

Channing Laboratory
 181 Longwood Avenue
 Boston, MA 02115-5804
 (617) 525-2279
 Fax (617) 525-2008
www.NursesHealthStudy.org

WINDOW
AREA

Dear Colleague:

On behalf of the entire research group, I thank you for your continued willingness to share the details of your life to help expand our understanding of the factors which affect healthy aging. Your input will help to improve the health of women everywhere. The success of the Nurses' Health Study is, of course, directly attributable to the outstanding quality of the information which you have faithfully provided for over a quarter of a century. Your continuing participation in documenting your lifestyle is fundamental to the validity of the findings from the study.

The attached questionnaire has been designed to make it easier to complete. We have increased the size of the print and made it generally less "crowded." We have NOT increased the number of questions. Please be assured that this booklet contains the same number of questions as our standard six-page survey.

We value **each** member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. 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!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer. The value of your contribution has been enormous.

Best Regards,

Frank E. Speizer, M.D.
 Founding Principal Investigator

Do you have Internet e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

We will not release your e-mail address to anyone!

Do we have your correct address and name?

Make any necessary changes and return this page with your completed booklet.

INSTRUCTIONS

Please use an ordinary 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 2000**, 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. If there are any questions which you do not wish to answer, you may of course leave those blank. If you have comments, please write them on a separate piece of paper.



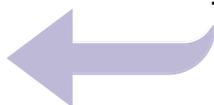
EXAMPLE : Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

20. Since June 2000, have you had any of these physician-diagnosed illnesses?

	YEAR OF DIAGNOSIS			20
	BEFORE JUNE 1 2000	JUNE '00 TO MAY 2002	AFTER JUNE 1 2002	
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	1
Elevated cholesterol	<input type="radio" value="Y"/>	<input type="radio"/>	<input type="radio"/>	2
High blood pressure	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	3

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

- If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and enclose it with your completed form.
- Otherwise, please tear off this cover letter (to preserve confidentiality) and return the booklet in the enclosed postage-paid envelope.



1. Is this your correct Date of Birth?

Yes

No → If No, Please write correct date.

	/		/	
MONTH		DAY		YEAR

2. What is your current weight?

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

3. On average, over a 24 hour period, do you sleep:

- <5 hours
- 5 hrs
- 6 hrs
- 7 hrs
- 8 hrs
- 9 hrs
- 10+ hours

4. Do you snore?

- Every night
- Most nights
- A few nights a week
- Occasionally
- Almost never
- Don't know

5. In the past 10 years, how many times have you donated blood?

- None
- 1 or 2
- 3-5
- 6-9
- 10-14
- 15-19
- 20+ times

6. Do you currently smoke cigarettes?

- No
- Yes → How many/day?
 - 1-4
 - 5-14
 - 15-24
 - 25-34
 - 35-44
 - 45+

7. Have you had your uterus removed?

- No
- Yes → Date of surgery:
 - Before June 1, 2000
 - After June 1, 2000

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

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

1	1	1	1	1	1	1
2	2	2	2	2	2	2
4	4	4	4	4	4	4
8	8	8	8	8	8	8
P	P	P	P	P	P	P

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

3/8" spine perf

9. Since June 2000, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?

- Yes →
- No

a) How many months have you used each drug during the 24-month period between June 2000 and June 2002?

Evista:

- Not Used
- 1-4 months
- 5-9
- 10-14
- 15-19
- 20-24 months
- Used only after 6/2002

Nolvadex:

- Not Used
- 1-4 months
- 5-9
- 10-14
- 15-19
- 20-24 months
- Used only after 6/2002

b) Are you currently using Evista or Nolvadex?

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

10. Are you currently using any over-the-counter (e.g., "herbal," "natural," or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)

- No
- Yes → **What type(s)?**
- Soy estrogen products
- Natural progesterone cream or wild yam cream
- Other

11. Since June 2000, have you used prescription female hormones?

- Yes →
- No

a) How many months have you used them during the 24-month period between June 2000 and June 2002?

- 1-4 months
- 5-9
- 10-14
- 15-19
- 20-24 months
- Used only after June 2002

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.

