

Please use pencil! Thank you

HPFS 2002

1. What is your current weight (pounds)?
2. Current Marital Status:  Married  Divorced/Separated  Widowed  Never married
3. Living Arrangement:  Alone  With wife  With other family  Nursing home  Other
4. Work Status:  Full-time  Part-time  Retired  Disabled  Unemployed
5. 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
6. Do you currently smoke a pipe or cigars daily?  Neither  Pipe  Cigars
7. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?  
 No days  1 day/week  2 days/week  3 days/week  
 4 days/week  5 days/week  6 days/week  7 days/week
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  
 ... blood cholesterol check?  No  Yes, for symptoms  Yes, for routine screening  
 ... blood glucose check?  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  
 ... a prostate biopsy or rectal ultrasound (for prostate exam)?  No  Unknown  Yes
9. Have you had a colonoscopy or sigmoidoscopy since January 1, 2000?  
 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
10. In your lifetime, have you ever had two weeks or longer when nearly everyday you felt sad, blue, or depressed for most of the day?  
 No  Yes
11. Did you ever tell a doctor or mental health specialist that you were feeling depressed?  No  Yes
12. Do you have difficulty with your balance?  No  Yes
13. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?  No  Yes
14. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)  
 No flights  1-2 flights  3-4 flights  5-9 flights  10-14 flights  15 or more flights

15. 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.
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 (e.g., 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"/>

16. Do you have unpleasant leg sensations (like crawling, paraesthesias, or pain) combined with motor restlessness and an urge to move?  
 No  less than once/month  2-4 times/month  5-14 times/month  15 or more times per month  
 If "yes": a. Do these symptoms occur only at rest and does moving improve them?  No  Yes  
 b. Are these symptoms worse in the evening/night compared with the morning?  No  Yes

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_



**THIS IS YOUR ID** →

18. Is this your correct date of birth? →

Yes  No IF no, please write correct date. →

Month / Day / Year

19. Since January 1, 2000, have you had any of the following professionally diagnosed conditions?

	Leave blank for NO, mark here for YES	YEAR OF DIAGNOSIS				
		Before 2000	2000	2001	2002	
High blood pressure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Diabetes mellitus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Elevated triglycerides	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Coronary artery bypass or coronary angioplasty	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Hospitalized for this MI? <input type="radio"/> No <input type="radio"/> Yes						a
Angina pectoris	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes						a
Deep vein thrombosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
TIA (Transient Ischemic Attack)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Stroke (CVA)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Carotid artery surgery	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Intermittent claudication	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Surgery or angioplasty for arterial disease of the leg	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Pulmonary embolus	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Aortic aneurysm	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Heart-rhythm disturbance	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Gout	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Rheumatoid arthritis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Other arthritis (e.g., osteoarthritis)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Chronic renal failure	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Diverticulitis or Diverticulosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Prostatic enlargement, surgically treated (e.g., TURP)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Prostate cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Colon or rectal polyp	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Cancer of colon or rectum	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Basal cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Squamous cell skin cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Melanoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Solar or actinic keratosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Lymphoma or Leukemia	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Other cancer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Please specify site and year →						a
Glaucoma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Cataract (1st Diagnosis)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Cataract extraction	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Macular degeneration	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Osteoporosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Hip replacement	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Periodontal disease with bone loss	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Leukoplakia or other oral precancerous lesion	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Gall bladder removal	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Kidney stones	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Gastric or duodenal ulcer	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Ulcerative colitis/Crohn's disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43

19. (continued)

	Leave blank for NO, mark here for YES	YEAR OF DIAGNOSIS					
		Before 2000	2000	2001	2002		
Parkinson's disease	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44	
Multiple Sclerosis	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45	
ALS (Amyotrophic Lateral Sclerosis)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46	
Alcohol dependence problem	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47	
Pneumonia (X-ray confirmed)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48	
Asthma	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49	
Pernicious Anemia	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50	
Emphysema or chronic bronchitis (COPD)	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51	
Other major illness or surgery since January 2000	<input type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52	
Please specify:						w	

