



*Please reply to:*  
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(617) 525-2279 Fax (617) 525-2008

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**Dear Colleague:**

When the Nurses' Health Study began back in 1976 few of us had any idea that this research would continue for over 22 years and become one of the preeminent investigations of women's health. The success of the Nurses' Health Study is, of course, directly attributable to the outstanding quality of the information which you, as a participant, have faithfully provided for over two decades. On behalf of the entire research group, I thank you for your continued willingness to share the details of your lives to help improve the health of women everywhere.

The attached questionnaire seeks to update your health status, including physical activity and diet. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is greatly appreciated.

In the past year we have published articles which reported that adult weight gain is strongly related to risk of hypertension, ischemic stroke and post-menopausal breast cancer. Physical activity, including brisk walking or more strenuous activity, reduces the risk of colon cancer. Saturated fat and *trans* unsaturated fats are associated with increased risk of coronary heart disease, while higher intakes of folate and vitamin B6 (from diet and supplements) almost halved the risk.

We value each member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. By 1996 nearly 38% of the study participants were retired! Also, 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 need to hear from you!

Finally, let me thank you for your commitment and dedication to the goal of discovering factors that affect the development of disease in women. The value of your contribution has been enormous.

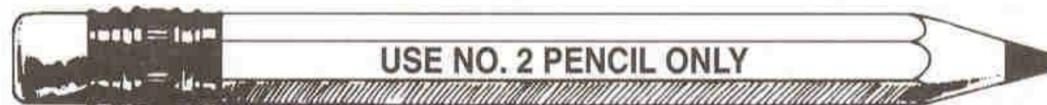
Best Regards,

Frank E. Speizer, M.D.  
Principal Investigator

P.S. We look forward to your prompt reply. Your participation is greatly appreciated because it helps to further the cause of improving women's health.

# 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 1996**, 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:



**1. Current Weight**

POUNDS		
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

**NOTE:** It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

**EXAMPLE 2:** Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

**14. Since June 1996, have you had any of these physician-diagnosed illnesses?**  
 LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS			
	BEFORE JUNE 1 1996	JUNE 96 TO MAY 98	AFTER JUNE 1 1998	
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 1
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> 3
Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 4
Hospitalized for MI? <input type="radio"/> N No <input checked="" type="radio"/> Y Yes				<input type="radio"/> a

**Thank you for completing the 1998 Nurses' Health Study Questionnaire.**

**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, please make any necessary corrections on the letter and enclose it with your completed form.**

PLEASE USE PENCIL!

1. What is your current weight?

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. What is the difference between your highest and lowest weight during the last two years?

- No change
- 2-4 lbs.
- 5-9 lbs.
- 10-14 lbs.
- 15-29 lbs.
- 30-49 lbs.
- 50 or more lbs.

3. 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. What year did your natural periods cease?

- Before 1992
- 1992
- 1993
- 1994
- 1995
- 1996
- 1997
- 1998
- 1999

b. For what reason did your periods cease?

- Surgery
- Radiation/Chemotherapy
- Natural

4. Have you had your uterus removed?

- No
- Yes → Date of surgery:  Before June 1, 1996  After June 1, 1996

5. Have you ever had either of your ovaries surgically removed?

- No
- Yes → a) How many ovaries do you have remaining?  None  One

6. Are you currently using any of these medications for osteoporosis or other reason?

- Evista (raloxifene)
- Fosamax (alendronate)
- Miacalcin (calcitonin)
- Didronel
- Not using any of these

7. Since June 1996, have you used female hormones?

- No
- Yes → a) How many months have you used them during the 24-month period between June 1996 and June 1998?
  - 1-4 months
  - 5-9
  - 10-14
  - 15-19
  - 20-24 months
  - Used only after June 1998

b) Are you currently using them (within the last month)?  Yes, currently  No, not currently

c) Mark the types of hormones you have used the longest during this period.

- Estrogen:  Oral Premarin  Estrace  Ogen  
 Patch Estrogen  Vaginal Estrogen  Other Estrogen
- Progesterone/Progestin (e.g., Provera):  Oral  Vaginal  Other (specify below)

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

Other type of hormones used, please specify: \_\_\_\_\_

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less (Green)
- .625 mg/day (Brown)
- .9 mg/day (White)
- 1.25 mg/day (Yellow)
- More than 1.25 mg/day
- Dose unknown
- Did not take oral conjugated estrogen

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

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

f) 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.

8. What is your normal walking pace outdoors?

- Slow (less than 2 mph)
- Normal, average (2 to 2.9 mph)
- Brisk pace (3 to 3.9 mph)
- Very brisk, striding (4 mph or faster)
- Unable to walk

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

- No flights
- 1-2 flights
- 3-4 flights
- 5-9 flights
- 10-14 flights
- 15 or more flights

10. 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"/>									
Jogging (slower than 10 minutes/mile)	<input type="radio"/>									
Running (10 minutes/mile or faster)	<input type="radio"/>									
Bicycling (include stationary machine)	<input type="radio"/>									
Tennis, squash, racquetball	<input type="radio"/>									
Lap swimming	<input type="radio"/>									
Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	<input type="radio"/>									
Lower intensity exercise (yoga, stretching, toning)	<input type="radio"/>									
Other vigorous activities (e.g., lawn mowing)	<input type="radio"/>									

11. Number of times you have fallen to the ground in the past 1 year:

- None
- 1
- 2
- 3
- 4
- 5 or more

12. Do you currently smoke cigarettes?

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

13. Did you have a colonoscopy or sigmoidoscopy since June 1, 1996?

- No
- Yes → Why did you have the colonoscopy or sigmoidoscopy (mark all that apply)?

