



Please reply to:  
 Channing Laboratory  
 180 Longwood Avenue  
 Boston, MA 02115  
 (617) 432-2279

Dear Colleague:

Thank you for your continued collaboration in the Nurses' Health Study. It is now 14 years since you completed the first Nurses' Health Study questionnaire in 1976. On behalf of our research group I am most grateful for the detailed information you have provided over these years. 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. Whether or not you are still active in nursing, your continued participation is extremely valuable to our further understanding of factors influencing the health of women.

Over the past year we have had some exciting developments that indicate the increasing value of the study as time goes on. During this year we have, thus far, received blood samples from over 20,000 NHS participants. These samples have all been separated and frozen and stored and will provide valuable information on the relations between hormone levels and subsequent development of disease.

In the past year we have reported that past use of oral contraceptives is not related to risk of breast cancer, although we did observe a small increase in risk among current users<sup>(1)</sup>. This has led to our developing a new cohort of women mostly under age 40 to determine how important this risk is. We have also reported that obesity is associated with increased risk of coronary heart disease<sup>(2)</sup>, and gallstones<sup>(3)</sup> and that risk of noninsulin-dependent diabetes rises with weight such that even women of average weight are at increased risk compared to leaner women<sup>(4)</sup>. In contrast, with regard to breast cancer, we detected no important association between body weight and risk of breast cancer<sup>(5)</sup>. We are also expanding our efforts in other chronic conditions such as risk factors for osteoporosis and eye disease as well as diabetes, cancer, and cardiovascular disease.

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 much useful information, and we are confident that findings during the next several years will provide further important guidance for maintaining optimal health.

Sincerely,

Frank E. Speizer, M.D.  
 Principal Investigator

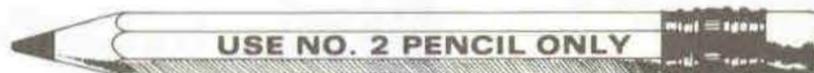
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1. JNCI 1989; 81: 1313-21
2. N.Engl.J.Med. 1990; 322: 882-9.
3. N.Engl.J.Med. 1989; 321:563-9
4. Am.J.Epidemiol. 1990; (in press)
5. JAMA 1989; 262: 2853-8

**INSTRUCTIONS**

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information **since June 1988**, some ask for **current status**, and some ask about events over **longer periods**. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. 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:** Write your weight in the boxes . . .  
 . . . and fill in the circle corresponding to the figure at the head of each column.  
 Please fill in the circle completely, do not mark this way:



CURRENT WEIGHT (lbs.)		
1	4	0
<input type="radio"/> 0	<input type="radio"/> 0	<input checked="" type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input checked="" type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

**EXAMPLE 2:** Keep handwriting within borders of the response box.

What specific brand do you smoke? (e.g. "Marlboro Lights 100's")	Specify exact brand and type: <b>MARLBORO LIGHTS 100'S</b>
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**EXAMPLE 3:** Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

10. Since June 1988 have you had any of these physician-diagnosed illnesses?

	YEAR OF DIAGNOSIS		
	BEFORE JUNE 1 1988	JUNE 88 TO MAY 90	AFTER JUNE 1 1990
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Thank you for completing the 1990 Nurses' Health Study Questionnaire.**

**Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.**

Please use Pencil!

1. **CURRENT WEIGHT (lbs.)**

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

2. **Have your menstrual periods ceased permanently?**

Yes: No menstrual periods

Yes: Had menopause but now have periods induced by hormones

No: Premenopausal

Not sure

a) **Age natural periods ceased?**

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

b) **For what reason did your periods cease?**

SURGERY: If due to surgery, were your ovaries removed?

