



# Health Professionals Follow-Up Study

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Dear Colleagues,

This questionnaire marks the 24-year point in the Health Professionals Follow-Up Study, which began in 1986. During this time, we have learned much about ways that diet and lifestyle factors can help reduce our risks of heart disease, stroke, and cancer, and promote healthy aging. Because of the remarkable dedication to this research by you and other participants in the Health Professionals Follow-Up Study (well over 90% completed the 2008 questionnaire), this continues to be one of the most reliable sources of information on men's health.

Many important findings have been reported from this study during the last two years, including a positive relation between sugar-sweetened beverages and gout (BMJ, 2008, Vol. 336, p. 309), protective effects of regular exercise on diverticular disease (Am J Gastroenterol, 2009, Vol. 104, p. 1221) and a small increase in risk of overall cancer among men with periodontal disease (Lancet Oncol, 2008, Vol. 9, p. 550).

In the past year our involvement in genome-wide association studies (GWAS) has led to many important findings. In a GWAS, we study at one time many thousands of gene variants to identify chromosomal regions associated with risk of various diseases. Through our partnership with the National Cancer Institute, we have identified several novel genetic markers for prostate cancer using the GWAS approach. Because of the extensive information you have given us over so many years, we can also use this genome-wide data to examine other conditions. For instance, last year we identified several new genes associated with hair color and skin sensitivity to sunlight based on information provided by the participants in the Nurses' Health Study. It turns out that these genes are involved in susceptibility to skin cancers. Recently, we have completed a large GWAS on diabetes funded by the National Institutes of Health (NIH).

Due to the value of combining data from multiple studies, NIH has mandated that data from these studies be deposited in a controlled-access database (dbGapP). Of course, any data we send to this database are completely devoid of any personal identifiers (e.g., your year of birth, address, or zip code). NIH also restricts access to only qualified researchers who can show an appropriate scientific use for the data, and who commit to maintaining the confidentiality of the de-identified data. If you have questions about these NIH/GWAS studies, or if you wish not to have your information provided to the GWAS database, please send an email to hpfs@hpfs.harvard.edu or write us at HPFS NIH/GWAS Studies, Walter C. Willett, 677 Huntington Ave., Boston MA 02115. One of our researchers can answer any questions you may have.

We are sometimes asked whether the genetic results can be returned to participants. As described when you gave us a blood or cheek cell sample, the tests we conduct are for research purposes only. These tests are not as tightly controlled as clinical tests, and most of the laboratories doing the testing are not clinically certified to return results to patients. Thus, we cannot return results. We will of course continue to report our latest findings in each bi-annual newsletter.

The attached 2010 questionnaire continues the critical follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 2008. As always, all information provided on this questionnaire is strictly confidential and is used only for statistical purposes.

Again, I thank you for your participation in this research, which continues to provide new information on ways to reduce major illnesses in men.

Sincerely,

*Walter Willett*

Walter Willett, M.D.  
Principal Investigator

**Do you have an e-mail address for occasional updates?**

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

3/8" spine part



**PLEASE USE AN ORDINARY NO. 2 PENCIL TO ANSWER ALL QUESTIONS.**

Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

**EXAMPLE 1:** 18. Do you currently take multi-vitamins?

No  
 Yes

Please fill circle completely, do **not** mark this way:   

**EXAMPLE 2:**

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

CVS Daily Multivitamin with Minerals  
e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Keep handwriting within borders of the response box.

**Federal research regulations require us to include the following information:**

There are no direct benefits to you from participating in this study.  
The risk of breach of confidentiality associated with participation in this study is very small.  
Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.  
You may skip any question you do not wish to answer.  
You will not receive monetary compensation for participating.  
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Office of Human Research Administration at the Harvard School of Public Health (866-606-0573).  
If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Project Coordinator, Betsy Frost-Hawes, at 617-384-8657.

**Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.**

**If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.**

**Thank you for completing the 2010 Health Professionals Follow-Up Study questionnaire.**

Please use pencil! Thank you.

