



*Harvard School of Public Health
Department of Epidemiology
677 Huntington Avenue
Boston, Massachusetts 02115
(617) 732-1480*

Dear Colleague:

We are writing to you and other U.S. health professionals to ask you to take part in a longitudinal study of nutritional factors and the occurrence of heart disease and cancer. Diet seems to play an important role (both preventive and causative) in these diseases, but it is unclear as to which foods or nutrients confer increased benefit or risk. Over the past 10 years, our research group has developed, tested, and refined methods to assess dietary intake by questionnaires in a study of more than 100,000 female nurses. This parallel study among men will provide additional valuable information, particularly since men have a higher rate of heart disease than women. Your level of education and general awareness of health issues provides a unique basis for the accurate and complete information needed in such a study.

To participate in this study, please answer the questions on the enclosed form and return it in our prepaid envelope. We plan to send participants repeat questionnaires of about this length every two years to update our information. On alternate years we will send an informational letter providing news on the progress of the study and summaries of the latest findings. We may request permission to obtain relevant medical reports in the event of a serious medical problem. In the second year of the study we will send an optional request for a toenail clipping specimen, to be used for trace element analysis.

Instructions for completing the questionnaire are included on the back of this letter. For efficient processing, we employ an optical scanning system which requires that an ordinary No. 2 pencil be used. Any additional notes should be made on a separate piece of paper; we will read them all. Information you provide will be held in strictest confidence, identified by study number only, and used solely for statistical purposes.

We hope that you will collaborate with us in the conduct of this long term study. The results will have important public health implications in determining the sort of diet which promotes health and reduces risk of cancer and heart disease.

Sincerely,

Walter Willett
Walter Willett, M.D.
Principal Investigator

Advisory Board

Chester Douglass, D.D.S.
Harvard School of Dental Medicine

William A. Gouveia, M.S.
American Society of Hospital Pharmacists

Melvyn Grovit, D.P.M.
American Podiatric Medical Association

Kent Nash, Ph.D.
American Dental Association

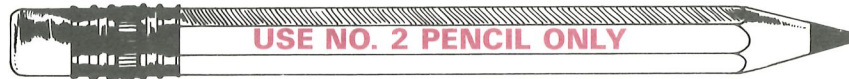
Arthur V. Tennyson, V.M.D.
American Veterinary Medical Association

J. Peter Tilley, D.O.
Philadelphia College of Osteopathic Medicine

John Whitener, O.D.
American Optometric Association

Ronald L. Williams, B.S. (Pharm.)
American Pharmaceutical Association

INSTRUCTIONS



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

EXAMPLE 1: Sex: ● Male ○ Female

Fill circle completely, do not mark this way:



EXAMPLE 2: Usual type of cooking oil?

Mazola corn oil

Specify type and brand

Keep handwriting within borders of the response box.

EXAMPLE 3: DATE OF BIRTH AND WEIGHT:

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

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

1. Date of Birth			7. Current Weight (lbs)					
Month	Day	Year						
0	5	0	9	2	1	1	4	0
●	○	○	○	○	○	○	○	○
(1)	(1)	(1)	(1)	(1)	(1)	●	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

and 140 pounds:

and fill circles that correspond to 140

Thank you for completing the 1986 Health Professionals Follow-up Study Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return both parts of the questionnaire (pages 1–6) in the enclosed prepaid envelope.

1. Date of Birth

Month	Day	Year
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

2. Sex: Male Female

3. Current Marital Status: Married Widowed Separated Never married

4. Living Arrangement: Alone With other family With wife Other

5. Work Status: Full-time Part-time Retired Disabled

14. Your Major Ancestry (you may mark more than one)

Southern European/Mediterranean Asian/Oriental

Scandinavian Other Caucasian Other origin

Afro-American

15. Have you smoked 20 packs of cigarettes or more in your lifetime?

No Yes, currently smoke Yes, smoked in past, but quit

6. Height (inches)

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

7. Current Weight (lbs)

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

8. Weight at Age 21 (lbs)

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

9. Weight Change in last 5 years

Gain (lbs)

+30 or more +20 to 29 +15 to 19 +10 to 14 +5 to 9 +2 to 4 No change

Loss (lbs)

-2 to 4 -5 to 9 -10 to 14 -15 or more

10. Current Usual Blood Pressure:

Diastolic: < 75 mm Hg 75-84 85-89 90-94 95-104 105+

Don't know

Systolic: < 120mm Hg 120-139 140-149 150-159 160-169 170+

Don't know

What specific brand and type? (e.g. Marlboro lights 100's)

How long ago?