Yes, both       Only uterus 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

3. **Since June 1988, have you used female hormones (other than oral contraceptives)?**

No       Yes

a) **Are you currently using them?**  Yes, currently       No, not currently

b) **How many months have you used them during the 24-month period between June 1988 and June 1990?**

1-4 mo.       5-9       10-14       15-19       20-24 months

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

Oral Premarin or other conjugated estrogen alone       Oral progesterone alone

Oral conjugated estrogen and progesterone (e.g. Provera)       Vaginal estrogen

Patch estrogen alone       Other (e.g. non-conjugated estrogen)

Patch estrogen and progesterone

Please specify other hormone: \_\_\_\_\_

d) **If this was oral 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       Did not take oral conjugated estrogen

.625 mg/day (Brown)       1.25 mg/day (Yellow)       Dose unknown

e) **Dose of progesterone (if taken)?**

<5 mg       5-9 mg       10 mg       More than 10 mg       Dose unknown       Not used

f) **What was your pattern of hormone use?**

Oral Estrogen	Pattern:	<input type="radio"/> Not used	<input type="radio"/> Continuous	<input type="radio"/> Omit approximately 1 week/month
Patch Estrogen	Pattern:	<input type="radio"/> Not used	<input type="radio"/> Continuous	<input type="radio"/> Omit approximately 1 week/month
Progesterone	Pattern:	<input type="radio"/> Not used	<input type="radio"/> Continuous	<input type="radio"/> Use approximately 1-2 weeks/month

4. **Do you currently smoke cigarettes?**

Yes       No

a) **How many per day?**  1-4       5-14       15-24       25-34       35-44       45 or more

b) **What specific brand do you smoke?** (e.g. "Marlboro Lights 100's") Specify exact brand and type: \_\_\_\_\_

5. **On average, how many hours per week do you spend:**

	LESS THAN 1/2 HR.	1/2-1 HR.	1-2 HRS.	3-5 HRS.	6-9 HRS.	10-20 HRS.	21-40 HRS.	41-60 HRS.	61-90 HRS.	OVER 90 HRS.
Walking or hiking outdoors (include walking to work)	<input type="radio"/>									
Standing or walking around at work or away from home?	<input type="radio"/>									
Standing or walking around at home?	<input type="radio"/>									
Sitting at work or away from home or while driving?	<input type="radio"/>									
Sitting at home?	<input type="radio"/>									

6. **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

7. **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

8. **Have you ever had a colonoscopy or sigmoidoscopy?**

Yes       No

a) **When did you have your FIRST colonoscopy or sigmoidoscopy?**

Before 1980       1980-83       1984-85       1986       1987       1988       1989       1990 or later

b) **Why did you have the FIRST colonoscopy or sigmoidoscopy? (mark all that apply)**

Visible blood in stool       Positive test for occult fecal blood       Abdominal pain

Diarrhea or constipation       Family history of colon cancer       Routine screening (no symptoms)

c) **When did you have your most recent colonoscopy or sigmoidoscopy?**

Before 1980       1980-83       1984-85       1986       1987       1988       1989       1990 or later

GO TO PAGE 2

9. Is this your correct date of birth?

Yes No

If no, please write correct date.

MONTH / DAY / YEAR

10. Since June 1988 have you had any of these physician-diagnosed illnesses?

YEAR OF DIAGNOSIS

BEFORE JUNE 1 1988 JUNE 88 TO MAY 90 AFTER JUNE 1 1990

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

Table with 4 columns: Illness, Before June 1 1988, June 88 to May 90, After June 1 1990. Rows include Diabetes mellitus, Elevated cholesterol, High blood pressure, Myocardial infarction, Angina pectoris, Stroke, Cancer, etc.

Fracture of hip or forearm. Please specify site and circumstances on a separate sheet

Rheumatoid arthritis, Doctor diagnosed. Rheumatoid factor: Negative/Unknown, Positive

Table with 4 columns: Illness, Before June 1 1988, June 88 to May 90, After June 1 1990. Rows include Other arthritis, Osteoporosis, Cholecystectomy, Gastric or duodenal ulcer, Glaucoma, Macular degeneration of retina, Cataract extraction, Asthma, Emphysema, Chronic bronchitis, Vertebral fracture, Hip replacement.

Other major illness or surgery since June 1988

Please specify other major illness or surgery:

Grid for ID number: 1-9, P, A, B, C, D

THIS IS YOUR ID

11. Have you ever had any of these illnesses?

YEAR OF DIAGNOSIS

BEFORE 1976 1976-1980 1981-1984 1985-1986 1987+

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

Table with 5 columns: Year of diagnosis, Illness. Rows include Uterine fibroids, Carotid artery surgery, TIA, Chronic kidney failure.

