

**PLEASE USE PENCIL!**

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. 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

4. During the past two years did you unintentionally lose weight (e.g., due to illness, stress, or depression)?

No  Yes → Number of pounds?  <5 lbs.  5–9 lbs.  10–14 lbs.  
 15–19 lbs.  20+ lbs.

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?	N	Y	Y
Exam by eye doctor?	N	Y	Y
Prostate biopsy?	N	Y	Y
Blood sugar and/or HbA1c?	N	Y	Y

Upper endoscopy?  No  Yes

Cologuard (fecal DNA)?  No  Yes

Fecal occult blood or immunochemical (FIT) test  No  Yes

Colonoscopy or Sigmoidoscopy?  No  Yes

Blood test for early cancer detection?  No  Yes

Initial reason(s) you had this colonoscopy or sigmoidoscopy?

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

(Mark all that apply.)

Specific for colorectal cancer (e.g., Shield, SimpleScreen)  
 Specific for lung cancer (e.g., Firstlook)  
 For multiple cancers (e.g., Galleri, CancerGuard, Signatera, CancerSeek, Shield, Avantect)

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/small bowel  Site(s) unknown

7. In the past two years, have you had an episode of diverticulitis (NOT diverticulosis) diagnosed by a clinician?

Yes → If Yes, did you...  Require hospitalization?  Require surgery?  Have an abscess?  
 No  Require antibiotics?  Have a CT scan?  Have more than one episode?

8. Have you ever had cold sores around lips or mouth (herpes labialis)?

Yes → During the past two years, how many times have you had a cold sore?  
 No  Never  1–3 times  4–6 times  more than 6 times

9. Have you ever had genital herpes?

Yes → During the past two years, how many times have you had genital herpes reactivation?  
 No  Never  1–3 times  4–6 times  more than 6 times

10. Have you ever taken oral acyclovir or valacyclovir (not counting topical medication) for herpes labialis OR genital herpes?

Yes → During the past two years, how many times did you take acyclovir or valacyclovir?  
 No  Never  1–3 times  4–6 times  more than 6 times  Regularly for prophylaxis

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2  
a  
3  
a  
b  
4  
a  
b  
5  
a  
b  
6  
7  
8  
9  
10

**11. Since January 1, 2024, have you had any of these clinician-diagnosed illnesses?**

	YEAR OF DIAGNOSIS			
	Before 2024	2024	2025	2026
<b>LEAVE BLANK FOR "NO", MARK HERE FOR "YES"</b>				
Enlarged prostate, treated by drugs, surgery, or laser	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney cancer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder cancer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreatic cancer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal polyp (benign)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the colon or rectum	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leukemia or lymphoma	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please specify year and site				
Diabetes mellitus	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction <b>Hospitalized for MI?</b>	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>(N) No (Y) Yes</small>				
Angina pectoris	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Confirmed by angiogram?</b>	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>(N) No (Y) Yes</small>				
Coronary bypass, angioplasty, or stent	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA (transient ischemic attack)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral artery disease or claudication of legs (not varicose veins)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid surgery (endarterectomy)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary embolus or deep vein thrombosis	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial fibrillation	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gout	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. (continued)**

	LEAVE BLANK FOR "NO", MARK HERE FOR "YES"	YEAR OF DIAGNOSIS			
		Before 2024	2024	2025	2026
1	Osteoarthritis	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Osteoporosis	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Vertebral (spine) fracture, x-ray confirmed	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Hip fracture	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Hip replacement	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Knee replacement	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Depression, clinician-dx	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Glaucoma	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Macular degeneration of retina	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Cataract extraction	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Emphysema or chronic bronchitis (COPD)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Parkinson's disease	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	ALS (Amyotrophic Lat. Sclerosis)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Alzheimer's or other type of dementia	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Chronic viral hepatitis (B or C)	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	Kidney stones	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Ulcerative colitis or Crohn's or microscopic colitis	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Gastric/duodenal ulcer	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Gallbladder removal	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	Fatty liver disease	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<b>Confirmed by liver biopsy?</b>	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<small>(N) No (Y) Yes</small>				
23	Cirrhosis	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Shingles	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Vaccine for shingles	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Other major illness or surgery since January 2024	<input type="radio"/> Y <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Please specify:				
28	Date:				

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

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

For Office Only

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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

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- 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

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- 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

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- 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

