

These questions are about the types of foods you ate during _____.

1. Did you eat chicken or turkey?

- Yes → When you ate chicken or turkey, how often did you eat the skin?
 - No
- ↓
- Almost always
 - Often
 - Sometimes
 - Rarely
 - Never

2. Did you eat beef, pork, ham or lamb?

- Yes → When you ate beef, pork, ham or lamb, how often did you eat the fat?
 - No
- ↓
- Almost always
 - Often
 - Sometimes
 - Rarely
 - Never

3. Did you eat hamburger or other ground meat?

- Yes → When you ate hamburger or other ground meat, was it usually... Mark one or two.
 - No
- ↓
- Regular
 - Lean
 - Extra lean
 - Ground chicken or turkey
 - Don't know

4. Did you drink orange, grapefruit or other fruit juices?

- Yes → Were any of these vitamins or minerals added (specially fortified) to the juices you drank? Mark all that apply.
 - No
- ↓
- Extra Vitamin C
 - Vitamin E
 - Calcium
 - None
 - Don't know

5. Did you eat cold cereals?

- Yes → When you ate cold cereal, what type did you usually eat? Mark one or two.
 - No
- ↓
- Highly fortified cereals (100% of daily values) such as Total®, Smart Start® and Product 19®
 - High fiber or bran cereals such as Raisin Bran® and All Bran®
 - Regular granola (not lowfat)
 - All other cereals such as lowfat granola, Cheerios®, Corn Flakes® and Frosted Flakes®

6. Did you put milk (all types), cream or creamer on cereal?

- Yes → When you put milk, cream or creamer on cereal, what type did you usually use? Mark one or two.
 - No
- ↓
- Cream or half and half
 - Whole milk
 - 2% milk
 - 1% milk or buttermilk
 - Nonfat or skim milk
 - Soy milk
 - Non-dairy creamer
 - Don't know

7. Did you put milk (all types), cream or creamer in coffee or tea?

- Yes → When you put milk, cream or creamer in coffee or tea, what type did you usually use? Mark one or two.
- No



- Cream or half and half
- Whole milk
- 2% milk
- 1% milk or buttermilk
- Nonfat or skim milk
- Soy milk
- Non-dairy creamer
- Don't know

8. Did you drink milk (all types)? Also include beverages made with milk, such as lattes, cappuccinos, mochas or hot chocolate.

- Yes → When you drank milk or beverages made with milk, was it usually... Mark one or two.
- No



- Whole milk
- 2% milk
- 1% milk or buttermilk
- Nonfat or skim milk
- Soy milk
- Don't know

9. Did you use salad dressing?

- Yes → When you used salad dressing, what type did you usually use? Mark one or two.
- No



- Regular, including oil and vinegar
- Low or reduced fat
- Fat free or nonfat

10. Did you use mayonnaise?

- Yes → When you used mayonnaise, what type did you usually use? Mark one or two.
- No



- Regular
- Low or reduced fat
- Fat free or nonfat

11. Did you eat cookies or cakes?

- Yes → When you ate cookies or cakes, how often were they fig bars, SnackWell's®, angel food cakes, or other types of low or nonfat cookies or cakes?
- No



- Almost always
- Often
- Sometimes
- Rarely
- Never

12. In your household, what kinds of fat were usually used when cooking, for example to flavor vegetables or fry meat?

Mark up to four.

- Butter
- Stick margarine
- Tub or liquid margarine
- Lowfat margarine
- Olive oil
- Canola oil
- Other oils such as corn, soybean, peanut and safflower
- Lard, bacon fat or meat drippings
- Didn't use fat or used non-stick spray (Pam®)

13. What kinds of fat did you use at the table, for example on breads, vegetables or potatoes? Mark up to four.

- Butter
- Stick margarine
- Tub or liquid margarine
- Lowfat margarine
- Olive oil
- Sour cream
- Didn't use fat

PLEASE DO NOT WRITE IN THIS AREA



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These questions are about foods you ate during _____.