12. Do you have difficulty with your balance?

No Yes

13. In how many months did you practice breast self-examination in the past year?

None One 2-3 4-6 7-11 12

14. In the past 2 years have you had:

Table with 3 columns: NO, YES FOR SCREENING, YES FOR SYMPTOMS. Rows include Physical exam, Rectal exam, Stool occult blood exam, Mammogram, Breast exam by clinician, Exam by eye doctor.

15. How often do you usually have a bimanual pelvic exam?

Every year 2 years 3 years 4-5 years 5+ years

16. Your resting pulse rate: (please take after sitting for 5 min.)

<55/min 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-99 100 or more

17. Your Serum Cholesterol (if checked within 5 years):

Unknown/Not checked within 5 years <140 mg/dl 140-159 160-179 180-199 200-219 220-239 240-269 270-299 300-329 330+ mg/dl

18. Current usual blood pressure (if checked within 2 years):

Systolic: Unknown/Not checked within 2 years <105 mmHg 105-114 115-124 125-134 135-144 145-154 155-164 165-174 175+ Diastolic: Unknown/Not checked within 2 years <65 mmHg 65-74 75-84 85-89 90-94 95-104 105+

19. On average, how many days each month do you take any of the following medications?

DAYS PER MONTH

NONE 1-4 DAYS 5-14 DAYS 15-21 DAYS 22 OR MORE DAYS

Table with 5 columns: Days per month, Medication. Rows include Acetaminophen, Aspirin, Other anti-inflammatory.

PLEASE GO TO PAGE 3 AND BEGIN BY WRITING YOUR ID NUMBER.

Grid for ID number: 0-9, A, B, C, D



29. (Continued) Please fill in your average 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 approximate 3 months that it is in season, then the average use would be once per week.

FRUITS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes	<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"/>
Prunes (1/2 cup or 7 fruit)	<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"/>
Bananas (1)	<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"/>
Cantaloupe (1/4 melon)	<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"/>
Watermelon (1 slice)	<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"/>
Fresh apples or pears (1)	<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"/>
Applesauce (1/2 cup)	<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"/>
Apple juice or cider (small glass)	<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"/>
Oranges (1)	<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"/>
Orange juice (small glass)	<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"/>
Grapefruit (1/2)	<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"/>
Grapefruit juice (small glass)	<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"/>
Other fruit juices (small glass)	<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"/>
Strawberries, fresh, frozen or canned (1/2 cup)	<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"/>
Blueberries, fresh, frozen or canned (1/2 cup)	<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"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<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"/>

VEGETABLES	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (1)	<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"/>
Tomato juice (small glass)	<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"/>
Tomato sauce (1/2 cup) e.g. spaghetti sauce	<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"/>
Red chili sauce	<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"/>
Tofu or soybeans (3-4 oz.)	<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"/>
String beans (1/2 cup)	<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"/>
Broccoli (1/2 cup)	<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"/>
Cabbage or cole slaw (1/2 cup)	<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"/>
Cauliflower (1/2 cup)	<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"/>
Brussels sprouts (1/2 cup)	<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"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<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"/>
Carrots, cooked (1/2 cup)	<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"/>
Corn (1 ear or 1/2 cup frozen or canned)	<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"/>
Peas, or lima beans (1/2 cup fresh, frozen, canned)	<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"/>
Mixed vegetables (1/2 cup)	<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"/>
Beans or lentils, baked or dried (1/2 cup)	<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"/>
Dark orange (winter) squash (1/2 cup)	<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"/>
Eggplant, zucchini or other summer squash (1/2 cup)	<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"/>
Yams or sweet potatoes (1/2 cup)	<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"/>
Spinach, cooked (1/2 cup)	<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"/>
Spinach, raw as in salad	<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"/>
Kale, mustard or chard greens (1/2 cup)	<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"/>
Iceberg or head lettuce (serving)	<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"/>
Romaine or leaf lettuce (serving)	<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"/>
Celery (4" stick)	<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"/>
Beets (1/2 cup)	<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"/>
Onions as a garnish (1 slice)	<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"/>
Onions as a vegetable, rings or soup (1 onion)	<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"/>

EGGS, MEAT, ETC.	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Eggs (1)	<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"/>
Chicken or turkey, with skin (4-6 oz.)	<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"/>
Chicken or turkey, without skin (4-6 oz.)	<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"/>
Bacon (2 slices)	<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"/>
Hot dogs (1)	<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"/>