Combined:

- Prempro (Pink)
- Prempro (Blue)
- Premphase
- Combipatch
- FemHRT

Estrogen:

- Oral Premarin
- Patch Estrogen
- Vaginal Estrogen
- Ogen
- Estrace
- Estratest
- Other Estrogen (specify type in box below)

Progesterone/Progestin (e.g., Provera):

- Provera/Cycrin/MPA
- Vaginal
- Micronized (e.g., Prometrium)
- Other progesterone (specify below)

Other type of hormones used (e.g., Bi-est, Tri-est), please specify:

[Empty text box for specifying other hormone types]

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 medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?

- 2.5 mg or less
- 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/month

Progesterone:

- Days per Month
- Not used
- <1 day/mo
- 1-8 days
- 9-18
- 19-26
- 27+ days/month

Please Continue on Page 3

T
9
a

E
N
b
10
a
11
a
b
c
d
e
f
1
2

3/8" spine perfl

12. Have you ever regularly had heartburn/acid reflux 1 or more times a week?

No Yes → a) How long did this last? 5 years or less 6–14 years 15 years or longer



b) In the past year, how often have you had heartburn/acid reflux?

None in the past year Less than once a month About once a month
 About once a week Several times a week Daily

13. During the last 12 months, how often have you leaked or lost control of your urine?

Never Less than once/month Once/month 2–3 times/month About once/week Almost every day

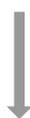


a) When you lose your urine, how much usually leaks?

A few drops Enough to wet your underwear Enough to wet your outerclothing Enough to wet the floor

14. Did you have a colonoscopy or sigmoidoscopy since June 1, 2000?

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



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

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 type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Exam by eye doctor?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Mammogram?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Fasting blood sugar	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y

16. Have you ever had any of these physician-diagnosed illnesses or procedures?

	LEAVE BLANK FOR "NO," MARK HERE FOR "YES" →	YEAR OF DIAGNOSIS				
		1996 or BEFORE	1997–1999	2000	2001	2002
A.L.S. (Amyotrophic Lateral Sclerosis)	<input type="radio"/> Y	<input type="radio"/>				
Epilepsy	<input type="radio"/> Y	<input type="radio"/>				
Restless leg syndrome, Dr. Diagnosed	<input type="radio"/> Y	<input type="radio"/>				
Hyperthyroidism/Graves disease	<input type="radio"/> Y	<input type="radio"/>				
Hypothyroidism	<input type="radio"/> Y	<input type="radio"/>				
Chronic renal failure	<input type="radio"/> Y	<input type="radio"/>				
Gout	<input type="radio"/> Y	<input type="radio"/>				
Barrett's Esophagus	<input type="radio"/> Y	<input type="radio"/>				
Endoscopy (esophagus or stomach)	<input type="radio"/> Y	<input type="radio"/>				

12
a
b
13
a
14
a
15
16

3/8" spine perf

17. Since June 2000, have you had any of these physician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2000	JUNE '00 TO MAY 2002	AFTER JUNE 1 2002

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

Fibrocystic/other benign breast disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by breast biopsy?	<input type="radio"/> N No	<input type="radio"/> Y Yes		
Breast cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the uterus (endometrium)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the ovary	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal polyp (benign)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the colon or rectum	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the lung	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basal cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squamous cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify site of other cancer				
Diabetes mellitus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalized for MI?	<input type="radio"/> N No	<input type="radio"/> Y Yes		
Angina pectoris	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by angiogram?	<input type="radio"/> N No	<input type="radio"/> Y Yes		
Coronary bypass or angioplasty	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA (Transient ischemic attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by angiogram/surgery?	<input type="radio"/> N No	<input type="radio"/> Y Yes		
Carotid surgery (Endarterectomy)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary embolus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

17
1
a
2
3
4
5
6
7
8
9
10
11
12
13
14
15
a
16
a
17
18
19
20
21
a
22
23

3/8" spine
per

17. (Continued)
 Since June 2000, have you had any of these physician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2000	JUNE '00 TO MAY 2002	AFTER JUNE 1 2002

