

PLEASE USE PENCIL!

1. 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

2. Is this your correct date of birth?

Yes No → If No, please write correct date. MONTH / DAY / YEAR

3. Do you currently smoke cigarettes?

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

4. Have you had your uterus removed?

No Yes → Date of surgery: Before June 1, 2017 After June 1, 2017

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

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

6. Have you ever had both of your fallopian tubes removed? (bilateral salpingectomy)

No Not sure Yes → Date of surgery: Before 2000 2000-2005 2006-2010 2011+

7. Since June 2017, have you used prescription female hormones? (Not including oral contraceptives.)

Yes → a) How many months did you use hormones since June 2017?
 No 1-4 months 5-9 10-14 15-19 20-25 26-30 31-35 36+ months

b) Are you currently using them (within the last month)? Yes No If No, skip to question 8.

c) Mark the type(s) of hormones you are CURRENTLY using:

Combined: Prempro Premphase Combipatch FemHRT Climara Pro
Estrogen: Oral Premarin or conjugated estrogen Oral Estrace or oral estradiol
 Vaginal estrogen Patch estrogen Estrogen gels, creams, sprays on skin
 Estrogen + testosterone Other estrogen (specify below)
Progesterone/Progestin: Provera/Cycrin/MPA Vaginal Micronized (e.g., Prometrium)
 Other progesterone (specify type) →
Other hormones: Compounded bioidentical Estrogen Testosterone
 Compounded bioidentical Progesterone Other (specify here)

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2017, what dose did you usually take?

.30 mg/day or less .45 mg/day .625 mg/day .9 mg/day
 1.25 mg/day or higher Unsure Did not take oral conjugated estrogen

8. In the past two years have you had ...

(If yes, mark all that apply)

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	N	Y	Y
Exam by eye doctor?	N	Y	Y
Mammogram?	N	Y	Y
Fasting blood sugar?	N	Y	Y

H 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
 For Office Use
 C 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

Upper endoscopy? N No Y Yes
 (Virtual) CT Colonoscopy? N No Y Yes
 Colonoscopy? N No Y Yes
 Sigmoidoscopy? N No Y Yes

Initial reason(s) you had this Colonoscopy or Sigmoidoscopy?

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

9. Do you ever wear a hearing aid?

Yes → Do you wear it: All the time Most of the time Occasionally
 No When did you get your first hearing aid?
 Less than 1 year ago 1-2 years 3-5 years 6-9 years 10+ years ago

3/8 PERP

10. Since June 2017, have you had any of these clinician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2017	JUNE '17 TO MAY 2019	AFTER JUNE 1 2019

Since June 2017, have you had any of these clinician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 2017	JUNE '17 TO MAY 2019	AFTER JUNE 1 2019

Fibrocystic/other benign breast disease Confirmed by biopsy? (N) No (Y) Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Cancer of the ovary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Leukemia or Lymphoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Basal cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Squamous cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Colon or rectal polyp (benign)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Cancer of the colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Specify site of other cancer (e.g., uterus, pancreas, lung, etc.)				
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Myocardial infarction Hospitalized for MI? (N) No (Y) Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Angina pectoris Confirmed by angiogram? (N) No (Y) Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Coronary bypass, angioplasty, or stent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
TIA (Transient ischemic attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Carotid surgery (Endarterectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Pulmonary embolus or Deep vein thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Osteoarthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25

Hip fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Knee replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Vertebral (spine) fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Hyperparathyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Cholecystectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Depression, clinician diagnosed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Alzheimer's or other type of dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
ALS (Amyotrophic Lat. Sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Multiple Sclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Rheumatoid Arthritis or Systemic Lupus (SLE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Sarcoidosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Chronic viral hepatitis (B or C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Gastric/duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Barrett's esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
Celiac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
Crohn's/ Ulcerative colitis/ Microscopic colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
Other major illness or surgery since June 2017	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
Please specify: _____ Date: _____				
(e.g., shingles, GERD, etc.)				