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

**Other Regularly Used Medications**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Thiazide diuretic   | <input type="radio"/> Lasix                              | <input type="radio"/> Steroids taken orally (e.g., prednisone, Decadron, Medrol)  |
| <input type="radio"/> Calcium channel blocker   | <input type="radio"/> Beta-blocker                       | <input type="radio"/> Alpha blocker for BPH (e.g., tamsulosin, Flomax, terazosin)   |
| <input type="radio"/> ACE inhibitors (e.g., lisinopril, enalapril, benazepril)                  |  | <input type="radio"/> IV anti-amyloid drug for Alzheimer's (e.g., lecanemab)  |
| <input type="radio"/> Angiotensin receptor blocker (valsartan, losartan, irbesartan)            |  | <input type="radio"/> Prescription memory loss medications (e.g., Aricept, Exelon, Namenda, Namzaric, Aduhelm)  |
| <input type="radio"/> Spironolactone  | <input type="radio"/> Eplerenone                         | <input type="radio"/> Over-the-counter memory medications   |
|   | <input type="radio"/> Finerenone                         | <input type="radio"/> Antidepressant medications (e.g., SSRIs, SNRIs, Tricyclics)   |
| <input type="radio"/> Other anti-hypertensive (e.g., clonidine, doxazosin)                      |  | <input type="radio"/> Benzodiazepines (e.g., Valium, alprazolam, lorazepam)   |
| <input type="radio"/> Warfarin (Coumadin)   | <input type="radio"/> Pradaxa, Xarelto, Eliquis, Savaysa | <input type="radio"/> Prilosec, Nexium, Prevacid, Protonix, Aciphex   |
| <input type="radio"/> Antiplatelet medication (e.g., Plavix, Effient, Brilinta)                 |  | <input type="radio"/> H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)  |
| <input type="radio"/> Digoxin   | <input type="radio"/> Antiarrhythmic                     | <input type="radio"/> Potassium-competitive acid blocker (e.g., vonoprazan)   |
| <b>Lipid-lowering drugs:</b> (Mark all that apply)  |  | <input type="radio"/> Fosamax, Actonel, or other bisphosphonate   |
| <input type="radio"/> Statin (e.g., atorvastatin, rosuvastatin, simvastatin)                    |  | <input type="radio"/> $\beta$ -agonist inhaler (e.g., albuterol, Ventolin, Maxair)  |
| <input type="radio"/> PCSK9 inhibitor (Praluent, Repatha, Leqvio)                               |  | <input type="radio"/> Finasteride (Proscar) <input type="radio"/> Propecia <input type="radio"/> Avodart  |
| <input type="radio"/> Ezetimibe (Zetia)   |  | <input type="radio"/> Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)  |
| <input type="radio"/> Other lipid-lowering drugs (e.g., fenofibrate, cholestyramine)            |  | <input type="radio"/> Melatonin<br>Dose (mg) <input type="radio"/> 1 or less <input type="radio"/> 2-5 <input type="radio"/> 6-10 <input type="radio"/> over 10 |
| <input type="radio"/> Insulin   |  | <input type="radio"/> Over-the-counter sleep medications  |
| <input type="radio"/> Metformin (e.g., glucophage)  |  | <input type="radio"/> Other regular medications (no need to specify)  |
| <input type="radio"/> DPP4 inhibitors (Januvia, Onglyza, Tradjenta, Nesina)                     |  |   |
| <input type="radio"/> SGLT2 inhibitors (e.g., Jardiance, Farxiga, Invokana)                     |  |   |
| <input type="radio"/> Oral GLP1 agonist (e.g., semaglutide, Wegovy, Rybelsus)                   |  |   |
| <input type="radio"/> Injectable GLP1 agonist (e.g., Rybelsus, Ozempic, Victoza, Trulicity)     |  |   |
| <input type="radio"/> Injectable GLP-1/GIP dual agonist (e.g., tirzepatide, Mounjaro, Zepbound) |  |   |
| <input type="radio"/> Oral GLP-1/GIP dual agonist (e.g., orforglipron)                          |  |   |
| <input type="radio"/> Over-the-counter weight-loss medications                                  |  |   |
| <input type="radio"/> Anticholinergics (e.g., Detrol, Ditropan, Vesicare)                       |  |   |

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a

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

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

13

14. Do you have difficulty with your balance?     No     Occasionally     Often

14

15. Do you usually use a cane, walker, or wheelchair/scooter? (Mark all that apply)

- No     Cane     Walker     Wheelchair/scooter     Unable to walk

15

16. What is your usual walking pace outdoors?

- Unable to walk     
  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)

16

17. DURING THE PAST YEAR, what was your average time PER WEEK spent walking for exercise or walking for transportation or errands?

TIME PER WEEK									
Zero	1-4 Min.	5-19 Min.	20-59 Min.	One Hour	1-1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11+ Hrs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

18

19. 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

19

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

- No     Yes    **a) How many falls did you have?**     1-2     3-4     5-10     >10  
**b) Did you have a fall with an injury? (i.e., a bruise, a cut, a swollen joint or a fracture.)**  
 No     Yes

20

a

b

21. Please answer Yes or No for each of the following questions about your memory:

Have you recently experienced any change in your ability to remember things?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have <u>more</u> trouble than usual remembering recent events?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have <u>more</u> trouble than usual remembering a short list of items, such as a shopping list?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have trouble remembering things from one second to the next?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have difficulty in understanding or following spoken instructions?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have <u>more</u> trouble than usual following a group conversation or a plot in a TV program due to your memory?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have trouble finding your way around familiar streets?	<input type="radio"/> Yes	<input type="radio"/> No

21

22. Do you care for any of the following animals? (Mark all that apply)

- Dog     Cat     Rabbit     Parrot/other bird     Horse     Farm animals     Others animals     No animals

22

23. What proportion of the following foods you consume are organic?

- Dairy products:**     None     Less than 5%     5-10%     11-25%     26-50%     51-75%     75%+  
**Fruits and Vegetables:**     None     Less than 5%     5-10%     11-25%     26-50%     51-75%     75%+  
**Meats:**     None     Less than 5%     5-10%     11-25%     26-50%     51-75%     75%+

23

24. 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:

24

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

25. 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) Is this usually a gummy vitamin?  No  Yes

c) What specific brand (or equivalent) do you most often take?