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

Atrial fibrillation	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebral fracture, X-ray confirmed	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip replacement	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fractures: Wrist or Colles' Fracture	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip fracture	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macular degeneration of retina	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract—1st Diagnosis (Dx)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract extraction	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma, Doctor diagnosed	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema or Chronic bronchitis, Dr. Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's Disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis/Crohn's	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pernicious Anemia/B12 deficiency	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SLE (systemic lupus)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid Arthritis, Dr. Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid factor → <input type="radio"/> negative/unknown <input type="radio"/> positive				
Depression, clinician Dx	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other major illness or surgery since June 2000	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify: _____ Date: _____

24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

3/8" spine perf

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

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

Analgesics

Acetaminophen (e.g., Tylenol)

Days per week:

1 2-3 4-5 6+ days



Tablets per week:

1-2 3-5 6-14 15+ tablets

"Baby" or low dose aspirin

Days per week:

1 2-3 4-5 6+ days



Tablets per week:

1-2 3-5 6-14 15+ tablets

Aspirin or aspirin-containing products (325mg/tablet or more)

Days per week:

1 2-3 4-5 6+ days



Tablets per week:

1-2 3-5 6-14 15+ tablets

Ibuprofen (e.g., Advil, Motrin, Nuprin)

Days per week:

1 2-3 4-5 6+ days



Tablets per week:

1-2 3-5 6-14 15+ tablets

Celebrex or Vioxx (COX-2 inhibitors)

Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

Other regular medication

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

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

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

Thiazide diuretic Lasix

Other antihypertensive (e.g., losartan, doxazosin)

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

Inhaled steroids Inhaled bronchodilator

Coumadin Digoxin Antiarrhythmic

"Statin" (cholesterol-lowering) e.g., Zocor, Lipitor, Lovastatin

Other cholesterol-lowering drug

H2 blocker (e.g., Zantac, Pepcid, Tagamet) Prilosec or Prevacid

Fosamax, Actonel, or other bisphosphonate

Insulin Oral hypoglycemic medication

Prozac Zoloft Paxil Celexa

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

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

Meridia (sibutramine) Phentermine Xenical

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

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

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

b) What specific brand (or equivalency) do you usually use?

(Please specify exact Brand and Type.)

- Centrum Silver Centrum Other
 Theragran M One-A-Day Essential

Ex: AARP Alphabet II Formula 643 Multivitamins and Minerals

20. Do you take the following separate preparations?

DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.

(Mark either "Yes" or "No" for each.)

AMOUNT PER DAY

a) Vitamin A No Yes, seasonal only Yes, most months

If Yes, Dose per day: Less than 8,000 IU 8,000 to 12,000 IU 13,000 to 22,000 IU 23,000 IU or more Don't know

c) Vitamin C No Yes, seasonal only Yes, most months

If Yes, Dose per day: Less than 400 mg 400 to 700 mg 750 to 1250 mg 1300 mg or more Don't know

d) Vitamin B₆ No Yes

If Yes, Dose per day: Less than 10 mg 10 to 39 mg 40 to 79 mg 80 mg or more Don't know

e) Vitamin E No Yes

If Yes, Dose per day: Less than 100 IU 100 to 250 IU 300 to 500 IU 600 IU or more Don't know

f) Calcium No Yes

(Include elemental Calcium in Tums, etc.)

If Yes, Dose per day (elemental calcium): Less than 400 mg 400 to 900 mg 901 to 1300 mg 1301 mg or more Don't know

e) Vitamin D No Yes

(In calcium supplement or separately)

If Yes, Dose per day: Less than 300 IU 300 to 500 IU 600 to 900 IU 1,000 IU or more Don't know

g) Selenium No Yes

If Yes, Dose per day: Less than 80 mcg 80 to 130 mcg 140 to 250 mcg 260 mcg or more Don't know

h) Niacin No Yes

If Yes, Dose per day: Less than 50 mg 50 to 300 mg 400 to 800 mg 900 mg or more Don't know

i) Zinc No Yes

If Yes, Dose per day: Less than 25 mg 25 to 74 mg 75 to 100 mg 101 mg or more Don't know

j) Are there other supplements that you take on a regular basis?

