



HARVARD
SCHOOL of
PUBLIC HEALTH

1998 HEALTH PROFESSIONALS FOLLOW-UP STUDY

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

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Dear Colleague:

On behalf of our research group, I again want to thank you for the invaluable information you have provided by completing the Health Professionals Follow-up Study questionnaires. The response rate to our follow-up questionnaire in 1996 was once more over 90%. This high rate of continued participation is now providing valid and credible information on the relation of diet and other lifestyle factors to risks of heart disease, cancer, and other major illnesses. This wealth of information has resulted in renewal of funding for this project by the National Institutes of Health for another five years.

Important findings continue to emerge from this study. We have found that prostate cancer was lower among men who consumed larger amounts of lycopene, the carotenoids found in tomato products.⁽¹⁾ Coronary heart disease rates were lower with higher amounts of dietary alpha-linolenic acid, the omega-3 fatty acid found in some vegetable oils and walnuts.⁽²⁾ Also, diets high in refined carbohydrate and low in grain fiber were associated with an increased risk of diabetes even after adjusting for body fat, the most important risk factor for diabetes.⁽³⁾ Men with higher waist circumferences had higher risks of stroke, even if they did not weigh more.⁽⁴⁾ Additional details of these and many other ongoing analyses will be provided in our newsletter next year.

The attached 1998 questionnaire continues the crucial follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 1996. As we indicated before, all information provided on this questionnaire is strictly confidential and is only used for statistical purposes.

Again, we are grateful for your continuing participation in this research, which is beginning to provide important new information on ways to prevent major illnesses in men.

Sincerely,

Walter Willett, M.D.
Principal Investigator

1. JNCL, 1995 Vol. 87, p. 1767 (Intake of Carotenoids and Retinol in Relation to Risk of Prostate Cancer).
2. BMJ, 1996, Vol. 313, p. 84 (Dietary Fat and Risk of Coronary Heart Disease in Men: Cohort Follow Up Study in the United States).
3. Diabetes Care, 1997, Vol. 20, p. 545 (Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men).
4. Am J Epidemiol, 1996, Vol. 144, p. 1143 (Body Size and Fat Distribution as Predictors of Stroke among US Men).

Please use pencil if possible! Thank you

1. Current Weight (lbs.)

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

6. Do you currently smoke cigarettes?
 No Yes → Please mark your average number of cigarettes per day:
 1-4 cigarettes 5-14 15-24 25-34 35-44 45 or more

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

8. In the past 2 years, have you had ...
 ... a physical exam? 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
 ... screening for PSA No Yes, for symptoms Yes, for routine screening
 If "yes" for PSA screening, was your PSA elevated? No Unknown Yes

9. In the past 4 years, have you had a prostate biopsy or rectal ultrasound (for prostate exam)? No Unknown Yes

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

11a. Over the past month, how many times per night did you typically get up to urinate?
 0 1 2 3
 4 5+/Night

11b. During the past month, please indicate how frequently you had these urinary symptoms:

	% OF TIME EXPERIENCED SYMPTOMS					
	0%	10%	25%	50%	75%	Almost 100%
Sensation of incomplete bladder emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to urinate again after less than 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopping and starting several times during urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found it difficult to postpone urinating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak urinary stream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to push or strain to begin urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Have you had a colonoscopy or sigmoidoscopy since January 1, 1996?
 No Yes → Reason(s)? Bleeding in stool Family history of colon cancer Positive test for occult fecal blood
 Abdominal pain Diarrhea or constipation Routine screening (no symptoms) or follow-up

13. How many teeth have you lost since January 1, 1996? None 1 2 3 4 5-9 10+

14. Since January 1, 1996, have you had any of these fractures?
 None Hip (exclude pelvis) Wrist (Colles or distal forearm)
 If hip or wrist, please specify date and circumstances. If a fall, include site, surface and height of fall. → Month _____, 19 _____