0 1 2 3 4 5 6 7 8 9	FOR OFFICE USE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

3/8" PERF

11. Have you ever had any of these clinician-diagnosed illnesses?

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

		YEAR OF FIRST DIAGNOSIS				
		BEFORE 2002	2002-2008	2009-2014	2015-2016	2017 +
Sleep apnea	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma, clinician diagnosed	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD/Emphysema/ Chronic bronchitis	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty liver	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by liver biopsy?	<input type="radio"/> No	<input type="radio"/> Yes				
Liver cirrhosis	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-diabetes (Glucose intolerance)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastric banding, bypass or sleeve	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endometriosis (confirmed by laparoscopy)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Acetaminophen (e.g., Tylenol)
- Days/week:** 1 2-3 4-5 6+ days
- Tablets/wk:** 1-2 3-5 6-14 15+ tablets
- Low dose aspirin (100 mg or less/tablet)
- Days/week:** 1 2-3 4-5 6+ days
- Tablets/wk:** 1-2 3-5 6-14 15+ tablets
- Aspirin or aspirin-containing products (325 mg or more/tablet)
- Days/week:** 1 2-3 4-5 6+ days
- Tablets/wk:** 1-2 3-5 6-14 15+ tablets
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
- Days/week:** 1 2-3 4-5 6+ days
- Tablets/wk:** 1-2 3-5 6-14 15+ tablets
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Clinoril, Relafen, Indocin, Celebrex)
- Days/week:** 1 2-3 4-5 6+ days
- Thiazide diuretic Calcium blocker Beta-blocker
- ACE inhibitors Angiotensin receptor blocker
- Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)
- Coumadin Pradaxa/Xarelto/Eliquis Plavix
- Prasugrel (Effient) Digoxin Antiarrhythmic
- "Statin" cholesterol-lowering drug (e.g., Mevacor, Zocor, Lipitor)
- Other lipid-lowering drug [e.g., Lopid (gemfibrozil), Colestid, Tricor (fenofibrate), Questran (cholestyramine), Zetia]
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Diabetes drugs: (Mark all that apply)**
- Insulin Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
- Metformin (Glucophage) Jardiance Invokana
- Farxiga Januvia Other oral hypoglycemic agent
- Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyll)
- Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- Evista (raloxifene) Tamoxifen (Nolvadex)
- Anticholinergics (e.g., Detrol, Ditropan, Vesicare)
- Antidepressant medications (e.g., SSRIs, SNRIs, Tricyclics)
- Minor tranquilizers (e.g., Valium, alprazolam, lorazepam)
- β-agonist inhaler (e.g., albuterol [Ventolin], Maxair)
- Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)
- Over-the-counter sleep medications
- Prilosec, Nexium, Prevacid, Protonix, Aciphex, Dexilant
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- Other regular medications (no need to specify)

13. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

- Yes → What was the site of the bleeding?
- No
- Esophagus Stomach Duodenum
- Colon/rectum Other Site unknown

14. In the past two years: Have you been diagnosed with an episode of:

- a) Diverticulitis (NOT diverticulosis) that required antibiotics and/or hospitalization?**
- Yes → If Yes: Did you have more than one episode?
- No
- No Yes
- Did you require surgery?**
- No Yes
- Did you have an abscess (collection of infected fluid)?**
- No Yes
- b) Diverticular bleeding that required blood transfusion and/or hospitalization?**
- No Yes
- c) Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding?**
- No Yes

15. Do you snore?

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

16. On average, how often are your daily activities affected because you are sleepy during the day?

- Almost every day 4-6 days/wk 1-3 days/wk
- Rarely Never

17. Has your spouse (or sleep partner) ever told you that you appear to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed), on three or more occasions?

- No Yes I do not have a sleep partner

18. What is your current status?

- Married Divorced Widowed
- Domestic Partnership Separated Never married

19. Your living arrangement: (Mark all that apply.)

- Alone With minor children
- With spouse or partner Other
- With other adult family With pet(s)

20. How frequently do you have a bowel movement?

- More than twice a day Twice a day Daily
- Every other day Every 3-4 days
- Every 5 days or less often

21. 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:

Name: _____

Address: _____

Email: _____

Phone: _____

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22. How often do you use a laxative (such as softeners, bulking agents, fiber supplements or suppositories)? 22
 Never < Once/month 1-3 times/month Once/week 2-3 times/wk 4-5 times/wk Daily 2+ times/day

23. In the past year, have you been bothered by constipation or diarrhea for at least 12 weeks (not necessarily consecutive)? 23
 No
 Yes, diarrhea Yes, constipation
 If Yes, were your bowel movements associated with abdominal pain?
 No Yes