14. Mark the column to show how often, on average, you ate the following foods.
Mark your usual serving size as small, medium or large.

- A small serving is about one-half ($\frac{1}{2}$) the medium serving size or less.
- A large serving is about one-and-a-half ($1\frac{1}{2}$) times the medium serving size or more.

EXAMPLE: This man ate spaghetti with meat sauce every Saturday. He usually ate about $2\frac{1}{2}$ cups.

	HOW OFTEN DID YOU EAT THESE FOODS?								Medium serving size	AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day		2+ per day	S	M	L
Spaghetti, lasagna, and other pasta with tomato with meat sauce	<input type="radio"/>	<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"/>	$1\frac{1}{2}$ cups	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CEREALS, BREADS, SNACKS

	HOW OFTEN DID YOU EAT THESE FOODS?								Medium serving size	AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day		2+ per day	S	M	L
Cold cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	$1\frac{1}{2}$ cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked cereals and grits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	$1\frac{1}{2}$ cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk on cereals	<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"/>	$\frac{3}{4}$ cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes, French toast and waffles	<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"/>	2 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins, scones, croissants and biscuits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White breads, including bagels, rolls and English muffins	<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"/>	2 slices or 1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark breads, including dark bagels and rolls	<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"/>	2 slices or 1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combread and corn muffins	<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"/>	2 slices or 1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter or margarine on breads, cereals, pancakes, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pats or 2 teaspoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jam, jelly, honey and syrup	<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"/>	2 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Granola bars and cereal bars such as Nutri-Grain Bars®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports or meal replacement bars such as Power Bars® and Clif Bars®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CEREALS, BREADS, SNACKS (continued)

	HOW OFTEN DID YOU EAT THESE FOODS?									→ AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
Low or nonfat potato chips, tortilla chips and corn chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 handfuls or 1 med. bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular potato chips, tortilla chips, corn chips and puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 handfuls or 1 med. bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plain popcorn (no butter) or lowfat microwave popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 handfuls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttered or regular microwave popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 handfuls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low or nonfat crackers, such as saltines and SnackWell's®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular crackers, such as Ritz® and Wheat Thins®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter, peanuts and other nuts and seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Tbsp. (spreads) or 1/2 cup (nuts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAT, FISH, EGGS

	HOW OFTEN DID YOU EAT THESE FOODS?									→ AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon and breakfast sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 strips or 2 links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low or reduced fat hot dogs and sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 hot dogs or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular hot dogs and sausage such as bratwurst and chorizo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 hot dogs or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch meats such as ham, turkey and lowfat bologna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other lunch meat such as bologna, salami and Spam®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned tuna, tuna salad and tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 can tuna or 2 cups casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef, pork, ham and lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground meat, including hamburgers and meatloaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver, chicken liver and organ meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken, including nuggets and tenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 large pieces or 9 nuggets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE



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MEAT, FISH, EGGS (continued)

HOW OFTEN DID YOU EAT THESE FOODS?



AMOUNT?

	HOW OFTEN DID YOU EAT THESE FOODS?									Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day		S	M	L

Chicken and turkey (roasted, stewed, grilled or broiled)

2 large or 4 small pieces

Fried fish, fish sandwich and fried shellfish (shrimp and oysters)

4 ounces or 1 sandwich

Shellfish, not fried (shrimp, lobster, crab and oysters)

4 ounces or 1 cup

White fish (broiled or baked) such as sole, halibut, snapper and cod

6 ounces

Dark fish (broiled or baked) such as salmon, mackerel and bluefish

6 ounces

SPAGHETTI, MIXED DISHES, SOUPS

HOW OFTEN DID YOU EAT THESE FOODS?



AMOUNT?

