



*Harvard School of Public Health
Department of Epidemiology
677 Huntington Avenue
Boston, Massachusetts 02115
(617) 432-1480*

Dear Colleague:

On behalf of our research group, I want to thank you again for the invaluable information you have provided in completing the Health Professionals Follow-up Study questionnaires. The response rate to our first follow-up questionnaire in 1988 was a remarkable 96%. This high rate of continued participation insures that the information you and your colleagues have so generously contributed will provide valid and credible data on the relation of diet and other lifestyle factors with heart disease, cancer, and other major illnesses. We are just finishing the documentation of diagnoses reported on the 1988 questionnaire; we are particularly grateful to those who gave permission to review medical records and pathology reports regarding these diagnoses. With this information, we have been able to apply uniform diagnostic criteria to the vast majority of cardiovascular and neoplastic illnesses that have occurred between 1986 and 1988. We have now started the initial analyses relating information reported on the 1986 questionnaire to subsequent incidence rates of coronary heart disease and other outcomes, which is the primary purpose of this study. As you are probably aware, the relationships of many aspects of diet with risk of cardiovascular disease and cancer remain unsettled; the questionnaires you are completing will provide critically needed data to help resolve these issues.

The attached 1990 questionnaire continues the crucial follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 1988. A dietary questionnaire, similar to the one you completed in 1986, is also included to update our information on your current eating patterns. As we indicated before, all information provided on this questionnaire is strictly confidential and used for statistical purposes only.

Again, we are grateful for your continued participation in this research project. We will keep you informed of the findings as they emerge, in our forthcoming 1991 newsletter.

Sincerely,

Walter Willett

Walter Willett, M.D.
Principal Investigator

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Principal Investigator

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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 that you make no stray marks and 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: Work Status: Full-time Part-time

Fill circle completely, do not mark this way:   

EXAMPLE 2: Please specify brand and type:
(e.g., Promise Extra Light)

PROMISE EXTRA LIGHT

Keep handwriting within borders of the response box.

EXAMPLE 3: Current weight:

1.

Current Weight (lbs)		
1	4	3
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a) Write weight in pounds in the boxes at the top of each grid. For example, 143 pounds would be:

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

Thank you for completing the 1990 Health Professionals Follow-up Study Questionnaire.

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



1990 Questionnaire

1. Current Weight (lbs)

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

2. What is the difference between your highest and lowest weight during the last five years?
 50 or more lbs. 30-49 lbs. 15-29 lbs. 10-14 lbs. 5-9 lbs. 2-4 lbs. No change

3. Current Marital Status: Married Divorced/Separated Widowed Never Married

4. Living Arrangement: Alone With Wife With other Family Nursing Home Other

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

6. Do you currently smoke cigarettes?

No Yes → a. Please mark your average number of cigarettes per day:

1-4 cigarettes 5-14 cigarettes 15-24 cigarettes
 25-34 cigarettes 35-44 cigarettes 45 or more cigarettes

b. Please specify brand

and type: →

(e.g., Marlboro Light 100's)

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

7. Do you currently smoke a pipe or cigars daily? Neither Pipe Cigars

8. Your Serum Cholesterol (if within five years):

Unknown <140 mg/dl 140-159 160-179 180-199 200-219
 220-239 240-269 270-299 300-329 330+ mg/dl

9. What is your current usual blood pressure?

Systolic: Unknown <105 mm Hg 105-114 115-124 125-134 135-144 145-154 155-164 165-174 175+

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

10. How many teeth have you lost since January 1, 1988? None 1 2 3 4 5-9 10+

11. Did either of your parents or siblings have ... (mark if yes)

	COLON OR RECTAL CANCER	PROSTATE CANCER	DIABETES	MELANOMA	HYPERTENSION	DEMENTIA BEFORE AGE 70
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"/>
Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, have you had ... a physical exam? No Yes, for symptoms Yes, for routine screening

... a blood cholesterol check? No Yes, for symptoms Yes, for routine screening

... a rectal exam? No Yes, for symptoms Yes, for routine screening

... an eye exam? No Yes, for symptoms Yes, for routine screening

13. Have you ever had a colonoscopy or sigmoidoscopy?

No Yes → a. When did you have your FIRST colonoscopy or sigmoidoscopy?

Before 1986 1986 1987 1988 1989 1990 or later

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

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

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

Before 1986 1986 1987 1988 1989 1990 or later

14. Do you have any difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment? No Yes

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

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

16. Do you have difficulty with your balance? No Yes

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

	AVERAGE TOTAL TIME PER WEEK												
	NONE	1-4 Min.	5-19 Min.	20-39 Min.	40-80 Min.	1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11-20 Hrs.	21-30 Hrs.	31-40 Hrs.	40+ Hrs.
Watching TV or VCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting or driving in a car, bus or train	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at home (other than watching TV or VCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking or hiking outdoors (including 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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (including 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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash or Racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weightlifting or Nautilus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy outdoor work (e.g., digging, chopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Since January 1, 1988, have you had any of the following professionally diagnosed conditions?

