

1. What is your current weight?

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

2. Is this your correct date of birth? →

Yes  
 No → If No, please write correct date.

MONTH	DAY	YEAR
-------	-----	------

3. Do you currently smoke cigarettes? (exclude pipe or cigars)

No  
 Yes → How many/day?  1-4  5-14  15-24  25-34  35-44  45+

4. In the past two years, have you had a PSA test for prostate cancer?

No  Yes, for symptoms  Yes, for routine screening  
 If Yes, what was your PSA level?  
 <2  2-2.9  3-3.9  4-5.9  6-7.9  8-9.9  10-14.9  
 15+  Elevated, unknown  Normal, unknown  Don't know

5. In the past two years have you had . . . (If yes, mark all that apply)

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Exam by eye doctor?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Prostate biopsy?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y
Fasting blood sugar?	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> Y

Upper endoscopy?  N No  Y Yes

Cologuard (fecal DNA)?  N No  Y Yes

Fecal occult blood or immunochemical (FIT) test  N No  Y Yes

Colonoscopy?  N No  Y Yes

Sigmoidoscopy?  N No  Y Yes

Initial reason(s) you had this Colonoscopy or Sigmoidoscopy?

- Visible blood
- Fecal blood test
- Barium enema
- Abdominal pain
- Prior polyps or prior cancer
- Diarrhea/constipation
- Fecal or stool DNA testing (e.g., Cologuard)
- Family history of colon cancer
- Follow-up of (virtual) CT colonoscopy
- Asymptomatic or routine screening

6. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a blood transfusion?

No  Yes → What was the site of bleeding?

Esophagus  Stomach  Duodenum  
 Colon/Rectum  Other  Site(s) unknown

7. In the past two years, have you had an episode of:

a) **Diverticulitis (NOT diverticulosis) that required antibiotics and/or hospitalization?**

Yes → If Yes, did you...  Have more than one episode?  Require surgery?  Have an abscess?  
 No

b) **Diverticular bleeding that required blood transfusion and/or hospitalization?**

No  Yes

c) **Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding?**

No  Yes

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8. Since January 1, 2020, have you had any of these clinician-diagnosed illnesses?

Leave blank for "NO", mark here for "YES"	YEAR OF DIAGNOSIS			
	Before 2020	2020	2021	2022
Enlarged prostate, treated by drugs, surgery, or laser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal polyp (benign)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leukemia or Lymphoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basal cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squamous cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify site and year	<input type="text"/>			
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalized for this MI?	<input type="radio"/> No <input type="radio"/> Yes			
Angina pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by angiogram?	<input type="radio"/> No <input type="radio"/> Yes			
Coronary bypass, angioplasty, or stent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA (transient ischemic attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid surgery (endarterectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary embolus or deep vein thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. (continued)

Leave blank for "NO", mark here for "YES"

YEAR OF DIAGNOSIS

Before 2020    2020    2021    2022

Osteoarthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebral (spine) fracture, x-ray confirmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression, clinician-dx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macular degeneration of retina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALS (Amyotrophic Lat. Sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's or other type of dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic viral hepatitis (B or C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis or Crohn's or microscopic colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastric/duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barrett's esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallbladder removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirmed by liver biopsy?	<input type="radio"/> No <input type="radio"/> Yes			
Cirrhosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss confirmed by audiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other major illness or surgery since January 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify:	<input type="text"/>			
Date:	<input type="text"/>			

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**9. Regular Medication** (Mark if used regularly in past 2 years)

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

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**Analgesics**

Acetaminophen (e.g., Tylenol)

Days per week:  1  2-3  4-5  6+ days

Total tablets per week:  1-2  3-5  6-14  15+ tablets

Low dose aspirin (100mg or less/tablet)

Days per week:  1  2-3  4-5  6+ days

Total tablets per week:  1-2  3-5  6-14  15+ tablets

Aspirin or aspirin-containing products (325mg or more/tablet)

Days per week:  1  2-3  4-5  6+ days

Total tablets per week:  1-2  3-5  6-14  15+ tablets

Ibuprofen (e.g., Advil, Motrin, Nuprin)

Days per week:  1  2-3  4-5  6+ days

Total tablets per week:  1-2  3-5  6-14  15+ tablets

Celebrex

Days per week:  1  2-3  4-5  6+ days

Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

**Other Regularly Used Medications**

Thiazide diuretic

Calcium channel blocker (e.g., amlodipine, diltiazem)

Beta-blocker (e.g., Metoprolol, Atenolol, Corgard, Coreg)

ACE inhibitors (e.g., lisinopril, enalapril)

Angiotensin receptor blocker (valsartan, losartan, irbesartan)

Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)

Coumadin  Pradaxa, Xarelto, Eliquis, Savaysa

Clopidogrel, Ticlopidine, Prasugrel

Digoxin  Antiarrhythmic

“Statin” cholesterol-lowering drug:

Mevacor (lovastatin)  Lipitor (atorvastatin)

Pravachol (pravastatin)  Crestor (rosuvastatin)

Zocor (simvastatin)  Other

Other cholesterol-lowering drug

Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

**Diabetes drugs:** (Mark all that apply)

Insulin  Non-insulin injections (e.g., Byetta, Victoza, Trulicity)

Metformin (Glucophage)  Jardiance  Invokana

Farxiga  Januvia  Other oral hypoglycemic agent

Opioid pain medications (e.g., codeine, Percocet, Vicodin, tramadol)

Alpha blocker for BPH (e.g., Hytrin (terazosin), Flomax)

SSRIs (e.g., Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox, fluoxetine, citalopram)

Tricyclics (e.g., amitriptyline, nortriptyline, imipramine)

SNRIs/Other antidepressants (e.g., Wellbutrin, Effexor, Remeron, Cymbalta, venlafaxine, bupropion)

Minor tranquilizers (e.g., Valium, Xanax, Ativan)

Prilosec, Nexium, Prevacid, Protonix, Aciphex

H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)

Aricept  Exelon  Razadyne  Namenda

Fosamax, Actonel, or other bisphosphonate

β-agonist inhaler (e.g., albuterol (Ventolin), Maxair)

Finasteride/Proscar  Propecia  Avodart

Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)

Over-the-counter sleep medications

Other regular medications (no need to specify)

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10. Have you received at least one dose of a COVID-19 vaccine?

- No  Yes → a) First dose type:  Pfizer  Moderna  Johnson & Johnson/Janssen
- b) Did you have a second dose (any type)?  No  Yes
- c) Did you have a third dose (any type)?  No  Yes

11. Have you ever been diagnosed with COVID-19 or tested positive for COVID-19?

- No, and I have never been tested by PCR swab or antigen test
  - No, and I have only ever tested NEGATIVE by PCR swab or antigen test
  - Yes, I was diagnosed by a clinician as probably having COVID-19, but never had a PCR or antigen test
  - Yes, I had a positive PCR swab or antigen test
- If NO, GO TO QUESTION 12  
If YES TO EITHER, CONTINUE....
- If Yes Month:  Jan  Feb  Mar  Apr  May  June  
to either:  July  Aug  Sep  Oct  Nov  Dec  
When? Year:  2020  2021  2022  2023

a) Did you experience any symptoms when you had COVID-19?

- Yes, I had symptoms → How long did your COVID-19 symptoms last?
- No, I was asymptomatic  Less than 1 month  1-2 months  3-4 months  5-6 months  6+ months

b) At any point, did you require hospitalization due to COVID-19?

- No  Yes, without a ventilator  Yes, with a ventilator → How many days on a ventilator? \_\_\_\_\_

c) Have you experienced any long-term COVID-19 symptoms (lasting for more than 4 weeks)?

- Yes → Which of the following long-term COVID-19 symptoms have you experienced? (Mark all that apply)
- No
- Fatigue  Confusion, disorientation, "brain fog"  Headache
- Shortness of breath or difficulty breathing  Memory issues  Intermittent fever
- Persistent cough  Depression, anxiety, changes in mood  Mouth or tongue ulcers
- Muscle, joint or chest pain  Heart palpitations  Tinnitus
- Smell and taste problems  Rash, blisters or welts anywhere on body  Other symptoms

d) Was this a "breakthrough" infection (two or more weeks after your initial vaccination course)?

- No  Yes

12. On average, how often are your daily activities affected because you are sleepy during the day?

- Almost every day  4-6 days/week  1-3 days/week  Rarely  Never

13. In the past year, did you have a fall where you fell all the way to the ground?

- Yes → If yes... a) How many falls did you have?
- No
- 1-2  3-4  5-10  >10
- b) Did you have a fall with an injury?  
(An injury includes for example, a bruise, a cut, a swollen joint or a fracture.)
- No  Yes

14. Your current living arrangement: (Mark all that apply)

- Alone  With spouse/partner  With other family  With pet(s)
- Assisted living  Nursing home  Senior/retirement housing or community exclusively for people age 55+  Other

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

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

Relationship: \_\_\_\_\_

Email/Phone #: \_\_\_\_\_

**16. Do you currently take multivitamins? (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 equivalent) do you most often take? (Select ONE ONLY)
- Centrum Silver or Senior Vit.  Centrum or generic equiv.  50+ Gummy
  - One-A-Day 50+ or equiv.  Any AREDS eye vit.  Any AREDS 2 eye vit.
  - Kirkland Signature Daily  Other Multivitamins (with minerals)  Other Multivitamins (without minerals)  Other