- Bleeding in stool
- Family history of colon cancer
- Positive test for occult fecal blood
- Barium Enema
- Abdominal pain
- Diarrhea or constipation
- Routine or follow-up screening (no symptoms)

Turn to page 2

**14. Since June 1996, have you had any of these physician-diagnosed illnesses?**  
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

**YEAR OF DIAGNOSIS**

BEFORE JUNE 1 1996    JUNE 96 TO MAY 98    AFTER JUNE 1 1998

Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalized for MI? <input checked="" type="radio"/> No <input type="radio"/> Yes			
Angina pectoris	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by angiogram? <input checked="" type="radio"/> No <input type="radio"/> Yes			
Coronary bypass or angioplasty	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA (Transient ischemic attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid surgery (Endarterectomy)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral artery disease or claudication of legs (not varicose veins)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by angiogram/surgery? <input checked="" type="radio"/> No <input type="radio"/> Yes			
Pulmonary embolus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibrocystic/other benign breast disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by breast biopsy? <input checked="" type="radio"/> No <input type="radio"/> Yes			
Breast cancer	<input checked="" 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"/>
Cancer of the uterus (endometrium)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the ovary	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal polyp (benign)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the colon or rectum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the lung	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basal cell skin cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squamous cell skin cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify site and date of other cancer diagnosis	<input type="text"/>		
Osteoporosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebral fracture, X-ray confirmed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip replacement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fractures: Wrist or Colles' Fracture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip fracture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastric or duodenal ulcer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macular degeneration of retina	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract—1st Diagnosis (Dx)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract extraction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma, Doctor diagnosed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema or Chronic bronchitis, Dr. Dx	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple sclerosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.L.S. (Amyotrophic Lateral Sclerosis)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverticulitis/diverticulosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis/Crohn's	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interstitial Cystitis (Dx by cystoscopy)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active TB (X-ray or culture Dx)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other major illness or surgery since June 1996	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify:	<input type="text"/>		

1	1	1	1	1	1	1	1	1	1	6	98
2	2	2	2	2	2	2	2	2	2	7	99
4	4	4	4	4	4	4	4	4	4	3	8 00
8	8	8	8	8	8	8	8	8	8	4	9 11
P	P	P	P	P	P	P	P	P	P	5	10 12

← THIS IS YOUR ID#

**15. 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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Exam by eye doctor?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Bimanual pelvic exam?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Breast exam by clinician?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Mammogram?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Fasting blood sugar?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**16. On average, how frequently do you take aspirin?**

0 days/month     1-3 days/month     1-2 days/week  
 3-4 days/week     5-6 days/week     Daily

**17. On average, how many aspirin tablets do you take per week? (4 baby aspirin = 1 tablet) Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol.**

0/wk.     0.5-2/wk.     3-5/wk.     6-14/wk.     15+/wk.

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

No regular medications

Acetaminophen (e.g., Tylenol)  
 Days/week:  1     2-3     4-5     6+ days  
 Tablets/wk:  1-2     3-5     6-14     15+ tablets

Non-steroidal anti-inflammatory (e.g., Advil, Motrin, Indocin)  
 Days/week:  1     2-3     4-5     6+ days  
 Tablets/wk:  1-2     3-5     6-14     15+ tablets  
 Is this usually:  Ibuprofen (any brand)     Other type

Coumadin     Tamoxifen

Thiazide diuretic     Lasix

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

Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)

ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)

Other antihypertensive (e.g., Aldomet, Apresoline)

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

Inhaled Steroids     Inhaled Bronchodilator

Digoxin     Antiarrhythmic

Cholesterol-lowering drug (e.g., Questran, Zocor, Lipid)

Antidepressant (e.g., Elavil, Prozac)

Cimetidine (Tagamet)     Other H2 blocker (e.g., Zantac, Pepcid)

Insulin     Oral Hypoglycemic medication

Meridia (sibutramine)

Other regular medications (no need to specify)

**19. Is this your correct date of birth?** →

Yes     No → If no, please write correct date.

MONTH / DAY / YEAR

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

**Systolic:**  <105 mmHg     105-114     115-124  
 125-134     135-144     145-154     155-164  
 165-174     175+     Unknown/Not checked in 2 years

**Diastolic:**  <65 mmHg     65-74     75-84     85-89  
 90-94     95-104     105+     Unknown

**21. Have you ever been diagnosed with:**

**Pernicious Anemia**     No     Yes, <1984     Yes, 1984+

**Congestive Heart Failure**     No     Yes, <1984     Yes, 1984+

**Periodontal bone loss**     No     Mild     Moderate/Severe

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

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

Please copy your ID from page 2 to here. ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Grid for recording answers for questions 22-23. Includes columns for 'FOR OFFICE USE ONLY' and a grid of numbers 0-9.

22. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 23.)

- Options: No, Yes. If Yes, a) How many do you take per week? (2 or less, 3-5, 6-9, 10 or more)

b) What specific brand do you usually use? Specify exact brand and type

23. Do you take the following separate preparations? DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.

Series of questions (a-i) regarding Vitamin A, Beta-Carotene, Vitamin C, Vitamin B6, Vitamin E, Calcium, Selenium, Niacin, Zinc, and other supplements. Each question includes 'No/Yes' options and 'Dose per day' ranges.

24. How many teaspoons of sugar do you add to your beverages or food each day? [ ] tsp.

25. What brand and type of cold breakfast cereal do you usually eat? Specify cereal brand & type. Don't eat cold breakfast cereal.

26. What form of margarine do you usually use? Form? (None, Stick, Tub, Spray, Squeeze) Type? (Reg, Light, Extra Light, Nonfat). What specific brand and type of margarine (e.g., Parkay Corn Oil Spread)?

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

Vertical grid for recording answers for question 27, with columns for numbers 0-9.

Table with columns for 'DAIRY FOODS' and 'AVERAGE USE LAST YEAR' (Never, 1-3 per month, 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day). Rows include Milk (8 oz. glass), Cream, Frozen yogurt, Regular ice cream, Yogurt, Margarine, Butter, Cottage or ricotta cheese, Cream cheese, and Other cheese.

What type of cheese do you usually eat? Regular, Low fat or Lite, Nonfat, None

PLEASE TURN TO PAGE 4

27. (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 (7 prunes or 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"/>
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"/>
Avocado (1/2 fruit or 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"/>
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"/>
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"/>
Orange juice—calcium fortified (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 or V-8 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"/>
Salsa, picante or taco sauce (1/4 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"/>
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 coleslaw (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) or carrot juice (2-3 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"/>
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, stir-fry, vegetable soup (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"/>
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"/>
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"/>
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"/>
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 (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"/>
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"/>
Green or red peppers (3 slices or 1/4 pepper)	<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 or in salad (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
Egg Beaters or egg whites only (1/4 cup or 1 egg)	<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 including yolk (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"/>
Beef or pork 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"/>
Chicken or turkey 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"/>
Chicken or turkey sandwich	<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 chicken or turkey, with skin (3 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"/>
Other chicken or turkey, without skin (3 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"/>

PLEASE TURN TO PAGE 5

27. (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
Salami, bologna, or other processed meat sandwiches	<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 processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)	<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, regular (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"/>
Hamburger, lean or extra lean (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, lasagna, 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 (2-3 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)	<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"/>
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, e.g., cod, haddock, halibut (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"/>

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"/>
Bagels, English muffins, soft pretzels, 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"/>
Pancakes or waffles (2 pieces)	<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"/>
Tortillas (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"/>
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"/>
French Fries (4 oz. or 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"/>
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 (5)	<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 with caffeine, e.g., Diet Coke	<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-cal bev. with caffeine, e.g., Diet Mt. Dew	<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-cal bev. without caffeine, e.g., Diet 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"/>
	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"/>
		Other carbonated bev. with caffeine and sugar, e.g., Mt. Dew, Surge, Dr. 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"/>
		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>		Punch, lemonade, other non-carbonated fruit drinks, or sugared ice tea (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, regular (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"/>
		Light Beer, e.g., Bud Light (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., vodka, 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, sparkling, 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"/>
		Herbal tea or decaffeinated tea (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"/>
		Tea (1 cup), not herbal teas	<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"/>	

PLEASE TURN TO PAGE 6

27. (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	FOR OFFICE USE ONLY											
										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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy bars, e.g., Snickers, Milky Way, Reeses	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Cookies (1)	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
	Other ready made	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
	Home baked	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Cake, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Cake, home baked (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Pie, homemade or ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Sweet roll, coffee cake or other pastry (serving)	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
	Other ready made	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
	Home baked	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>																
Pretzels (1-2 oz. or 1 bag)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Peanuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Walnuts (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Other nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Oat bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Other bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Wheat germ (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Ketchup or red chili sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Salt added at table (1 shake)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Nutrasweet or Equal (1 packet) NOT Sweet 'N Low	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Garlic (1 clove or 4 shakes)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Olive oil added to other food or bread (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Low-fat or fat-free mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Regular mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Salad dressing (2 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>
Type of salad dressing: <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Other vegetable oil										<input type="radio"/>											

28. 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

29. 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

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

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

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

33. How often do you eat deep fried chicken, fish, shrimp or clams away from home?  
 Less than once a week  1-3 times per week  4-6 times per week  Daily

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

35. Are there any other important foods that you usually eat at least once per week?

Include for example: Applesauce, mushrooms, radish, horseradish, dried apricots, dates, figs, mango, mixed dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars.  
 (Do not include dry spices 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)	