	HOW OFTEN DID YOU EAT THESE FOODS?									Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day		S	M	L

Stew, pot pie, curries and casseroles with meat or chicken

1½ cups

Chili with meat and beans

1½ cups

Spaghetti, lasagna and other pasta with tomato with meat sauce

1½ cups

Spaghetti and other pasta with tomato sauce (no meat)

1½ cups

Spaghetti and other pasta with oil, cheese or cream sauce, including macaroni and cheese

1½ cups

Asian-style (stir-fried) noodles and rice, such as chow mein, fried rice and Pad Thai

1½ cups

Pizza

3 slices

Tofu, tempeh and products such as tofu hot dogs, soy burgers and tofu cheese

4 ounces, 2 hot dogs or 1 burger

Burritos, tacos, tostadas and quesadillas

2 medium

Enchiladas and tamales

2 medium

Vegetable, minestrone and tomato soup

1½ cups

Cream soups such as chowders, potato and cheese

1½ cups

SPAGHETTI, MIXED DISHES, SOUPS (continued)

	HOW OFTEN DID YOU EAT THESE FOODS?									Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day		S	M	L
Bean soups such as pea, lentil and black bean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1½ cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miso soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1½ cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ramen noodle soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1½ cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soups such as chicken noodle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1½ cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAIRY PRODUCTS

	HOW OFTEN DID YOU EAT THESE FOODS?									Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day		S	M	L
Cottage cheese and ricotta cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low or reduced fat cheese, including cheese used in cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices or ½ cup shredded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other cheese (American, cheddar or cream), including cheese used in cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices, ½ cup shredded or 2 Tbsp. cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt, all types except frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES and GRAINS

	HOW OFTEN DID YOU EAT THESE FOODS?									Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day		S	M	L

Mark all vegetables you ate, including in salads, mixed dishes, sandwiches and stir-fries.

Green salad (lettuce or spinach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad dressing (all types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¼ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 4 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green peppers and green chilies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red peppers and red chilies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	½ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEGETABLES and GRAINS (continued)

HOW OFTEN DID YOU EAT THESE FOODS? → AMOUNT?

NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
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Mark all vegetables you ate, including in salads, mixed dishes, sandwiches and stir fries.

Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower, cabbage and Brussels sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green or string beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn and hominy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer squash and zucchini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter squash such as acorn, butternut and pumpkin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yams and sweet potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked greens such as spinach, mustard greens and collards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions and leeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh garlic, including in cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 clove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado and guacamole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 medium or 1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French fries, fried potatoes and hash browns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (boiled, baked or mashed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refried beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other beans (baked, lima or chili without meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coleslaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato, macaroni and pasta salads made with mayonnaise or oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice, noodles and other grains (as a side dish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter, margarine, sour cream and other fat added to vegetables, potatoes and rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 pats or 2 teaspoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PRINT



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SAUCES and CONDIMENTS

	HOW OFTEN DID YOU EAT THESE FOODS?									→ AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
Cheese sauce and cream sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat gravies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketchup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa (as dip or on foods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise and mayonnaise-type spreads	<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"/>	2 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FRUITS

	HOW OFTEN DID YOU EAT THESE FOODS?									→ AMOUNT?			
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
Apples, applesauce and pears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, nectarines and plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots (fresh, canned or dried)	<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"/>	2 medium or 4 halves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruit (other than apricots) such as raisins and prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges, grapefruit and tangerines (not juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 orange or 1/2 grapefruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Berries such as strawberries and blueberries	<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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe, orange melon and mango (in season)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 melon or 1/2 mango	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon and red melon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fruit such as grapes, fruit cocktail, pineapple and cherries	<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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SWEETS

HOW OFTEN DID YOU EAT THESE FOODS?



AMOUNT?

	HOW OFTEN DID YOU EAT THESE FOODS?										Medium serving size	AMOUNT?		
	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day			S	M	L
Low or nonfat frozen desserts such as lowfat ice cream, frozen yogurt and sherbet	<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"/>	2 scoops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream and milkshakes	<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"/>	2 scoops or 1 shake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pudding, custard and flan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts, pies and pastries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies and cakes	<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"/>	3 med. cookies or 1 piece of cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate, candy bars and toffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 regular bar or 4 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other candy, such as Lifesavers®, licorice and jelly beans	<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"/>	6 pieces or 25 jelly beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE ANSWER THESE THREE IMPORTANT QUESTIONS!