Centrum Silver or Senior Vitamin  Centrum or generic equiv.  Whole Foods/Vegetarian/Fruit Bites

One-A-Day 50+ or equiv.  Eye Health  Other Multivitamins (with minerals)

Other Multivitamins (without minerals)  Other

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

a) Vitamin A  No  Yes, seasonal only  Yes, most months → If Yes, } Dose per day:  Less than 3000 mcg  3000 to 4500 mcg  4800 to 6600 mcg  6900 mcg 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 mg  100 to 300 mg  301 to 400 mg  401 mg or more  Don't know

Type:  Natural  Regular (dl)  Unknown

f) Calcium  No  Yes → If Yes, } Dose per day:  Less than 600 mg  600 to 900 mg  901 to 1500 mg  1501 mg or more  Don't know

(Include Calcium in Tums, etc.) (elemental calcium: 600 mg 900 mg 1500 mg or more)

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

(with calcium or separately)

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

26. 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

27. 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 →  tsp.

28. 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)

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

		AVERAGE USE LAST YEAR								
		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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2 % milk	<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"/>
	Whole milk	<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"/>
	Almond milk	<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 milk	<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 milk	<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"/>
Cream, e.g., coffee, sour (exclude fat free) (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-dairy coffee whitener (exclude fat free) (1 Tbs)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt, sherbet, or low-fat ice cream (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"/>
Regular ice cream (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"/>
Spreads added to food or bread; exclude use in cooking	Pure butter or ghee	<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"/>
	Margarine	<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"/>
	Butter with added oil (e.g., Land O Lakes Butter with Canola Oil)	<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"/>
Yogurt (4-6 oz.) Include drinkable	Plain	<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"/>
	Artificially sweetened (e.g., light peach)	<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"/>
	Sweetened (e.g., strawberry, vanilla)	<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"/>
What type of yogurt do you most often eat? (Mark all that apply)		<input type="radio"/> Greek		<input type="radio"/> Regular		<input type="radio"/> Full fat		<input type="radio"/> Reduced fat		
Cottage or ricotta cheese (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"/>
Cream cheese (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of cheese do you most often eat?		<input type="radio"/> Regular		<input type="radio"/> Low-fat or Lite		<input type="radio"/> Fat free		<input type="radio"/> None		

CF 0 0

CH 1 1

GR 2 2

FM 3 3

HB 4 4

K 5 5

RB 6 6

SW 7 7

8 8

9 9

38 PERP

29. (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 (1/2 cup canned or 1/4 cup 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"/>
Bananas (1) or plantain (1/2)		<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"/>
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"/>
Tangerines, clementines, mandarin 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"/>
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 juice 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"/>
Hummus (1/4 cup), garbanzo or chickpeas (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 (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy burger, tofu, 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"/>
Other plant-based burger, e.g., Beyond Meat, Gardein (1 patty)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frz., canned) or soup		<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 (1/2 cup) or soup		<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, include sweet potato fries, (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, arugula or mustard greens (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"/>
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 or rings (1/2 cup) or soup		<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 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, sausages (1) or 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"/>
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 (exclude turkey 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"/>

29. (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"/>	<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"/>	

387 PERF

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29. (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"/>	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"/>	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"/>	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"/>	c
Cookies (1) or Ready made or from mix or dough	<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"/>	
Brownies (1) Home-baked, from scratch	<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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
Almonds (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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
Salad dressing How often? <input checked="" type="radio"/> 1-2 times	<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"/>	
(1-2 Tbs) Type(s): <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Regular (e.g., Italian, Ranch)										
Artificial sweeteners How often? <input checked="" type="radio"/> 1 packet	<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"/>	
(1 packet) 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										

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For Office Only

30. 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	30
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	
31. How often do you eat pan-fried or sautéed food at home? (Exclude "Pam"-type spray)		31
<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		
32. What kind of fat is most often used for pan-frying and sautéing at home? (Exclude "Pam"-type spray)		32
<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		
33. What kind of fat is most often used for baking COOKIES at home?		33
<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		
34. What type of cooking oil is most often used at home? (e.g., Mazola Corn Oil) Specify brand and type <input checked="" type="radio"/>		34
35. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?		35
<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		
36. How often do you eat <u>toasted</u> breads, bagel or English muffin (slice or 1 half bagel)?		36
<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		
37. Are you following any of these diets? (Mark all that apply.)		37
<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		
<input type="radio"/> Keto <input type="radio"/> Gluten free <input type="radio"/> Low calorie <input type="radio"/> Intermittent fasting <input type="radio"/> Vegan <input type="radio"/> Low fat		

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