15. What is your religious heritage? Catholic Protestant Other Christian
 Ashkenazi Jewish Sephardic Jewish Eastern (e.g., Buddhist, Hindu) Muslim Other

16. What is your normal walking pace? Easy (<2 mph) Average (2-2.9 mph) Brisk (3-3.9 mph) Fast (4+ mph)

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

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

19. 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

20. 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.	40-89 Min.	1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11-20 Hrs.	21-30 Hrs.	31-40 Hrs.	40+ Hrs.	
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 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 or lying 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 at home reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other sitting at home (e.g., at desk or eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 to work or for exercise (including 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, Rowing, stair or ski machine, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 weight 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"/>	
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"/>	

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 →

21. IS THIS YOUR DATE OF BIRTH?

No → IF NO, please indicate your date of birth

Yes

MONTH	DAY	YEAR

22. Since January 1, 1996, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS				
	Before 1996	1996	1997	1998	
High blood pressure	Y				1
Diabetes mellitus	Y				2
Elevated cholesterol	Y				3
Elevated triglycerides	Y				4
Coronary artery bypass or coronary angioplasty	Y				5
Myocardial infarction (heart attack)	Y				6
Hospitalized for this MI?	<input type="radio"/> No	<input type="radio"/> Yes			a
Angina pectoris	Y				7
Confirmed by angiogram?	<input type="radio"/> No	<input type="radio"/> Yes			a
Deep vein thrombosis	Y				8
TIA (Transient Ischemic Attack)	Y				9
Stroke (CVA)	Y				10
Carotid artery surgery	Y				11
Intermittent claudication	Y				12
Surgery or angioplasty for arterial disease of the leg	Y				13
Pulmonary embolus	Y				14
Aortic aneurysm	Y				15
Heart-rhythm disturbance	Y				16
Gout	Y				17
Rheumatoid arthritis	Y				18
Other arthritis (e.g., osteoarthritis)	Y				19
Vasectomy	Y				20
Diverticulitis or Diverticulosis	Y				21
Prostatic enlargement, surgically treated (e.g., TURP)	Y				22
Prostate cancer	Y				23
Colon or rectal polyp	Y				24
Cancer of colon or rectum	Y				25
Basal cell skin cancer	Y				26
Squamous cell skin cancer	Y				27
Melanoma	Y				28
Solar or actinic keratosis	Y				29
Lymphoma or Leukemia	Y				30
Other cancer	Y				31
Please specify site and year: →					a
Glaucoma	Y				32
Cataract	Y				33
Cataract extraction	Y				34
Macular degeneration	Y				35
Osteoporosis	Y				36
Hip replacement	Y				37
Periodontal disease with bone loss	Y				38
Leukoplakia or other oral precancerous lesion	Y				39

22. (Continued) Since January 1, 1996, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS				
	Before 1996	1996	1997	1998	
Gallstones	Y				40
a. How was diagnosis made?					a
<input type="radio"/> X-ray/ultrasound					
<input type="radio"/> Other					
b. Gallstone symptoms?					b
<input type="radio"/> No					
<input type="radio"/> Yes					
Gall bladder removal	Y				41
Kidney stones	Y				42
Gastric or duodenal ulcer	Y				43
Ulcerative colitis/Crohn's disease	Y				44
Parkinson's disease	Y				45
Multiple sclerosis	Y				46
Chronic renal failure	Y				47
Alcohol dependence problem	Y				48
Pneumonia (X-ray confirmed)	Y				49
Asthma	Y				50
Emphysema or chronic bronchitis (COPD)	Y				51
Other major illness?	Y				52
Diagnosis: _____					a
Date: _____					

