. Please think about the years you were in High School (i.e. about ages 13-18). How often did you eat the specified amounts of these foods? We understand this is difficult, but please make your best estimate:

	Never, or less than once per month	1-3 per mo	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										
Skim or low-fat milk (8 oz glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Whole milk (8 oz glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Milk shake (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Ice cream (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Hard cheese (1 slice or 1 serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Margarine (1 pat)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Real butter (1 pat)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Apples (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Orange juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Cabbage, including coleslaw (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Broccoli or cauliflower (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Carrots (1 raw or 1/2 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Spinach (1/2 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Eggs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Other beef, pork, lamb (1 serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Fish, tuna fish (3-5 oz)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Bread (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Rice (1 cup cooked)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Potatoes: baked, boiled, mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
French Fried potatoes (4 oz)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Cold cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Cookies (2)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															
Vitamin pills or capsule (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>															

38. When you were 18-20 years old, how many drinks of beer, wine and/or liquor did you have per week?
 None Less than 1/week Once per week 2-3/wk 4-6/wk 7-10/wk 10+/wk

39. (Optional) If a tape measure is convenient, please record these measurements to the nearest 1/4 inch (do not estimate).
 WAIST (Measure while standing, relaxed.) _____ inches
 HIP (Largest circumference) _____ inches
 UPPER ARM (Circumference with arm hanging straight down, halfway between shoulder and elbow) _____ inches