< 1 year 1-2 years 3-5 years 6-9 years 10+ years

At each age: average number of cigarettes per day

	None	1-4	5-14	15-24	25-34	35-44	45+
Age <15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 15-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 20-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 40-49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 50-59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 60+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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	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

16. Do you currently smoke a pipe or cigars?

No Yes

17. Your Serum Cholesterol (if within five years)

Don't know <190 mg/dl 190-209 210-229 230-249 250-269 270+

18. Current Medications (mark if used regularly)

Aspirin, 2+ times/week (e.g. Anacin, Bufferin, Alka-Seltzer)

Acetaminophen, 2+ times/week (e.g. Tylenol)

Other anti-inflammatory (e.g. Motrin, Indocin, Naprosyn, Dolobid)

Furosemide-like diuretics (e.g. Lasix, Bumex)

Other diuretic (e.g. Hygroton, Dyazide, HCTZ, Moduretic, Diuril)

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

Ca++ blocker (e.g. Calan, Procardia, Cardizem)

Nitrate (e.g. Isordil, Nitrostat, Transderm, Isosorbide)

Other anti-hypertensive (e.g. Aldomet, Capoten, Apresoline)

Digoxin (e.g. Lanoxin)

Antiarrhythmic (e.g. Quinaglute, Procan, Tonocard, Norpace)

Cimetidine, Ranitidine (e.g. Tagamet, Zantac)

Anti-cholesterol (e.g. Questran, Atromid-S, Colestid)

None of the above

11. Did either of your parents have . . .

	Parent's Age at First Diagnosis				
	Before age 50	Age 50 to 59	Age 60 to 69	Age 70+	Age unknown
Myocardial infarction?					
<input type="radio"/> Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal cancer?					
<input type="radio"/> Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Flights of stairs (not steps) climbed daily: 2 or fewer 3-4 5-9 10-14 15+

13. During the past year what was your average time per week at each activity?

	None	1-4 min	5-19 min	20-39 min	40-80 min	1.5 hr	2-3 hr	4-6 hr	7-10 hr	11+ hr
Walking or hiking outdoors (include walking at golf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (10 minutes/mile or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (include stationary machine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash or racket ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calisthenics or rowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Average Total Time per Week

	None	1-4 min	5-19 min	20-39 min	40-80 min	1.5 hr	2-3 hr	4-6 hr	7-10 hr	11+ hr
Walking or hiking outdoors (include walking at golf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (10 minutes/mile or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (include stationary machine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash or racket ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calisthenics or rowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to question 14, above right

HPFS 1986 260M
A9114
NCS Trans-Optic® EP01-22544:321

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

1	2	3	4	5	6	7	8	9	10	11	12
6	7	U	D	I	R	3		O	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		
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	S
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	
0	1	2	3	4	5	6	7	8	9	

19. How often are your **midday meals** prepared at home? Never 1 to 2/week 3 to 4/week 5 to 7/week

20. How often are your **evening meals** prepared at home? Never 1 to 2/week 3 to 4/week 5 to 7/week

21. In a typical week, on how many days do you have any form of alcoholic beverage?
 None 1 to 2 days 3 to 4 days 5 to 6 days 7 days

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

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

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

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

26. What do you do with the visible fat on your meat?
 Eat most of the fat Eat about half of the fat Eat none of the fat (Don't eat meat)