23. Current Medication (mark if used 2+ times/week):

<input type="radio"/> No regular medication	0	0	0
<input type="radio"/> Acetaminophen, 2+ times/week (e.g., Tylenol)	1	1	1
<input type="radio"/> Ibuprofen (Motrin, Advil)	2	2	2
<input type="radio"/> Other non-steroidal anti-inflammatory (Naprosyn, Aleve)	3	3	3
<input type="radio"/> H2 blockers (e.g., Tagamet, Zantac, Axid)	4	4	4
<input type="radio"/> Proscar (Finasteride)	5	5	5
<input type="radio"/> Alpha-blockers for BPH (e.g., Hytrin, Minipress)	6	6	6
<input type="radio"/> Beta-blocker (e.g., Inderal, Metoprolol, Atenolol)	7	7	7
<input type="radio"/> Furosemide-like diuretics (e.g., Lasix, Bumex)	8	8	8
<input type="radio"/> Thiazide diuretic	9	9	9
<input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem)	0	0	0
<input type="radio"/> Other antihypertensive (e.g., Vasotec, Captopril)	1	1	1
<input type="radio"/> Steroids taken orally (e.g., Prednisone, Medrol)	2	2	2
<input type="radio"/> Cholesterol-lowering drug (e.g., Mevacor, Lipid, Questran)	3	3	3
<input type="radio"/> Prozac, Zoloft, Paxil	4	4	4
<input type="radio"/> Tricyclic antidepressants (e.g., Elavil, Sinequan)	5	5	5
<input type="radio"/> Other antidepressants (e.g., Nardil, Marplan)	6	6	6
<input type="radio"/> Tranquilizers	7	7	7
<input type="radio"/> Coumadin (Warfarin)	8	8	8
<input type="radio"/> Digoxin (e.g., Lanoxin)	9	9	9
<input type="radio"/> Other prescription medicine(s)			

Please give NAME and DOSE

24. On average, how frequently do you take aspirin?

0 days/month 1-3 days/month 1-2 days/week

3-4 days/week 5-6 days/week Daily

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

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

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

Name: _____

Address: _____

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

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

27. Do you currently take multi-vitamins? (Please report other individual vitamins in question 28.)

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

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

a) Vitamin A No Yes, seasonal only → If Yes, Dose per day: Less than 8,000 IU 8,000 to 12,000 IU 13,000 to 22,000 IU 23,000 IU or more Don't know
b) Beta-Carotene No Yes → If Yes, Dose per day: Less than 8,000 IU 8,000 to 12,000 IU 13,000 to 22,000 IU 23,000 IU or more Don't know
c) Vitamin C No Yes, seasonal only → If Yes, Dose per day: Less than 400 mg. 400 to 700 mg. 750 to 1250 mg. 1300 mg. or more Don't know
d) Vitamin B6 No Yes → If Yes, Dose per day: Less than 10 mg. 10 to 39 mg. 40 to 79 mg. 80 mg. or more Don't know
e) Vitamin E No Yes → If Yes, Dose per day: Less than 100 IU 100 to 250 IU 300 to 500 IU 600 IU or more Don't know
f) Calcium No Yes → If Yes, Dose per day (elemental calcium): Less than 400 mg. 400 to 900 mg. 901 to 1300 mg. 1301 mg. or more Don't know
g) Selenium No Yes → If Yes, Dose per day: Less than 80 mcg. 80 to 130 mcg. 140 to 250 mcg. 260 mcg. or more Don't know
h) Niacin No Yes → If Yes, Dose per day: Less than 50 mg. 50 to 300 mg. 400 to 800 mg. 900 mg. or more Don't know
i) Zinc No Yes → If Yes, Dose per day: Less than 25 mg. 25 to 74 mg. 75 to 100 mg. 101 mg. or more Don't know
j) Are there other supplements that you take on a regular basis? Metamucil/Citrucil Potassium Chromium Folic Acid Iron Vitamin D Fish oil Cod Liver Oil Magnesium Lecithin B-Complex Other (Please specify) Vitamin B12 Melatonin Saw Palmetto Blue Green Algae Coenzyme Q10 DHEA Brewer's Yeast Garlic Supplements

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

30. What kind of cold breakfast cereal do you usually eat? → []

Don't eat cold breakfast cereal.