<input type="radio"/> Metamucil/Citrucel	<input type="radio"/> B-Complex	<input type="radio"/> Iron	<input type="radio"/> Garlic Supplements
<input type="radio"/> St. John's Wort	<input type="radio"/> Folic Acid	<input type="radio"/> Lycopene	<input type="radio"/> Other
<input type="radio"/> Melatonin	<input type="radio"/> Vitamin B ₁₂	<input type="radio"/> Coenzyme Q10	↓ (Please specify)
<input type="radio"/> Ginkgo Biloba	<input type="radio"/> Beta-carotene	<input type="radio"/> Lecithin	
<input type="radio"/> Ginseng	<input type="radio"/> Magnesium	<input type="radio"/> Cod Liver Oil	
<input type="radio"/> Glucosamine	<input type="radio"/> Potassium	<input type="radio"/> Fish Oil	
<input type="radio"/> Chondroitin	<input type="radio"/> Chromium	<input type="radio"/> DHEA	

21. How many days per week do you have breakfast (more than coffee or tea)?

- Never 1/wk 2 3 4 5 6 7

22. How many times per day do you eat? Include meals and snacks. (For snacks, count juice and non-diet soda, but exclude coffee and diet soda.)

- 1 or 2 times per day 3/day 4/day 5/day 6/day 7/day 8/day 9 or more times per day

3/8" spine perf

23. What brand and type of cold breakfast cereal do you usually eat?

Don't eat cold breakfast cereal

→ Specify brand & type (e.g., "Ralston Rice Chex")

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

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

Teaspoons

0	0	24
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	0
8	8	
9	9	

DAIRY FOODS

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

Skim milk (8 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4 or more glasses per day

1% or 2% milk (8 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4 or more glasses per day

Whole milk (8 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4 or more glasses per day

Soy milk (8 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4 or more glasses per day

Cream, e.g., in coffee, whipped or sour cream (1 tbs.)

- Never
- Less than once per month
- 1–3 tbs. per month
- 1 tbs. per week
- 2–4 tbs. per week
- 5–6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Non-dairy coffee whitener (1 tbs.)

- Never
- Less than once per month
- 1–3 tbs. per month
- 1 tbs. per week
- 2–4 tbs. per week
- 5–6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Regular ice cream (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

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

Yogurt, artificially sweetened or plain (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more servings per day

Yogurt, sweetened—with fruit or other flavoring (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more servings per day

Cottage or ricotta cheese (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Cream cheese (1 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)

- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2 or more slices per day



What type of cheese do you usually eat?

- None
- Regular
- Low fat or lite
- Nonfat

Butter (small pat), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1–3 pats per month
- 1 pat per week
- 2–4 pats per week
- 5–6 pats per week
- 1 pat per day
- 2–3 pats per day
- 4 or more pats per day

Margarine (small pat), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1–3 pats per month
- 1 pat per week
- 2–4 pats per week
- 5–6 pats per week
- 1 pat per day
- 2–3 pats per day
- 4 or more pats per day

26. What form of margarine do you usually use?

- None **Form?** Stick
 Tub
 Spray
 Squeeze (liquid)

- Type?** Regular
 Light spread
 Extra light spread
 Nonfat

What specific **brand** and **type** (e.g., Blue Bonnet Lower Fat Spread)?

26
f
t
b

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

3/8" spine perf

FRUITS

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

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the 3 months that it is in season, then the average total use would be once per week over the year.

Raisins (1 oz. or small pack) or grapes

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Prunes (7 prunes or 1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day

Prune Juice (small glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Bananas (1)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more per day

Cantaloupe (1/4 melon)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2–3 times per day
- 4 or more servings per day

Applesauce (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- Two or more servings per day

Fresh apples or pears (1)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4 or more per day

Apple juice or cider (small glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Oranges (1)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4 or more per day

Orange juice—calcium fortified (small glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Orange juice—regular (not fortified) (small glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Grapefruit (1/2) or grapefruit juice (small glass)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2–3 times per day
- 4 or more times per day

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

Other fruit juices (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Strawberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once or more per day

Blueberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Peaches, apricots or plums (1 fresh, or 1/2 cup canned)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

VEGETABLES

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

Tomatoes (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Tomato or V8 juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Tomato sauce (1/2 cup) e.g., spaghetti sauce

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Salsa, picante or taco sauce (1/4 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Tofu, soyburger or other soy protein

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

String beans (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Broccoli (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cabbage or cole slaw (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cauliflower (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

3/8" spine perf

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

Brussels sprouts (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Carrots, raw (1/2 carrot or 2–4 sticks)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Carrots, cooked (1/2 cup or carrot juice (2–3 oz.))