1

2010

Health Professionals Follow-Up Study

1	2	3	4	5	6	1
7	8	9	10	11	12	
Y	10	11	12			

**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  Assisted living  Nursing home  Other

**4. Do you currently smoke cigarettes? (exclude pipe or cigars)**  
 No  Yes  1-4 cigarettes/day  5-14/day  15-24/day  25-34/day  35-44/day  45 or more/day

**5. In the past 2 years, have you had ...**

... a physical exam?	<input type="radio"/> No	<input type="radio"/> Yes, for symptoms	<input type="radio"/> Yes, for routine screening
... a rectal exam?	<input type="radio"/> No	<input type="radio"/> Yes, for symptoms	<input type="radio"/> Yes, for routine screening
... an eye exam?	<input type="radio"/> No	<input type="radio"/> Yes, for symptoms	<input type="radio"/> Yes, for routine screening
... blood glucose check?	<input type="radio"/> No	<input type="radio"/> Yes, for symptoms	<input type="radio"/> Yes, for routine screening
... screening for Vitamin D?	<input type="radio"/> No	<input type="radio"/> Yes, normal	<input type="radio"/> Yes, low
... screening for PSA?	<input type="radio"/> No	<input type="radio"/> Yes, for symptoms	<input type="radio"/> Yes, for routine screening
<b>If "yes" for PSA screening, was your PSA elevated?</b>	<input type="radio"/> No	<input type="radio"/> Unknown	<input type="radio"/> Yes
<b>If "yes," PSA level?</b>	<input type="radio"/> <2	<input type="radio"/> 2-2.9	<input type="radio"/> 3-3.9
	<input type="radio"/> 4-5.9	<input type="radio"/> 6-7.9	<input type="radio"/> 8-9.9
	<input type="radio"/> 10-14.9	<input type="radio"/> 15+	
... a prostate biopsy or rectal ultrasound (for prostate exam)?	<input type="radio"/> No	<input type="radio"/> Unknown	<input type="radio"/> Yes
... upper endoscopy (esophagus/stomach)?	<input type="radio"/> No	<input type="radio"/> Yes	
... a (Virtual) CT colonoscopy?	<input type="radio"/> No	<input type="radio"/> Yes	
... a colonoscopy?	<input type="radio"/> No	<input type="radio"/> Yes	
... a sigmoidoscopy?	<input type="radio"/> No	<input type="radio"/> Yes	

**Initial reason(s) you had a colonoscopy/ sigmoidoscopy?**

<input type="radio"/> Visible blood	<input type="radio"/> Occult fecal blood	<input type="radio"/> Abdominal pain
<input type="radio"/> Family history of colon cancer	<input type="radio"/> Diarrhea/constipation	<input type="radio"/> Barium enema
<input type="radio"/> Virtual (CT) colonography	<input type="radio"/> Prior polyps	<input type="radio"/> Asymptomatic or routine screening

**6. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?**  
 No  Yes **a) Sites:**  Esophagus  Stomach  Duodenum  Colon/Rectum  Other  Site(s) unknown  
**b) What year(s)? (Mark all that apply)**  Before 1993  '93-'95  '96-'97  '98-'99  2000-'01  2002-'03  2004+

**7. How many teeth have you lost since January 1, 2008?**  None  1  2  3  4  5-9  10+

**8. What is your usual walking pace outdoors?**  Unable to walk eight blocks or climb a flight of stairs due to physical impairment.  
 Easy, casual (less than 2 mph)  Normal, average (2-2.9 mph)  Brisk pace (3-3.9 mph)  Very brisk/striding (4 mph or faster)

**9. 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

**10. 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.
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"/>
Biking intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High													
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"/>
Swimming intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High													
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"/>
Tennis intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High													
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"/>
Other aerobic exercise (exercise classes, 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"/>
Lower intensity exercise (yoga, stretching, toning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate outdoor work (e.g., yardwork, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
Weight training/resistance exercises <input type="radio"/> arms <input type="radio"/> legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing or walking around 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"/>
Standing or walking around home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work or commuting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 while watching TV/VCR/DVD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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., desk, eating, computer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. In an average week, on how many days do you usually exercise (include brisk walking or more strenuous activity)?**  
 None  1 day  2 days  3 days  4 days  5 days  6 days  7 days

**12. 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:**  
 Contact phone # or email address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

3/8" spine perf

13. Is this your correct date of birth?

Yes

No → If no, please write correct date.