		YEAR OF DIAGNOSIS				18
		Before 1988	1988	1989	1990	
High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Diabetes mellitus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Elevated cholesterol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Elevated triglycerides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Myocardial infarction (heart attack)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
Hospitalized for this MI?	<input type="checkbox"/> No <input type="checkbox"/> Yes					a
Angina pectoris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
Confirmed by an angiogram or stress test?	<input type="checkbox"/> No <input type="checkbox"/> Yes					a
Coronary artery bypass or angioplasty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
Pulmonary embolus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
Peripheral venous thrombosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Stroke (CVA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Carotid artery surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Intermittent claudication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
Surgery for arterial disease of the leg (e.g. femoral artery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Aortic aneurysm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
Heart-rhythm disturbance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Glaucoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
Cataract extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Macular degeneration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
Gout	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
Rheumatoid arthritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
Other arthritis (e.g. osteoarthritis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
Osteoporosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
Fracture of hip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
Fracture of forearm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
Hip replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
Vasectomy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
Diverticulitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
Colon or rectal polyp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
Cancer of colon or rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
Basal cell skin cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
Squamous cell skin cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
Melanoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
Solar or actinic keratosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Prostatic enlargement, surgically treated (e.g. TURP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
Prostate cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Lymphoma or leukemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
Other cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
Please specify site and year: <input type="text"/>						a
Chronic renal failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
Gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
a) How was diagnosis made?						a
<input type="checkbox"/> X-ray/ultra-sound <input type="checkbox"/> Other						
b) Gallstone symptoms?	<input type="checkbox"/> No <input type="checkbox"/> Yes					b
Gall bladder removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
Kidney stones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
Gastric or duodenal ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
Ulcerative colitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
Periodontal disease with bone loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
Parkinson's disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
Other major illness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
Diagnosis:					Date:	a

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

THIS IS YOUR ID →

19. IS THIS YOUR DATE OF BIRTH?

Yes No → IF NO, please indicate your date of birth.

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Current Medication (mark if used regularly):

- No regular medications
 - Aspirin, 2+ times/week (e.g. Anacin, Bufferin, Alka-Seltzer)
 - Acetaminophen, 2+ times/week (e.g. Tylenol)
 - Other anti-inflammatory (e.g. Advil, Motrin, Indocin, Naprosyn)
 - Beta-blocker (e.g. Inderal, Lopressor, Tenormin, Corgard, Blocadren)
 - Furosemide-like diuretics (e.g. Lasix, Bumex)
 - Other diuretic (e.g. Hygroton, Dyazide, HCTZ, Moduretic, Diuril)
 - Calcium blocker (e.g. Calan, Procardia, Cardizem)
 - Other antihypertensive (e.g. Aldomet, Capoten, Apresoline)
 - Antiarrhythmic (e.g. Quinaglute, Procan, Tonocard, Norpace)
 - Cholesterol-lowering drug (e.g. Questran, Mevacor, Colestid)
 - Cimetidine, Ranitidine (e.g. Tagamet, Zantac)
 - Steroids taken orally (e.g. Prednisone, Decadron, Medrol)
 - Theophyllines (e.g. Choleldyl, Slo-Phyllin, Uniphyll)
 - Levodopa (e.g. Sinemet, Larodopa)
 - Nitrate (e.g. Isordil, Nitrostat, Transderm, Isosorbide)
 - Tranquilizers (e.g. Valium, Thorazine)
 - Antidepressants
 - Digoxin (e.g. Lanoxin)
 - Other prescription medication(s) →
- PLEASE GIVE NAME AND DOSE

21. Did you ever take Griseofulvin by mouth?

No Yes → a. For how long? Less than 2 months 2-11 months 1 year or more

b. When? Before 1980 After 1980

22. For how many years did you usually have more than three drinks (beer, wine or liquor) per day?

Zero years 1-2 years 3-4 years 5-9 years 10-14 years 15+ years

23. Have you had transient cerebral ischemia (TIA)?

No Before 1986 1986-1987 1988+

24a. Would you be willing to provide a venous blood sample if we sent you a convenient collection packet? This would require the assistance of someone to draw your blood. No processing or centrifugation would be necessary. No Yes

24b. In this study, it will be important to maintain contact for a number of years:

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:

Please copy your ID from page 2 to here.

ID: [][][][][][] - [][]

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

25. Do you currently take multi-vitamins?

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

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

26. Not counting multi-vitamins, do you take any of the following preparations:

Table with 10 rows (a-j) listing vitamins and supplements like Vitamin A, C, B6, E, Calcium, Selenium, Iron, Zinc, Fish Oil, and other supplements with frequency and dose options.