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Corn (1 ear or 1/2 cup frozen or canned)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more servings per day

Peas or lima beans (1/2 cup fresh, frozen or canned)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

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

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Beans or lentils, baked or dried (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Yams or sweet potatoes (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Dark orange (winter) squash (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Eggplant, zucchini or other summer squash (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Spinach, cooked (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Spinach, raw as in salad (serving)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Kale, mustard, or chard greens (1/2 cup)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Iceberg or head lettuce (serving)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Romaine or leaf lettuce (serving)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

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

Celery (4" stick)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- Once per day
- 2 or more servings per day

Green or red peppers (3 slices or 1/4 pepper)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Onions as a garnish or in a salad (1 slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Onions as a vegetable, rings or soup (1 onion)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

EGGS, MEAT & FISH

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

Egg Beaters or egg whites only (1/4 cup or 1 egg)

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Eggs, including yolk (1)

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Bacon (2 slices)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Beef or pork hot dogs (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Chicken or turkey hot dogs (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Chicken/Turkey sandwich or frozen dinner

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more per week

Other chicken or turkey, with skin (3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Other chicken or turkey, without skin (3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

3/8" spine perf

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

Salami, bologna, or other processed meat sandwiches

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5 or more per week

Processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Hamburger, lean or extra lean (1 patty)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more per day

Hamburger, regular (1 patty)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 or more per day

Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinner, etc.

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

Pork as a main dish, e.g., ham or chops (4–6 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

Liver: beef, calf or pork (4 oz.)

- Never
- Less than once per month
- 1 time per month
- 2–3 times per month
- 1 or more servings per week

Liver: chicken or turkey (1 oz.)

- Never
- Less than once per month
- 1 time per month
- 2–3 times per month
- 1 or more servings per week

Canned tuna fish (2–3 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more per day

Shrimp, lobster, scallops as a main dish (1 serving)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more times per day

Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Other fish, e.g., cod, haddock, halibut (3–5 oz.)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

CEREALS, BREADS & STARCHES

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

Cold breakfast cereal (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

Cooked oatmeal/cooked oat bran (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

Other cooked breakfast cereal (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4 or more cups per day

White bread, including pita (1 slice)

- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

Rye or Pumpernickel bread (1 slice)

- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

Wheat, oatmeal, other whole grain bread (1 slice)

- Never
- Less than once per month
- 1–3 slices per month
- 1 slice per week
- 2–4 slices per week
- 5–6 slices per week
- 1 slice per day
- 2–3 slices per day
- 4–5 slices per day
- 6+ slices per day

Bagels, English muffins or rolls (1 whole)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more per day

Muffins (regular) or biscuits (1)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more per day

Pancakes or waffles (2 small pieces)

- Never
- Less than once per month
- 1–3 servings per month
- 1 serving per week
- 2–4 servings per week
- 5–6 servings per week
- 1 serving per day
- 2 or more servings per day

Brown rice (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

White rice (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

Pasta, e.g., spaghetti, noodles, etc. (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2 or more cups per day

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

Tortillas (1)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4 or more per day

French fries (4 oz. or 1 serving)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- 1 or more servings per day

Potatoes, baked, boiled (1) or mashed (1 cup)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more servings per day

Potato chips or corn chips (small bag or 1 oz.)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2 or more servings per day

Crackers, fat free or light (6)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2–3 times per day
- 4 or more servings per day

Crackers, regular (6)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2–3 times per day
- 4 or more servings per day

Pizza (2 slices)

- Never
- Less than once per month
- 1–3 times per month
- Once per week
- 2–4 times per week
- 5–6 times per week
- Once per day
- 2 or more servings per day

BEVERAGES

31. **CARBONATED BEVERAGES**—Consider the serving size as one 12 oz. glass, bottle or can for these carbonated beverages.