**Not counting multivitamins, do you take any of the following vitamin preparations?**

- a) Vitamin A  No  Yes, seasonal only  Yes, most months → If Yes, } Dose per day:  Less than 10,000 IU  10,000 to 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 2.5 mEq (100 mg)  3 to 9 mEq  10 to 19 mEq  20 mEq 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 50 mg  50 to 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 to 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 to 900 mg  901 to 1500 mg  1501 mg or more  Don't know
- g) Vitamin D  No  Yes, seasonal only  Yes, most months → If Yes, } Dose per day:  < 1000 IU (< 25 mcg)  1000-1999 IU (25-49 mcg)  2000-4999 IU (50-124 mcg)  5000+ IU (125+ mcg)  Don't know
- h) Zinc  No  Yes → If Yes, } Dose per day:  Less than 31 mg  31 to 74 mg  75 to 100 mg  101 mg or more  Don't know

**17. Are there other supplements that you take on a regular basis?**

- Metamucil/Citrucel  Vitamin B12  Lycopene  Selenium
- B-Complex  Magnesium  Glucosamine/Chondroitin  Probiotics
- Flax Seed Oil  Niacin  Biotin
- Beta-carotene  Folic Acid  Coenzyme Q10  Turmeric/Curcumin
- Iron  Fish Oil  Cod Liver Oil  Other

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

- Zero  1 tsp.  2 tsp.  3 tsp.  4 tsp.  5 tsp.  6 tsp.  7 tsp.  8 tsp.  9 tsp.  10 tsp.

More than 10? Write number here →

**19. What brand and type of cold breakfast cereal do you most often eat?**

Don't eat cold breakfast cereal.

Specify cereal brand & type (e.g., Kellogg's Raisin Bran)

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

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

**AVERAGE USE LAST YEAR**

		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
<b>DAIRY FOODS</b>										
Milk (8 oz. glass)	Skim milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2 % milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almond milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Soy milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other plant-based milk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cream, e.g., coffee, sour (exclude fat free) (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Non-dairy coffee whitener (exclude fat free) (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Frozen yogurt, sherbet, or low-fat ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spreads added to food or bread; exclude use in cooking	Pure butter or ghee	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Margarine	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Butter with added oil (e.g., Land O Lakes Butter with Canola Oil)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>
Yogurt (4-6 oz.) Include drinkable	Plain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Artificially sweetened (e.g., light peach)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sweetened (e.g., strawberry, vanilla)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of yogurt do you most often eat? (Mark all that apply)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Greek	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Regular	<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"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cream cheese (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<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"/> W	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of cheese do you most often eat?		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Regular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CF	S
CH	0 0
FM	1 1
GR	2 2
HB	3 3
K	4 4
RB	5 5
SW	6 6
	7 7
	8 8
	9 9

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20. (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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes or dried plums (1/2 cup canned or 1/4 cup dried)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1) or plantain (1/2)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tangerines, clementines, mandarin oranges (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	Calcium or Vit. D fortified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not calcium fortified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (e.g., cranberry, grape) (small glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches or plums (1 fresh or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots (1 fresh, 1/2 cup canned or 5 dried)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hummus (1/4 cup), garbanzo or chickpeas (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked, dried (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy burger, tofu, miso or other soy protein		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other plant-based burger, e.g., Beyond Meat, Lightlife (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frz., canned) or soup		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed or stir fry vegetables (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes, include sweet potato fries, (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, arugula or mustard greens (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers: green, yellow or red (2 rings or 1/4 small)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a cooked vegetable or rings (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, 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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular eggs including yolk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs, sausages (1) or bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)-including ground		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (exclude turkey bacon) (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

MEAT, FISH		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"/>
Sausage or kielbasa (pork or beef), etc. (2 oz. or 2 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, pieces or 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"/>
Shellfish, e.g., shrimp, crab, scallops, clams as 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, including grits (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 or Pita (1 slice)	White, wheat, oatmeal (not 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"/>
	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, whole grain oat, whole multigrain	<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"/>
Whole grain pasta, e.g., spaghetti, macaroni (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 pasta (not whole grain), e.g., spaghetti, noodles, macaroni, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other whole grains, e.g., quinoa, barley, spelt, 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, e.g., burritos, quesadillas etc. (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, exclude sweet potato 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 Consider the serving size as 1 glass, bottle or can for these 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 type="radio"/>	<input type="radio"/>
	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"/>	<input type="radio"/>	
OTHER BEVERAGES	Other sugared beverages, e.g., 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beer, regular, light or hard cider (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Red wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Liquor, e.g., vodka, gin, hard seltzer, etc. (e.g., White Claw, Truly Seltzer, Mikes Hard Lemonade) (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Plain water: bottled, sparkling, or tap (8 oz. 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"/>
	Decaffeinated tea, exclude herbal (8 oz. 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"/>
	Tea with caffeine, including green tea (8 oz. 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"/>
	Decaffeinated coffee (8 oz. 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"/>
	Coffee with caffeine (8 oz. 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"/>
Dairy coffee drink (hot/cold), e.g., Cappuccino (12 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"/>	