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

[] tsp. 0 1 2 3 4 5 6 7 8 9

28. What kind of cold breakfast cereal do you usually eat?

Don't eat cold breakfast cereal. Specify brand & type 0 1 2 3 4 5 6 7 8 9

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

AVERAGE USE LAST YEAR

Table with columns for frequency (Never, 1-3 per month, 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day) and rows for DAIRY FOODS including milk, cream, yogurt, cheese, and margarine.

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

29A. What form of margarine do you usually use?

None Stick Tub Imitation (Low-Cal) 'Lite' stick 'Lite' tub

What specific brand and type? (e.g., Promise Extra Light)

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

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

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

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

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

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

	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, MEATS ETC. (continued)									
Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork as a main dish, e.g. ham or chops (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or lamb as a main dish, e.g. steak, roast (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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
BREADS, CEREALS, STARCHES									
Cold breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (slice), including wheat pita bread	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English muffins, bagels, or rolls (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g. spaghetti, noodles, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grains, e.g. bulgar, kasha, couscous, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fried potatoes (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked boiled (1) or mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, Triscuits, Wheat Thins (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		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 cola, e.g. Tab with caffeine	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Low-calorie caffeine-free cola, e.g. Pepsi Free	<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-calorie carbonated beverage, e.g. Fresca, Diet 7-Up, diet ginger ale	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular types (not sugar-free)	Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Caffeine Free Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other carbonated beverage with sugar, e.g. 7-Up	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES										
Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red wine (4 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White wine (4 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g. whiskey, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain water, bottled or tap (1 cup or glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea (1 cup), not herbal teas		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated coffee (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29b.

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

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

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day												
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
Chocolate (bar or packet) e.g. Hershey', M & M's	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(P)	(a)									
Candy bars, e.g. Snickers, Milky Way, Reeses	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		(b)									
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		(c)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)	(A)
Cookies, home baked (1)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(0)	(0)	(0)	(A)	(0)	(0)	(0)	(0)	(0)
Cookies, ready made (1)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(1)	(1)	(1)	(B)	(1)	(1)	(1)	(1)	(1)
Brownies (1)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(2)	(2)	(2)	(C)	(2)	(2)	(2)	(2)	(2)
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(3)	(3)	(3)	(1/3)	(3)	(3)	(3)	(3)	(3)
Cake, home baked (slice)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(4)	(4)	(4)	(1/4)	(4)	(4)	(4)	(4)	(4)
Cake, ready made (slice)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(5)	(5)	(5)	(1/2)	(5)	(5)	(5)	(5)	(5)
Pie, homemade (slice)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(6)	(6)	(6)	(3/4)	(6)	(6)	(6)	(6)	(6)
Pie, ready made (slice)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(7)	(7)	(7)	(1)	(7)	(7)	(7)	(7)	(7)
Sweet roll, coffee cake or other pastry, home baked (serving)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(8)	(8)	(8)	(2)	(8)	(8)	(8)	(8)	(8)
Sweet roll, coffee cake or other pastry, ready made (serving)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(9)	(9)	(9)	(3)	(9)	(9)	(9)	(9)	(9)
Jams, jellies, preserves, syrup, or honey (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"/>	<input type="radio"/>			(0)	(0)	(0)	(A)	(0)	(0)	(0)	(0)	(0)
Peanut butter (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"/>	<input type="radio"/>			(1)	(1)	(1)	(B)	(1)	(1)	(1)	(1)	(1)
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(2)	(2)	(2)	(C)	(2)	(2)	(2)	(2)	(2)
Peanuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(3)	(3)	(3)	(1/3)	(3)	(3)	(3)	(3)	(3)
Other nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(4)	(4)	(4)	(1/4)	(4)	(4)	(4)	(4)	(4)
Oat bran, added to food (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"/>	<input type="radio"/>			(5)	(5)	(5)	(1/2)	(5)	(5)	(5)	(5)	(5)
Other bran, added to food (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"/>	<input type="radio"/>			(6)	(6)	(6)	(3/4)	(6)	(6)	(6)	(6)	(6)
Wheat germ, (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"/>	<input type="radio"/>			(7)	(7)	(7)	(1)	(7)	(7)	(7)	(7)	(7)
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(8)	(8)	(8)	(2)	(8)	(8)	(8)	(8)	(8)
Olive oil salad dressings (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"/>	<input type="radio"/>			(9)	(9)	(9)	(3)	(9)	(9)	(9)	(9)	(9)
Oil and vinegar dressing, e.g. Italian (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"/>	<input type="radio"/>											
Mayonnaise or other creamy salad dressing (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"/>	<input type="radio"/>			(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)	(C)
Salt added at table (1 shake)	<input type="radio"/>	<input type="radio"/>	(W)	<input type="radio"/>	<input type="radio"/>	(D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			(0)	(0)	(0)	(A)	(0)	(0)	(0)	(0)	(0)

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

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

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

33. How much of the visible fat on your beef, pork or lamb do you remove before eating?
 Remove all visible fat Remove most Remove small part of fat Remove none Don't eat meat

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

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

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

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

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

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