24. During the night, on average, how many times do you have to get up to urinate? 24
 None 1 2 3 4 or more

25. How often do you urinate during the daytime? 25
 1-6 times 7-8 times 9-10 times 11-12 times 13 or more

26. Do you have to rush to the toilet to urinate? 26
 Never Occasionally Sometimes Most of the time All of the time

27. During the last 12 months, how often have you leaked or lost control of your urine? 27
 Never Less than once/month Once/month 2-3 times/month About once/week Almost every day

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

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

II) When you lose urine, what is the usual cause?

a Coughing, sneezing, laughing, or doing physical activity b A sudden and urgent need to go to the bathroom
 c Both a) and b) equally d In other circumstances

28. Do you have any problems with your sense of smell, such as not being able to smell things or things not smelling the way they are supposed to for at least 3 months? 28
 No Yes **Which problem do you have?** Loss of smell Things don't smell right Don't know

29. The following items are about activities you might currently do during a typical day. 29
 Does your health now limit you in these activities?
 If so, how much? (Mark one response on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, like running, lifting heavy objects, strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Please report how you generally feel regarding each statement. 30

	Almost Never	Sometimes	Often	Almost Always
I enjoy exploring new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it fascinating to learn new information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy learning about subjects that are unfamiliar to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy discussing abstract concepts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I learn something new, I like to find out more about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. In the PAST 12 MONTHS, have you used any marijuana product for medicinal or recreational purposes? (smoke, vape, edibles, creams/lotions etc.) (Mark all that apply.) 31
 No

In the PAST 12 MONTHS, how often did you use any marijuana product?

Once a month or less 2-3 times/month 1-2 times/week
 3-5 times/week Daily More than once per day

32. Please indicate the times of day that you usually eat: (Mark all that apply.) 32
 Before breakfast Breakfast Between breakfast and lunch Lunch
 Between lunch and dinner Dinner Between dinner and bedtime After going to bed

33. At which meal do you typically consume the largest amount of calories? 33
 Breakfast Lunch Dinner

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

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 (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes or dried plums (1/2 cup canned or 1/4 cup dried)		<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"/>
Bananas (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"/>
Cantaloupe (1/4 melon)		<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"/>
Avocado (1/2 fruit or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (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"/>
Apple juice or cider (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tangerines, clementines, mandarin oranges (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"/>
Oranges (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"/>
Orange juice (small glass)	Calcium or Vit. D fortified	<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 (not calcium fortified)	<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"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (e.g., cranberry, grape) (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches or plums (1 fresh or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots (1 fresh, 1/2 cup canned or 5 dried)		<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"/>

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 (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"/>
Tomato juice or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<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"/>
Salsa, picante or taco sauce (1/4 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"/>
Hummus (1/4 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"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked, dried (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger, soybeans, miso or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frz., canned) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (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"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed or stir fry vegetables (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (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"/>
Romaine or leaf lettuce (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"/>
Peppers: green, yellow or red (2 rings or 1/4 small)		<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"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a cooked vegetable or rings (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, MEAT, ETC.		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Eggs (1)	Omega-3 fortified including yolk	<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 eggs including yolk	<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 pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs, sausage or kielbasa (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<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 chicken or turkey, with skin (3 oz.)-including ground		<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 chicken or turkey, without skin (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"/>
Bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

MEAT, FISH		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 (1 patty)	Lean or extra lean	<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	<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, frozen dinners, etc.		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork as a main dish, e.g., ham or chops (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Shellfish e.g., shrimp, lobster, scallops, clams as 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., tuna steak, 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 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"/>
Cooked oatmeal/cooked oat bran (including instant) (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"/>
Bread or Pita (1 slice)	White, wheat, oatmeal (not whole grain)	<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"/>
	Rye/Pumpernickel	<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"/>
	Whole wheat, whole grain oat, whole multigrain	<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 (6)	Whole grain/whole wheat	<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 crackers	<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, 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 small 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, 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"/>
Tortillas: corn or flour (2)		<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 (6 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/tortilla 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"/>
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
CARBONATED BEVERAGES Consider the serving size as 1 glass, bottle or can for these carbonated beverages.	Low-Calorie (sugar-free) types									
		Low-calorie beverage 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"/>
		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"/>
OTHER BEVERAGES	Regular types (not sugar-free)	Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, 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"/>
		Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale, Caffeine-Free 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"/>
		Other sugared beverages: Punch, lemonade, sports 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"/>
		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"/>
		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"/>
		Red wine (5 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"/>
		White wine (5 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"/>
		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"/>
		Plain water: bottled, sparkling, or tap (8 oz. 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"/>
		Decaffeinated tea, exclude herbal (8 oz. 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"/>
		Tea with caffeine (8 oz. cup), including green tea	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Decaffeinated coffee (8 oz. 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"/>
		Coffee with caffeine (8 oz. 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"/>
		Dairy coffee drink (hot/cold), e.g., Cappuccino (12 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"/>