MONTH / DAY / YEAR

14. Since January 1, 2008, have you had any of the following clinician-diagnosed conditions?

	YEAR OF DIAGNOSIS				
	Before 2008	2008	2009	2010	
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Elevated triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Coronary bypass, angioplasty or stent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Myocardial infarction (heart attack)	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes					a
Atrial fibrillation (more than 1 hour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Deep vein thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
TIA (Transient Ischemic Attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Carotid artery surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Intermittent claudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Surgery or angioplasty for arterial disease of the leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Pulmonary embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Aortic aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Other arthritis (e.g., osteoarthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Chronic renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Diverticulitis or Diverticulosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Colon or rectal polyp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Cancer of colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Prostatic enlargement, treated by drugs, surgery or laser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Bladder cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Solar or actinic keratosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Basal cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Squamous cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Lymphoma or Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Please specify site and year: →					a
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Cataract (1st Diagnosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Macular degeneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Periodontal disease with bone loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Oral precancer/oral dysplasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Gall bladder removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
ALS (Amyotrophic Lateral Sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45

14. (continued)

	Before 2008	2008	2009	2010																															
Ulcerative colitis/Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46																														
Gastric or duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47																														
Barrett's esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48																														
Alcohol dependence problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49																														
Hearing loss, by audiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50																														
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51																														
Pernicious Anemia/B12 deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52																														
Emphysema or chronic bronchitis (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53																														
Other major illness or surgery since January 2008	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54																														
Please specify:	<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>				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	55
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																										

15. Since January 1, 2008, 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. Month: \_\_\_\_\_ Year: \_\_\_\_\_

If a fall, include site, surface and height of fall.

16. Regular Medication (mark if used regularly in past 2 years)

<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 (COX-2 inhibitors)	Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days		
<input type="radio"/> Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)			
<input type="radio"/> "Statin" cholesterol-lowering drug:	<input type="radio"/> Mevacor (lovastatin) <input type="radio"/> Zocor (simvastatin) <input type="radio"/> Crestor <input type="radio"/> Pravachol (pravastatin) <input type="radio"/> Lipitor (atorvastatin) <input type="radio"/> Other		
<input type="radio"/> Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]			
<input type="radio"/> Beta-blocker (e.g., Metoprolol, Lopressor, Tenormin, Corgard)			
<input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem)			
<input type="radio"/> ACE inhibitors (e.g., Capoten, Vasotec, Zestril)			
<input type="radio"/> Angiotensin receptor blocker [e.g., valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro)]			
<input type="radio"/> Thiazide diuretic <input type="radio"/> Lasix			0 0 0
<input type="radio"/> Other anti-hypertensive (e.g., clonidine, doxazosin)			1 1 1
<input type="radio"/> Steroids taken orally (e.g., Prednisone, Decadron, Medrol)			2 2 2
<input type="radio"/> Insulin <input type="radio"/> Oral hypoglycemic medication			3 3 3
<input type="radio"/> Finasteride (e.g., Proscar, Propecia, Avodart)			4 4 4
<input type="radio"/> Alpha-blocker for BPH (e.g., Hytrin (terazosin), Flomax)			5 5 5
<input type="radio"/> Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex			6 6 6
<input type="radio"/> H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)			7 7 7
<input type="radio"/> Fosamax, Actonel, or other bisphosphonate			8 8 8
<input type="radio"/> Clopidogrel or Ticlopidine (e.g., Plavix or Ticlid)			9 9 9
<input type="radio"/> Coumadin (e.g., Warfarin)			1 1 1 1 1 1 1 1 1 1
<input type="radio"/> Antidepressants			2 2 2 2 2 2 2 2 2 2
<input type="radio"/> Sleeping medications (e.g., Ambien, Lunesta)			4 4 4 4 4 4 4 4 4 4
<input type="radio"/> No regular medication			8 8 8 8 8 8 8 8 8 8
<input type="radio"/> Other regular medication (no need to specify)			P P P P P P P P P P