20. Have you ever been diagnosed with congestive heart failure (CHF)?  No  Yes

If Yes:  Before 1986  1986-1989  1990-1993  1994-1997  1998-2000  2001 or later

21. Since January 1, 2000, 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: \_\_\_\_\_ Year: \_\_\_\_\_

22. Current Medication (mark if used regularly)

<input type="radio"/> Acetaminophen (e.g., Tylenol)	Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days	Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets	
<input type="radio"/> Aspirin or aspirin-containing products (e.g., Alka Seltzer with aspirin)	Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days	Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets	
	Usual dose/tab: <input type="radio"/> 50-99 mg <input type="radio"/> 100-249 <input type="radio"/> 250-349 <input type="radio"/> 350+		
<input type="radio"/> Ibuprofen (e.g., Advil, Motrin, Nuprin)	Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days	Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets	
<input type="radio"/> Celebrex or Vioxx (COX-2 inhibitors) 2+ times/week			
<input type="radio"/> Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Anaprox, Relafen, Ketoprofen)			
<input type="radio"/> Steroid taken orally (e.g., Prednisone, Medrol)			
<input type="radio"/> "Statin" cholesterol-lowering drugs [e.g., Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin), Lipitor]			
<input type="radio"/> Other cholesterol-lowering drug [e.g., Niaspan, Sloniacin (niacin), Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin]			
<input type="radio"/> H2 blocker (e.g., Tagamet, Zantac, Axid)			
<input type="radio"/> Finasteride (Proscar, Propecia)			
<input type="radio"/> Alpha-blocker for BPH (e.g., Hytrin, Flomax, Minipress)			
<input type="radio"/> Beta-blocker (e.g., Inderal, Metoprolol, Atenolol)			
<input type="radio"/> Furosemide-like diuretic (e.g., Lasix, Bumex)			
<input type="radio"/> Thiazide diuretic (HCTZ)			
<input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem)			
<input type="radio"/> Other antihypertensive (e.g., Vasotec, Captopril, Diavan)			0 0 0
<input type="radio"/> Prozac, Zoloft, Paxil, Celexa			1 1 1
<input type="radio"/> Tricyclic antidepressant (e.g., Elavil, Sinequan)			2 2 2
<input type="radio"/> Other antidepressant (e.g., Nardil, Marplan)			3 3 3
<input type="radio"/> Tranquilizer (Valium, Xanax)			4 4 4
<input type="radio"/> Coumadin (Warfarin)			1 1 1 1 1 1 1 1 5 5 5
<input type="radio"/> Digoxin (e.g., Lanoxin)			2 2 2 2 2 2 2 2 6 6 6
<input type="radio"/> Other regular medication (no need to specify)			4 4 4 4 4 4 4 4 7 7 7
<input type="radio"/> No regular medication			8 8 8 8 8 8 8 8 8 8 8
			P P P P P P P P 9 9 9



23. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

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

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

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

Ex: AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multi-vitamins, do you take any of the following preparations?

a) Vitamin A  No  Yes, seasonal only  Yes, most months **If Yes,** Dose per day:  Less than 8,000 IU  8,000 to 12,000 IU  13,000 to 22,000 IU  23,000 IU or more  Don't know

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

d) Vitamin B<sub>6</sub>  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 (Include Calcium in Tums, etc.) (1 Tums = 200 mg. elemental 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

- Are there other supplements that you take on a regular basis?
- Metamucil/Citrucil
  - Potassium
  - Chromium
  - Folic Acid
  - DHEA
  - Vitamin D
  - Cod Liver Oil
  - Magnesium
  - Lecithin
  - B-Complex
  - Iron
  - Other (Please specify)
  - Vitamin B<sub>12</sub>
  - Melatonin
  - Saw Palmetto
  - Ginkgo Biloba
  - Coenzyme Q10
  - Fish Oil
  - Glucosamine
  - Garlic Supplements
  - Ginseng
  - St. John's Wort
  - Chondroitin
  - Lycopene

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

25. What brand and type of cold breakfast cereal do you usually eat?  Don't eat cold breakfast cereal. Specify cereal brand & type

26. What form of margarine do you usually use?  None  Stick  Tub  Spray  Squeeze (liquid)  Reg  Light  Extra Light  Nonfat. What specific brand & type of margarine (e.g., Blue Bonnet Lower Fat Spread)?