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

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		
Milk chocolate (bar or pack), e.g., Hershey's, M&M's		<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"/>	<input type="radio"/>	P
Dark chocolate, e.g., Hershey's Dark or Dove Dark		<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"/>	<input type="radio"/>	a
Candy bars, e.g., Snickers, Milky Way, Reese's		<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"/>	<input type="radio"/>	b
Candy without chocolate (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"/>	<input type="radio"/>	c
Cookies (1) or Brownies (1)	Ready made or from mix or dough Home-baked, from scratch	<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"/>	<input type="radio"/>	
Doughnuts (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"/>	<input type="radio"/>	
Cake, homemade or ready made (slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Popcorn (2-3 cups)	Fat free or light Regular	<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"/>	<input type="radio"/>	
Sweet roll, coffee cake or other pastry (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"/>	<input type="radio"/>	
Snack bars, e.g., Nutrigrain, Kashi, granola (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"/>	<input type="radio"/>	
Energy bars or high protein bars, e.g., Clif, Zone, 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"/>	<input type="radio"/>	
Diet nutrition drinks, e.g. Slimfast (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"/>	<input type="radio"/>	
Ensure, Boost or other meal replacement drinks (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"/>	<input type="radio"/>	
Pretzels (1 small bag or 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"/>	<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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dried cranberries (1/4 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"/>	<input type="radio"/>	
Mixed dried fruit (1/4 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"/>	<input type="radio"/>	
Oat bran, other bran (wheat, etc.), added to food (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wheat germ (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tomato soup (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"/>	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Flaxseed (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Garlic, fresh or powdered (1 clove or 4 shakes)		<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"/>	<input type="radio"/>	
Olives, any type (3)		<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"/>	<input type="radio"/>	
Olive oil added to food or bread (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Salad dressing (1-2 Tbs)	How often? <input checked="" type="radio"/> Daily Type(s): <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Regular (e.g., Italian, Ranch)	<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"/>	<input type="radio"/>	
Artificial sweeteners (1 packet)	How often? <input checked="" type="radio"/> Daily Type(s): <input type="radio"/> Splenda <input type="radio"/> Equal <input type="radio"/> NutraSweet <input type="radio"/> Sweet'N Low <input type="radio"/> Truvia <input type="radio"/> Stevia	<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"/>	<input type="radio"/>	

40. 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 (4 oz.) Never Less than 1/mo 1/mo 2-3/mo 1/week or more
41. How often do you eat fried or sautéed food at home? (Exclude "Pam"-type spray)
 Less than once a week 1-3 times per week 4-6 times per week Daily
42. What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)
 Real butter Margarine Olive oil Vegetable oil Veg. shortening Lard N/A
43. What kind of fat is usually used for baking COOKIES at home?
 Real butter Margarine Olive oil Vegetable oil Veg. shortening Lard N/A
44. What type of cooking oil is usually used at home? (e.g., Mazola Corn Oil) Specify brand and type
45. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?
 Less than once a week 1-3 times per week 4-6 times per week Daily
46. How often do you eat toasted breads, bagel or English muffin (slice or 1 half bagel)?
 Less than once a week 1-3 times per week 4-6 times per week Daily 2+ times/day
47. Are you following any of these diets? (Mark all that apply.)
 Low carb (Atkins, Paleo, etc.) Keto Low fat Low calorie Intermittent fasting Mediterranean
 Vegan Vegetarian Gluten free Low sodium Diabetic DASH Other None

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2019 6 7 8 9 10 11 12 2020 1 2 3 4 5 6 7 8 9 10 11 12 2021 1 2 3 4 5 6

OLV 4 4
CAN 5 5
COR 6 6
SOY 7 7
VEG 8 8
9 9

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3/8" PERF