31. 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: 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. Rows list various dairy and non-dairy products.

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

What type of cheese do you usually eat? Regular Low fat or Lite Nonfat None
What form of margarine do you usually use? None Stick Tub Spray Squeeze (liquid)
Type? Reg Light Extra Light Nonfat
What specific brand and type (e.g., Parkay Corn Oil Spread)? []

PLEASE TURN TO PAGE 4

31. (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 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
FRUITS									
Raisins (1 oz. or small pack) or grapes	<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"/>
Prunes (7 prunes or 1/2 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"/>
Bananas (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"/>
Cantaloupe (1/4 melon)	<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"/>
Avocado (1/2 fruit or 1/2 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"/>
Fresh apples or pears (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"/>
Apple juice or cider (small 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"/>
Oranges (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"/>
Orange juice (small 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"/>
Orange juice—calcium fortified (small 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"/>
Grapefruit (1/2)	<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"/>
Grapefruit juice (small 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"/>
Other fruit juices (small 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"/>
Strawberries, fresh, frozen or canned (1/2 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"/>
Blueberries, fresh, frozen or canned (1/2 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"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<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 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
VEGETABLES									
Tomatoes (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"/>
Tomato or V-8 juice (small 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"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce	<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"/>
Salsa, picante or taco sauce (1/4 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"/>
Tofu or soybeans (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"/>
String beans (1/2 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"/>
Broccoli (1/2 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"/>
Cabbage or coleslaw (1/2 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"/>
Cauliflower (1/2 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"/>
Brussels sprouts (1/2 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"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<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"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 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"/>
Corn (1 ear or 1/2 cup frozen or canned)	<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"/>
Peas or lima beans (1/2 cup fresh, frozen, canned)	<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"/>
Mixed vegetables, stir-fry, vegetable soup (1/2 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"/>
Beans or lentils, baked or dried (1/2 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"/>
Yams or sweet potatoes (1/2 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"/>
Dark orange (winter) squash (1/2 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"/>
Eggplant, zucchini or other summer squash (1/2 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"/>
Kale, mustard or chard greens (1/2 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"/>
Spinach, cooked (1/2 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"/>
Spinach, raw as in salad (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"/>
Iceberg or head lettuce (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"/>
Romaine or leaf lettuce (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"/>
Celery (4" stick)	<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"/>
Green peppers (3 slices or 1/4 pepper)	<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"/>
Onions as a garnish or in salad (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"/>
Onions as a vegetable, rings or soup (1 onion)	<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 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, MEAT, ETC.									
Egg Beaters or egg whites only (1/4 cup or 1 egg)	<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"/>
Eggs whole, with yolk (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"/>
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"/>
Chicken or turkey 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"/>
Chicken or turkey sandwich	<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 chicken or turkey, with skin (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"/>
Other chicken or turkey, without skin (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"/>
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"/>

31. (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)									
Salami, bologna, or other processed meat sandwiches	<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 processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)	<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, regular (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"/>
Hamburger, lean or extra lean (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, lasagna, 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"/>
Pork as a main dish, e.g., ham or chops (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"/>
Beef or lamb as a main dish, e.g., steak, roast (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"/>
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)	<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"/>
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, e.g., cod, haddock, halibut (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"/>

	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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (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), including wheat 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"/>
Bagels, English muffins, 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"/>
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"/>
Brown rice (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 rice (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"/>
Pasta, e.g., spaghetti, noodles, etc. (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"/>
Tortillas (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"/>
Other grains, e.g., bulgar, kasha, couscous, etc. (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"/>
French Fries (4 oz. or 1 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"/>
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, Triscuits, Wheat Thins (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"/>
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 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
BEVERAGES									
CARBONATED BEVERAGES	Low-calorie cola, e.g., Diet Coke with caffeine	<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"/>
	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"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>
	Other low-calorie carbonated beverage, e.g., Diet 7-Up, Fresca, diet 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"/>
Consider the serving size as 1 glass, bottle or can for these carbonated beverages.	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	<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"/>
	Beer, regular (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"/>
	Light Beer, e.g., Bud Light (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"/>
	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"/>
	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"/>
	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"/>
	Plain water, bottled or tap (1 cup or 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"/>
	Herbal tea or decaffeinated tea (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"/>
	Tea (1 cup), not herbal teas	<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"/>
	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"/>
Coffee with caffeine (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"/>	