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

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day		
Milk chocolate (bar or pack), e.g., Hershey's, M&M's	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P
Dark chocolate, e.g., Hershey's Dark or Dove Dark	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a
Candy bars, e.g., Snickers, Milky Way, Reese's	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c
Cookies (1) or Brownies (1)	Ready made or from mix or dough		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Home-baked, from scratch		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cake, homemade or ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pie, homemade or ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peanut butter or other nut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Popcorn, regular, fat free or light (2-3 cups)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sweet roll, coffee cake or other pastry (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Snack bars, e.g., Kind, Kashi, granola (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Energy bars or high protein bars, e.g., Clif, Quest, RXbar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diet nutrition drinks, e.g. Slimfast (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ensure, Boost or other meal replacement drinks (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pretzels (1 small bag or serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peanuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walnuts (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dried cranberries (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mixed dried fruit (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Oat bran, other bran (wheat, etc.), added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tomato soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ketchup or red chili sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Flaxseed (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Seeds, e.g., pumpkin, sunflower, etc. (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Garlic, fresh or powdered (1 clove or 4 shakes)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Olives, any type (3)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Olive oil added to food or bread (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Low-fat or olive oil mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Regular mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Salad dressing (1-2 Tbs)	How often? <input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Type(s): <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Regular (e.g., Italian, Ranch)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Artificial sweeteners (1 packet)	How often? <input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Type(s): <input type="radio"/> Splenda <input type="radio"/> Equal <input type="radio"/> NutraSweet <input type="radio"/> Sweet'N Low <input type="radio"/> Truvia <input type="radio"/> Stevia		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Liver: beef, calf or pork (4 oz.)	<input type="radio"/> Never	<input type="radio"/> Less than 1/mo	<input type="radio"/> 1/mo	<input type="radio"/> 2-3/mo	<input type="radio"/> 1/week or more						A 21
Liver: chicken or turkey (4 oz.)	<input type="radio"/> Never	<input type="radio"/> Less than 1/mo	<input type="radio"/> 1/mo	<input type="radio"/> 2-3/mo	<input type="radio"/> 1/week or more						B
22. How often do you eat pan-fried or sautéed food at home? (Exclude "Pam"-type spray)	<input type="radio"/> Less than once a week	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily							22
23. What kind of fat is most often used for pan-frying and sautéing at home? (Exclude "Pam"-type spray)	<input type="radio"/> Real butter	<input type="radio"/> Margarine	<input type="radio"/> Olive oil	<input type="radio"/> Vegetable oil	<input type="radio"/> Veg. shortening	<input type="radio"/> Lard	<input type="radio"/> N/A				23
24. What kind of fat is most often used for baking COOKIES at home?	<input type="radio"/> Real butter	<input type="radio"/> Margarine	<input type="radio"/> Olive oil	<input type="radio"/> Vegetable oil	<input type="radio"/> Veg. shortening	<input type="radio"/> Lard	<input type="radio"/> N/A				24
25. What type of cooking oil is most often used at home? (e.g., Mazola Corn Oil) Specify brand and type											25
26. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?	<input type="radio"/> Less than once a week	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily							26
27. How often do you eat toasted breads, bagel or English muffin (slice or 1 half bagel)?	<input type="radio"/> Less than once a week	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily	<input type="radio"/> 2+ times/day						27
28. Are you following any of these diets? (Mark all that apply.)	<input type="radio"/> Low carb (Atkins, Paleo, etc.)	<input type="radio"/> Vegetarian	<input type="radio"/> Low sodium	<input type="radio"/> Diabetic	<input type="radio"/> Mediterranean						28
	<input type="radio"/> Keto	<input type="radio"/> Gluten free	<input type="radio"/> Low calorie	<input type="radio"/> Intermittent fasting	<input type="radio"/> Other						
	<input type="radio"/> Vegan	<input type="radio"/> Low fat	<input type="radio"/> Weight Watchers	<input type="radio"/> DASH	<input type="radio"/> None						

3/8" PERF