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

27. What form of margarine do you usually use?
 None Tub form Stick form Diet form (low calorie)
 Brand, type

28. Usual kind of cold breakfast cereal:
 Specify brand and type

29. Usual type of cooking oil:
 Specify brand and type

30. Teaspoons of sugar added to your food and beverages each day (e.g. coffee, tea, cereal, fruit)
 tsp

31a. How many natural teeth do you have?
 None 1-10 11-16 17-24 25-32

b. Have you had periodontal disease with bone loss?
 No Yes Don't know

32. Your usual walking pace:
 Easy, casual (less than 2 mph) Normal, average (2 to 2.9 mph) Brisk pace (3 to 3.9 mph) Very brisk/striding (4 mph or faster)

33. Please mark any professionally diagnosed diseases or clinical procedures and year of first occurrence:

Mark here if you have had . . .	Before 1955	1955 to 1964	1965 to 1974	1975 to 1979	1980 to present
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary artery surgery or angioplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAT (paroxysmal atrial tachycardia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other heart-rhythm disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral venous thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermittent claudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other arthritis (e.g. degenerative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fracture of hip or forearm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vasectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active liver disease or cirrhosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gall bladder removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gall stones, not removed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon polyps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other skin cancer (basal, squamous cell)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymphoma or leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify site:					
Gastric ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hayfever, other allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to page 3 and begin by writing in your ID number.

Please write in your ID number from the top of page 2: _____

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
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

34. Have you regularly taken multiple vitamins?

Never
 Past only
 Current

a. How many per week? 2 or fewer 3-5 per week 6-9 per week 10 or more per week
 b. For how many years? 0-1 years 2-4 years 5-9 years 10 or more years
 c. Usual brand and type → _____

35. Excluding multiple vitamins do you take. . .

Specify brand and type

a) **Vitamin C?** Never Past only Current regular user Seasonal use only

amount per day: Less than 400 mg 400 to 700 mg 750 to 1250 mg 1300 mg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

b) **Vitamin A?** Never Past only Current user

amount 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

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

c) **Vitamin E?** Never Past only Current user

amount per day: Less than 100 IU 100 to 250 IU 300 to 500 IU 600 IU or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

d) **Vitamin B₆?** Never Past only Current user

amount per day: Less than 10 mg 10 to 39 mg 40 to 79 mg 80 mg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

e) **Selenium?** Never Past only Current user

amount per day: Less than 80 mcg 80 to 130 mcg 140 to 250 mcg 260 mcg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

f) **Zinc?** Never Past only Current user

amount per day: Less than 25 mg 25 to 74 mg 75 to 100 mg 101 mg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

g) **Iron?** Never Past only Current user

amount per day: Less than 51 mg 51 to 200 mg 201 to 400 mg 401 mg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

h) **Calcium? (include calcium in dolomite)** Never Past only Current user

amount per day: Less than 400 mg 400 to 900 mg 901 to 1,300 mg 1301 mg or more Don't know

duration: 0 to 1 year 2 to 4 years 5 to 9 years 10 or more years

i) **Other supplements on a regular basis? Please mark if yes:**

Potassium Chromium Iodine Beta-Carotene
 Vitamin D Copper Lecithin Brewer's yeast
 B-Complex Vitamins Magnesium Rutin
 Folic Acid Bone meal Others → _____

Please specify

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

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

	AVERAGE USE DURING PAST YEAR							
	Never, or less than once per month	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day

DAIRY FOODS									
Skim or low fat milk (8 oz glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole milk (8 oz glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream, e.g. in coffee, whipped (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"/>
Sour cream (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"/>
Non-dairy coffee whitener (1 tsp)	<input type="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"/>
Sherbet or ice milk (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"/>
Ice cream (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"/>
Yogurt (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"/>
Cottage or ricotta cheese (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"/>
Cream cheese (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"/>
Other cheese, e.g. American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz 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"/>
Margarine, added to food or bread (1 pat); exclude use in cooking	<input type="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"/>
Butter, added to food or bread (1 pat); exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn to page 4