NEVER or less than once per week	1-2 per week	3-4 per week	5-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
----------------------------------	--------------	--------------	--------------	-----------	-----------	-----------	-----------	------------

Note that the frequency headings are different.

How often did you eat foods that were cooked in fat (pan-fried, sautéed, or deep-fried)? <i>Count all fat such as margarine, butter, oil or lard.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat a serving of vegetables? <i>Do not count potatoes, salad or beans.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat a serving of fruit? <i>Do not count juices.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



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BEVERAGES and ALCOHOL

HOW OFTEN DID YOU DRINK THESE BEVERAGES?										→ AMOUNT?		
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	5-6 per day	6+ per day	Medium serving size	S	M	L

Note that the frequency headings are different.

Milk (all types) as a beverage									1 cup			
Latte, cappuccino, mocha or hot chocolate									1 cup			
Coffee (not lattes or mochas)									1 cup			
Tea (all types)									1 cup			
Milk, cream or creamer added to tea and coffee									1 Tbsp.			
Tomato juice, V-8® and other vegetable juices									1 cup			
Orange juice and grapefruit juice									1 cup			
Other 100% fruit juice, such as apple, grape and cranberry									1 cup			
Fruit drinks fortified with Vitamin C, such as Hi-C®, Fruitopia® and Kool-Aid®									1 cup			
Meal replacement drinks and shakes such as Slim-Fast®, Ensure® and Carnation Instant Breakfast®									1 cup			
Diet soft drinks									12 ounces or 1 can			
Regular soft drinks									12 ounces or 1 can			
Water (tap, bottled or sparkling)									1 cup			
Beer (all types)									12 ounce can or bottle			
Red wine									1 medium glass (6 oz)			
White or rosé wine									1 medium glass (6 oz)			
Liquor and mixed drinks									1 shot (1½ oz) or 1 mixed drink			

THANK YOU!

Please take a moment to fill in any questions you may have skipped.

Supplement Use Questionnaire

MULTIVITAMINS

MULTIVITAMINS contain 10 or more vitamins and/or minerals. Examples include One-A-Day® multivitamins, Centrum®, and vitamin packs containing several pills.

1. In the past 10 years, have you taken a **MULTIVITAMIN** at least once a week for a year?

- No → Skip to Question 7, middle of Page 3
- Yes, at least once a week for a year



- a) Years taken in past 10 years
- 1-3
 - 4-6
 - 7-9
 - 10
- b) Days per week
- 1-2
 - 3-4
 - 5-6
 - 7

2. Did you take a **MULTIVITAMIN** in the last 3 months?

- No → Skip to Question 7, middle of Page 3
- Yes

3. What brand of **MULTIVITAMIN** did you take in the last 3 months?

Mark only one.

- | | |
|--|--|
| <input type="radio"/> Centrum® | <input type="radio"/> One-A-Day® Men's |
| <input type="radio"/> Centrum Silver® | <input type="radio"/> One-A-Day® 50 Plus |
| <input type="radio"/> Kirkland® | <input type="radio"/> Theragran-M® with minerals |
| <input type="radio"/> Kirkland® Premium with herbals | <input type="radio"/> Theragran® (no minerals) |
| <input type="radio"/> NatureMade® with minerals | <input type="radio"/> Unicap® Plus Iron |
| <input type="radio"/> NatureMade® (no minerals) | <input type="radio"/> Unicap® M |
| <input type="radio"/> One-A-Day® Essential | <input type="radio"/> Unicap® Senior |
| <input type="radio"/> One-A-Day® Maximum | |

How long have you taken this brand of **MULTIVITAMIN?**

- 1-3 years
- 4-6 years
- 7-9 years
- 10 years or more

→ Skip to Question 5, top of Page 3

- My brand is not listed above → Continue to Question 4, next page

4. What brand of MULTIVITAMIN did you take in the last three months? _____

Please look at the label and tell us what is in the MULTIVITAMIN. The most common amounts are listed. If your multivitamin contains a different amount, choose the range that includes the amount you take.