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

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

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

DAIRY FOODS		AVERAGE USE LAST YEAR								
		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Milk (8 oz. glass)	Skim milk	<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"/>
	1 or 2 % milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole milk	<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"/>
	Soy milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cream, e.g., coffee, whipped or sour cream (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Non-dairy coffee whitener (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular ice cream (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yogurt, plain or artificially sweetened (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 flavored yogurt (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Margarine (pat), added to food or bread; exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Butter (pat), added to food or bread; exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cottage or ricotta cheese (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cream cheese (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of cheese do you usually eat?		<input type="radio"/> Regular <input type="radio"/> Low fat or Lite <input type="radio"/> Nonfat <input type="radio"/> None								



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

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

FRUITS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes (7 prunes or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prune juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	Calcium fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VEGETABLES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (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"/>
Tomato or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables, stir-fry, vegetable soup (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (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"/>
Iceberg or head lettuce (serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (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"/>
Celery (4" stick)		<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"/>
Green or red peppers (3 slices or 1/4 pepper)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a vegetable, rings or soup (1 onion)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EGGS, MEAT, ETC.		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Egg Beaters or egg whites only (1/4 cup or 1 egg)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs including yolk (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"/>
Beef or pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey sandwich		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a  
b  
P  
c  
d  
e  
P  
P



27. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past 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 categorized by food groups: EGGS, MEAT, ETC.; BREADS, CEREALS, STARCHES; BEVERAGES; CARBONATED BEVERAGES; OTHER BEVERAGES.

CARBONATED BEVERAGES

Consider the serving size as 1 glass, bottle or can for these carbonated beverages.

Low-Calorie (sugar-free) types

Regular types (not sugar-free)

OTHER BEVERAGES



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

		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		1	1	1	1	1	1	1		
<b>SWEETS, BAKED GOODS, MISCELLANEOUS</b>												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	
												b								
												c	A	0	0	0			0	0
													1	1	1				1	1
													2	2	2				2	2
													3	3	3				3	3
													4	4	4				4	4
													5	5	5				5	5
													6	6	6				6	6
													7	7	7				7	7
													8	8	8				8	8
													9	9	9				9	9
												B	0	0	0				0	0
													1	1	1				1	1
													2	2	2				2	2
													3	3	3				3	3
													4	4	4				4	4
													5	5	5				5	5
													6	6	6				6	6
													7	7	7				7	7
													8	8	8				8	8
													9	9	9				9	9
												C	0	0	0				0	0
													1	1	1				1	1
													2	2	2				2	2
													3	3	3				3	3
													4	4	4				4	4
													5	5	5				5	5
													6	6	6				6	6
													7	7	7				7	7
													8	8	8				8	8
													9	9	9				9	9

28. 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

29. 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

30. 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

31. 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

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

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

34. 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

35. Are there any other important foods that you usually eat at least once per week? Include for example: Applesauce, mushrooms, bulgur, couscous, radish, horseradish, dried apricots, dates, figs, mango, mixed dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars. (Do not include dry spices and do not list something that has been listed in the previous sections.)	Other foods that you usually eat at least once per week	Servings per week	35
	(a)		
	(b)		
	(c)		

Thank you! Please return forms in prepaid return envelope to: Dr. Walter Willett, 677 Huntington Avenue, Boston, MA 02115.