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

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

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

	Never, or less than once per month	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	
VEGETABLES										
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sauerkraut (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Coleslaw, uncooked cabbage (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cooked cabbage (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cauliflower (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Carrots (1 whole or 1/2 cup cooked)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<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"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peas, or lima beans (1/2 cup fresh, frozen, canned)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mixed vegetables (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Beans or lentils, baked or dried (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Alfalfa sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Celery (4-inch stick)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mushrooms, fresh, cooked, or canned (one)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Yellow (winter) squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eggplant, zucchini, or other summer squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Yams or sweet potatoes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spinach, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spinach, raw as in salad	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kale, mustard or chard greens (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Iceberg or head lettuce (serving)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Romaine or leaf lettuce (serving)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Green pepper (1/2 pepper)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Garlic, fresh or powdered (1 clove or shake)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tomatoes (1)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tomato juice (small glass)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tomato sauce, e.g. spaghetti sauce (1/2 cup)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Red chili sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tofu or soybeans (3-4 oz)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	Never, or less than once per month	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	
EGGS, MEATS, ETC.										
Eggs (1)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chicken or turkey, with skin (4-6 oz)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chicken or turkey, without skin (4-6 oz)	<input type="radio"/>	<input type="radio"/>	W	<input type="radio"/>	<input type="radio"/>	D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

		Never, or less than once per month	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
MEATS (continued)										
	Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hamburger (1 patty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beef, pork, or lamb as a main dish, e.g. steak, roast, ham, etc. (4-6 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Canned tuna fish (3-4 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other fish (3-5 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shrimp, lobster, scallops as a main dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day		1 2 1 2 1 2					
											0	0	0	0	0	0
Chocolate bars or pieces, e.g. Hershey's, M&M's (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	1	1	1	1	1
Candy bars, e.g. Snickers, Milky Way, Reeses (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	2	2	2	2	2
Candy without chocolate (1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	3	3	3	3	3
Cookies, home-baked (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	4	4	4	4	4
Cookies, ready-made (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	5	5	5	5	5
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	6	6	6	6	6
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	7	7	7	7	7
Cake, home-baked (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	8	8	8	8	8
Cake, ready-made (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	9	9	9	9	9
Pie, home-baked (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	A	0	A	0	A
Pie, ready-made (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	B	1	B	1	B
Sweet roll, coffee cake or other pastry, (one serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	C	2	C	2	C
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	1/8	3	1/8	3	1/8
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	1/4	4	1/4	4	1/4
Peanuts (small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	1/2	5	1/2	5	1/2
Other nuts (small packet or 1 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	3/4	6	3/4	6	3/4
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	1	7	1	7	1
Bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	2	8	2	8	2
Wheat germ (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	3	9	3	9	3
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	0	0	0	0	0
Oil and vinegar dressing, e.g. Italian (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	1	1	1	1	1
Mayonnaise or other creamy salad dressing (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	2	2	2	2	2
Mustard, dry or prepared (1 tsp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	3	3	3	3	3
Pepper (1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	4	4	4	4	4
Soy or Worcestershire sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	5	5	5	5	5
Home-made soup with bouillon cubes (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	6	6	6	6	6
Home-made soup without bouillon cubes (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	7	7	7	7	7
Ready-made soup from can, package or restaurant (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	8	8	8	8	8
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	9	9	9	9	9

37. Beef, calf, or pork liver (4 oz) Never Less than 1/mo 1/month 2-3/month 1/week or more
 Chicken or turkey liver (1 oz) Never Less than 1/mo 1/month 2-3/month 1/week or more

38. How much salt is added during cooking to these home-made foods per serving?

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

39. How has your use of the following foods changed over the past ten years?

Food	Use has decreased	Use about the same	Use has increased
a) Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Red meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Whole-wheat bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Whole grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. How many shakes of salt do you add to your food at the table each day? Shakes

41. Other foods usually eaten at least once per week (e.g. paté, yeast, tortillas, custard, horseradish, parsnips, rhubarb, radishes, fava beans, carrot juice, coconut, mango, papaya, dried fruits, beets.)

Other foods that you usually use at least once per week	Usual serving size	Servings per week
(a)		
(b)		
(c)		
(d)		

42. In this study, it will be important to maintain contact for a number of years.

a. Please indicate the name of someone at a different address that we might write to in the event we are unable to contact you:

Name: _____

Address: _____

b. Your Social Security Number (optional): _____ - _____ - _____

HPFS 1986 260M A9114 NCS Trans-Optic® EP01-22545:32