3/8" spine perf

17. 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
e.g., 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 Dose per day: Less than 10,000 IU 10,000 IU 15,000 IU 16,000 to 22,000 IU 23,000 IU or more Don't know
b) Potassium No Yes If Yes, Dose per day: Less than 3 to 10 to 20 mEq or more Don't know
c) Vitamin C No Yes, seasonal only Yes, most months If Dose per day: Less than 400 mg 400 mg 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 50 mg 50 mg 99 mg 100 to 149 mg 150 mg or more Don't know
e) Vitamin E No Yes If Yes, Dose per day: Less than 100 IU 100 IU 250 IU 300 to 500 IU 600 IU or more Don't know
Type: Natural Regular (dl) Unknown
f) Calcium No Yes If Yes, Dose per day (elemental calcium): Less than 600 mg 600 mg 900 mg 901 to 1500 mg 1501 mg or more Don't know
g) Selenium No Yes If Yes, Dose per day: Less than 80 mcg 80 mcg 130 mcg 140 to 250 mcg 260 mcg or more Don't know
h) Vitamin D No Yes, seasonal only Yes, most months If Dose per day: Less than 600 IU 600 IU 900 IU 1000 to 1500 IU 2000 IU or more Don't know
i) Zinc No Yes If Yes, Dose per day: Less than 31 mg 31 mg 74 mg 75 to 100 mg 101 mg or more Don't know

18. Are there other supplements that you take on a regular basis?
Metamucil/Citrucel Beta-carotene Chromium Folic Acid Glucosamine/Chondroitin
Cod Liver Oil Saw Palmetto Vitamin Water B-Complex Iron Magnesium
Vitamin B12 Melatonin Coenzyme Q10 Ginkgo Biloba
Flax Seed Oil Fish Oil Niacin Lycopene Other

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

20. What brand and type of cold breakfast cereal do you usually eat?
Specify cereal brand & type (e.g., Kellogg's Raisin Bran)
0 1 2 3 4 5 6 7 8 9
Don't eat cold breakfast cereal.

21. What form of margarine or spread do you usually use (exclude pure butter?)
None Form? Stick Tub Spray Squeeze (liquid)
Type? Reg Light Nonfat
What specific brand & type of margarine (e.g., Shedd's Country Crock plus calcium and vitamins)

22. 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 for various dairy products like Skim milk, Whole milk, Cream, Yogurt, etc.

3/8" spine perf

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

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

FRUITS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes or dried plums (6 prunes or 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"/>
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 or Vit. D fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not calcium fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (e.g., cranberry, grape) (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches or plums (1 fresh or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots (1 fresh, 1/2 cup canned or 5 dried)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VEGETABLES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato 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"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked, dried or 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"/>
Tofu, soy burger, soybeans, miso or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas, pea soup or lima beans (1/2 cup, fresh, frz, 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 or stir-fry vegetables, veg. 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 (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (2-3 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"/>
Peppers: green, yellow or red (2 rings or 1/4 small)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a cooked vegetable, rings or 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"/>

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

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

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
Salami, bologna, or other processed meat sandwiches		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)	Lean or extra lean	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinners, etc.		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork as a main dish, e.g., ham or chops (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, e.g., cod, haddock, halibut (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREADS, CEREALS, STARCHES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Cold breakfast cereal (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (including instant) (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread (1 slice)	White bread, including pita	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rye/Pumpernickel	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole wheat, oatmeal, other whole grain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers (6)	Whole grain/whole wheat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other crackers	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bagels, English muffins, or rolls (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (2 small pieces)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g., spaghetti, noodles, couscous. etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortillas: corn or flour (2)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French Fries (6 oz. or 1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn/tortilla chips (small bag or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEVERAGES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
CARBONATED BEVERAGES	Low-Calorie (sugar-free) types	Low-calorie beverage with caffeine, e.g., Diet Coke		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other low-cal bev. without caffeine, e.g., Diet 7-Up		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider the serving size as 1 glass, bottle or can for these carbonated beverages.	Regular types (not sugar-free)	Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
OTHER BEVERAGES		Other sugared beverages: Punch, lemonade, sports drinks, or sugared ice tea (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Beer, regular (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Light Beer, e.g., Bud Light (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Red wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		White wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Liquor, e.g., vodka, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Plain water: bottled, sparkling, or tap (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Decaffeinated tea, exclude herbal (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Tea with caffeine (8 oz. cup), including green tea		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Decaffeinated coffee (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Coffee with caffeine (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Dairy coffee drink (hot/cold), e.g., Cappuccino (16 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

a  
b  
P  
P  
P

3/8" spine perf