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

EGGS, MEATS ETC. (continued)	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
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"/>
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"/>
Pork as a main dish, e.g. ham or chops (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"/>
Beef or lamb as a main dish, e.g. steak, roast (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"/>

BREADS, CEREALS, STARCHES	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Cold breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread	<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 bread (slice), including wheat pita bread	<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"/>
English muffins, bagels, or rolls (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"/>
Muffins or biscuits (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"/>
Brown rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g. spaghetti, noodles, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grains, e.g. bulgar, kasha, couscous, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (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"/>
French fried potatoes (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"/>
Potatoes, baked boiled (1) or mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 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"/>
Crackers, Triscuits, Wheat Thins (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"/>
Pizza (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"/>

		BEVERAGES	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
<b>CARBONATED BEVERAGES</b>	Low-Calorie (sugar-free) types	Low-calorie cola, e.g. Diet Coke with caffeine	<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"/>
		Low-calorie caffeine-free cola	<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 low-calorie carbonated beverage, e.g. Fresca, Diet 7-Up, diet ginger ale	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular types (not sugar-free)	Coke, Pepsi, or other cola with sugar	<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"/>
		Caffeine Free Coke, Pepsi, or other cola with sugar	<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 carbonated beverage with sugar, e.g. 7-Up	<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"/>
<b>OTHER BEVERAGES</b>	Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	<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"/>	
	Beer (1 glass, bottle, can)	<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 wine (4 oz. 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"/>	
	White wine (4 oz. 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"/>	
	Liquor, e.g. whiskey, gin, etc. (1 drink or shot)	<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"/>	
	Plain water, bottled or tap (1 cup or 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"/>	
	Tea (1 cup), not herbal tea	<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"/>	
	Decaffeinated coffee (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Coffee with caffeine (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

29b.

Usual Method of Preparing Coffee } Decaffeinated:  Mainly filtered  Mainly instant  Mainly espresso or percolated  No usual method/don't know  
 Caffeinated:  Mainly filtered  Mainly instant  Mainly espresso or percolated  No usual method/don't know

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

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	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
Chocolate (bar or packet) e.g. Hershey's, M & M's	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Candy bars, e.g. Snickers, Milky Way, Reeses	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Cookies, home baked (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Cookies, ready made (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Cake, home baked (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Cake, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Pie, homemade (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Pie, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Sweet roll, coffee cake or other pastry, home baked (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Sweet roll, coffee cake or other pastry, ready made (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Peanuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Other nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Oat bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Other bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Wheat germ, (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Olive oil salad dressings (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Oil and vinegar dressing, e.g. Italian (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Mayonnaise or other creamy salad dressing (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Salt added at table (1 shake)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																

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

31. When you have beef or lamb as a main dish, how well done is the meat cooked?  
 Rare  Medium rare  Medium  Medium well  Well  Don't know/not eaten

32. How often do you eat meat that was charred during cooking? (e.g. during barbecuing or broiling)  
 Never  Less than 1/mo  1/mo  2-3/mo  1/week  2+/week

33. 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

34. What kind of fat do you usually use for frying and sautéing at home? (Exclude "Pam" - type spray)  
 Real butter  Margarine  Vegetable oil  Vegetable shortening  Lard

35. What kind of fat do you usually use for baking at home?  
 Real butter  Margarine  Vegetable oil  Vegetable shortening  Lard

36. How often do you eat food that is fried at home? (Exclude "Pam" - type spray)  
 Less than once a week  1-3 times per week  4-6 times per week  Daily

37. How often do you eat fried food away from home? (e.g. french fries, fried chicken, fried fish)  
 Less than once a week  1-3 times per week  4-6 times per week  Daily

38. What type of cooking oil do you usually use at home?  
 (e.g. Mazola Corn Oil)  Specify brand and type

39. Are there any other important foods that you usually eat at least once per week?	Other foods that you usually eat at least once per week	Usual serving size	Servings per week
Include for example: Paté, tortillas, yeast, cream sauce, custard, radishes, fava beans, carrot juice, coconut, avocado, mango, horseradish, parsnips, rhubarb, papaya, dried apricots, dates, figs, etc.  (Do not include dry spices and do not list something that has been listed in the previous sections.)	(a)		
	(b)		
	(c)		
	(d)		