LOW-CALORIE (sugar-free types)

Low-calorie beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew (1 glass, bottle, or can)

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

Other low-calorie beverage without caffeine, e.g., Diet 7-Up (1 glass, bottle, or can)

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

REGULAR TYPES (not sugar-free)

Carbonated beverage with caffeine and sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale (1 glass, bottle, or can)

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4 or more cans per day

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

OTHER BEVERAGES

Punch, lemonade, other non-carbonated fruit drinks or sugared ice tea (1 glass, bottle, can)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4 or more glasses per day

Beer, regular (1 glass, bottle, can)

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4–5 cans per day
- 6+ cans per day

Light beer, e.g., Bud Light (1 glass, bottle, can)

- Never
- Less than once per month
- 1–3 cans per month
- 1 can per week
- 2–4 cans per week
- 5–6 cans per week
- 1 can per day
- 2–3 cans per day
- 4–5 cans per day
- 6+ cans per day

Red wine (4 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4–5 glasses per day
- 6+ glasses per day

White wine (4 oz. glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4–5 glasses per day
- 6+ glasses per day

Liquor, e.g., vodka, gin, etc. (1 drink or shot)

- Never
- Less than once per month
- 1–3 drinks per month
- 1 drink per week
- 2–4 drinks per week
- 5–6 drinks per week
- 1 drink per day
- 2–3 drinks per day
- 4–5 drinks per day
- 6+ drinks per day

Plain water, bottled, sparkling, or tap (1 cup or glass)

- Never
- Less than once per month
- 1–3 glasses per month
- 1 glass per week
- 2–4 glasses per week
- 5–6 glasses per week
- 1 glass per day
- 2–3 glasses per day
- 4–5 glasses per day
- 6+ glasses per day

Herbal tea or decaffeinated tea (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4–5 cups per day
- 6+ cups per day

Tea (1 cup), Not herbal teas

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4–5 cups per day
- 6+ cups per day

Decaffeinated coffee (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4–5 cups per day
- 6+ cups per day

Coffee with caffeine (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 cup per day
- 2–3 cups per day
- 4–5 cups per day
- 6+ cups per day

3/8" spine perf

SWEETS, BAKED GOODS & MISCELLANEOUS

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

Pure chocolate candy bar or packet, (e.g., Hershey's, M&M's)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Candy bars, (e.g., Snickers, Milky Way, Reeses)

- Never
- Less than once per month
- 1-3 candy bars per month
- 1 candy bar per week
- 2-4 candy bars per week
- 5-6 candy bars per week
- 1 candy bar per day
- 2-3 candy bars per day
- 4 or more candy bars per day

Candy without chocolate (e.g., 1 pack mints, Lifesavers)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

Cookies, fat free or reduced fat (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, other ready-made (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, home baked (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Brownies (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Doughnuts (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Cake, ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Cake, home baked (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Pie, homemade or ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Jams, jellies, preserves, syrup, or honey (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

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

Peanut butter (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

Fat free or light popcorn (3 cups)

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

Regular popcorn (3 cups)

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

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

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

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

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

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

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Pretzels (1 small bag or serving)

- Never
- Less than once per month
- 1-3 servings per month
- One serving per week
- 2-4 servings per week
- 5-6 servings per week
- One serving per day
- 2 or more servings per day

Peanuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Walnuts (1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Other nuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Oat bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Other bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

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

Wheat germ (1 tbs.)

- Never
- Less than once per month
- 1–3 tbs. per month
- 1 tbs. per week
- 2–4 tbs. per week
- 5–6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Chowder or cream soup (1 cup)

- Never
- Less than once per month
- 1–3 cups per month
- 1 cup per week
- 2–4 cups per week
- 5–6 cups per week
- 1 or more cups per day

Ketchup or red chili sauce (1 tbs.)