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

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	For Office Use Only													
										0	1	2	3	4	5	6	7	8	9				
Chocolate (bar or packet) e.g., Hershey's, M & M's	<input type="radio"/>	<input type="radio"/>	<input 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"/>	P	a											
Candy bars, e.g., Snickers, Milky Way, Reeses	<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"/>	<input type="radio"/>	b											
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"/>	<input type="radio"/>	c											
Cookies (1)	<input type="radio"/>	<input type="radio"/>	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A	0	0	0	A	0	0	0				
			Other ready made	<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	B	1	1	1			
			Home baked	<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	C	2	2	2			
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"/>	<input type="radio"/>	3	3	3	1	3	3	3					
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"/>	<input type="radio"/>	4	4	4	1	4	4	4					
Cake, ready made (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"/>	<input type="radio"/>	5	5	5	1	5	5	5					
Cake, home baked (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"/>	<input type="radio"/>	6	6	6	3	6	6	6					
Pie, homemade or ready made (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"/>	<input type="radio"/>	7	7	7	1	7	7	7					
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"/>	<input type="radio"/>	8	8	8	2	8	8	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"/>	<input type="radio"/>	9	9	9	3	9	9	9					
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"/>	<input type="radio"/>												
Sweet roll, coffee cake or other pastry (serving)	<input type="radio"/>	<input type="radio"/>	Fat free or reduced fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												
			Other ready made	<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"/>	B	0	0	0	A	0	0	0			
			Home baked	<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	B	1	1	1			
Pretzels (1-2 oz. or 1 bag)	<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"/>	<input type="radio"/>	2	2	2	C	2	2	2					
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"/>	<input type="radio"/>	3	3	3	1	3	3	3					
Walnuts (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"/>	<input type="radio"/>	4	4	4	1	4	4	4					
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"/>	<input type="radio"/>	5	5	5	1	5	5	5					
Oat 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"/>	<input type="radio"/>	6	6	6	3	6	6	6					
Other 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"/>	<input type="radio"/>	7	7	7	1	7	7	7					
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"/>	<input type="radio"/>	8	8	8	2	8	8	8					
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"/>	<input type="radio"/>	9	9	9	3	9	9	9					
Ketchup or red chili 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"/>	<input type="radio"/>												
Salt added at table (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"/>	<input type="radio"/>	C	0	0	0	A	0	0	0				
Nutrasweet (1 packet)	<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"/>	<input type="radio"/>	1	1	1	B	1	1	1					
Garlic (1 clove or 4 shakes)	<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"/>	<input type="radio"/>	2	2	2	C	2	2	2					
Low-fat or fat-free mayonnaise (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"/>	<input type="radio"/>	3	3	3	1	3	3	3					
Regular mayonnaise (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"/>	<input type="radio"/>	4	4	4	1	4	4	4					
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"/>	<input type="radio"/>	c	5	5	5	1	5	5	5				
Type of salad dressing: <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Other vegetable oil												32	6	6	6	3	6	6	6				
Olive oil added to other food or bread (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"/>	<input type="radio"/>	A	7	7	7	1	7	7	7				

32. 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

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

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

35. 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

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

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

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: Applesauce, mushrooms, radish, horseradish, dried apricots, dates, figs, mango, mixed dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars. (Do not include dry spices and do not list something that has been listed in the previous sections.)	(a)		
	(b)		
	(c)		