- Never
- Less than once per month
- 1–3 tbs. per month
- 1 tbs. per week
- 2–4 tbs. per week
- 5–6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Salt added at table (1 shake)

- Never
- Less than once per month
- 1–3 shakes per month
- 1 shake per week
- 2–4 shakes per week
- 5–6 shakes per week
- 1 shake per day
- 2–3 shakes per day
- 4–5 shakes per day
- 6+ shakes per day

Nutrasweet or Equal (1 packet) NOT Sweet 'N Low

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4–5 per day
- 6+ per day

Garlic (1 clove or 4 shakes)

- Never
- Less than once per month
- 1–3 per month
- 1 per week
- 2–4 per week
- 5–6 per week
- 1 per day
- 2–3 per day
- 4–5 per day
- 6+ per day

Olive oil added to food or bread (1 tbs.); exclude use in cooking

- Never
- Less than once per month
- 1–3 tbs. per month
- 1 tbs. per week
- 2–4 tbs. per week
- 5–6 tbs. per week
- 1 tbs. per day
- 2–3 tbs. per day
- 4–5 tbs. per day
- 6+ tbs. per day

Low fat mayonnaise/fat-free mayonnaise (1 tbs.)

- Never
- Less than once per month
- 1–3 servings per month
- 1 serving per week
- 2–4 servings per week
- 5–6 servings per week
- 1 serving per day
- 2 or more servings per day

Regular mayonnaise (1 tbs.)

- Never
- Less than once per month
- 1–3 servings per month
- 1 serving per week
- 2–4 servings per week
- 5–6 servings per week
- 1 serving per day
- 2 or more servings per day

Salad dressing (2 tbs.)

- Never
- Less than once per month
- 1–3 servings per month
- 1 serving per week
- 2–4 servings per week
- 5–6 servings per week
- 1 serving per day
- 2–3 servings per day
- 4 or more servings per day

Type of salad dressing:

- Nonfat
- Low fat
- Olive oil dressing
- Other vegetable oil dressing

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. 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

35. 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

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

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

37. How often do you eat deep fried chicken, fish, shrimp or clams away from home?

- Never
- Less than once a week
- 1-3 times per week
- 4-6 times per week
- Daily

38. What percent of your noon and evening meals are prepared at home? (exclude commercially prepared meals)

- Almost none
- 25%
- 50%
- 75%
- Almost all

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

(Specify brand and type)

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

Include for example: Avocado, mushrooms, bulgur, couscous, 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)	

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

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

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

34
35
36
37
38
39
40
41

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

OLV
CAN
CRN
SOY
VEG

0 0 0 av rhu 0 0
1 1 1 mus ven 1 1
2 2 2 rad pep 2 2
3 3 3 hrd pks 3 3
4 4 4 dap pkd 4 4
5 5 5 dat olv 5 5
6 6 6 mgo sim 6 6
7 7 7 mxr enr 7 7
8 8 8 pap en+ 8 8
9 9 9 pni pwb 9 9

0 0 0 av rhu 0 0
1 1 1 mus ven 1 1
2 2 2 rad pep 2 2
3 3 3 hrd pks 3 3
4 4 4 dap pkd 4 4
5 5 5 dat olv 5 5
6 6 6 mgo sim 6 6
7 7 7 mxr enr 7 7
8 8 8 pap en+ 8 8
9 9 9 pni pwb 9 9

0 0 0 av rhu 0 0
1 1 1 mus ven 1 1
2 2 2 rad pep 2 2
3 3 3 hrd pks 3 3
4 4 4 dap pkd 4 4
5 5 5 dat olv 5 5
6 6 6 mgo sim 6 6
7 7 7 mxr enr 7 7
8 8 8 pap en+ 8 8
9 9 9 pni pwb 9 9

a

3/8" spine perf

42. Please indicate the name of someone at a **DIFFERENT PERMANENT ADDRESS** to whom we might write in the event we are unable to contact you:

42

Name: _____

Address: _____

Telephone: _____

Thank you!

Please check to make sure you have not accidentally skipped any pages.

Please return form in prepaid envelope to:

**Frank E. Speizer, MD
Nurses' Health Study
181 Longwood Ave.
Boston, MA 02115**

2002
6 7 8 9 10 11 12

2003
1 2 3 4 5 6 7 8 9 10 11 12

2004
1 2 3 4 5 6

EliteView™ forms by NCS Pearson EM-244851-1:654321 Printed in U.S.A.

Copyright © 2002 Brigham and Women's Hospital. All Rights Reserved Worldwide.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

3/8" spine
per 1

PG