	Amount per day	(or in this range)
Total Vitamin A in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 5000 IU	(1-5999 IU)
<input type="radio"/> No	<input type="radio"/> 7500 IU	(6000-8999 IU)
	<input type="radio"/> 10,000 IU	(9000-12,999 IU)
	<input type="radio"/> 15,000 IU	(13,000+ IU)

↓

Is Beta-carotene included?	
<input type="radio"/> Yes	<input type="radio"/> No

	Amount per day	(or in this range)
Vitamin C in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 60 mg	(1-74 mg)
<input type="radio"/> No	<input type="radio"/> 100 mg	(75-199 mg)
	<input type="radio"/> 250 mg	(200-399 mg)
	<input type="radio"/> 500 mg	(400-799 mg)
	<input type="radio"/> 1000 mg	(800+ mg)

	Amount per day	(or in this range)
Vitamin B6 in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 2 mg	(1-9 mg)
<input type="radio"/> No	<input type="radio"/> 20 mg	(10-39 mg)
	<input type="radio"/> 50 mg	(40-74 mg)
	<input type="radio"/> 100 mg	(75+ mg)

	Amount per day	(or in this range)
Folic acid (folate) in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 400 mcg	(1-499 mcg)
<input type="radio"/> No	<input type="radio"/> 600 mcg	(500-699 mcg)
	<input type="radio"/> 800 mcg	(700+ mcg)

	Amount per day	(or in this range)
Vitamin B12 in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 6 mcg	(1-39 mcg)
<input type="radio"/> No	<input type="radio"/> 50 mcg	(40-74 mcg)
	<input type="radio"/> 100 mcg	(75-199 mcg)
	<input type="radio"/> 250 mcg	(200+ mcg)

	Amount per day	(or in this range)
Vitamin E in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 30 IU	(1-74 IU)
<input type="radio"/> No	<input type="radio"/> 100 IU	(75-149 IU)
	<input type="radio"/> 200 IU	(150-299 IU)
	<input type="radio"/> 400 IU	(300-499 IU)
	<input type="radio"/> 800 IU	(500+ IU)

	Amount per day	(or in this range)
Calcium in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 100 mg	(1-199 mg)
<input type="radio"/> No	<input type="radio"/> 250 mg	(200-399 mg)
	<input type="radio"/> 500 mg	(400-699 mg)
	<input type="radio"/> 800 mg	(700-899 mg)
	<input type="radio"/> 1000 mg	(900+ mg)

	Amount per day	(or in this range)
Zinc in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 15 mg	(1-19 mg)
<input type="radio"/> No	<input type="radio"/> 30 mg	(20-49 mg)
	<input type="radio"/> 60 mg	(50-74 mg)
	<input type="radio"/> 100 mg	(75+ mg)

	Amount per day	(or in this range)
Selenium in Multivitamin		
<input type="radio"/> Yes →	<input type="radio"/> 25 mcg	(1-39 mcg)
<input type="radio"/> No	<input type="radio"/> 50 mcg	(40-74 mcg)
	<input type="radio"/> 100 mcg	(75+ mcg)

Does your MULTIVITAMIN contain any of these other vitamins and minerals? Mark all that apply.

<input type="radio"/> Thiamin (B1)	<input type="radio"/> Magnesium
<input type="radio"/> Riboflavin (B2)	<input type="radio"/> Copper
<input type="radio"/> Niacin (B3)	<input type="radio"/> Chromium
<input type="radio"/> Vitamin D	<input type="radio"/> Iron

Does your MULTIVITAMIN contain any of these other compounds? Mark all that apply.

<input type="radio"/> Ginseng	<input type="radio"/> Saw palmetto
<input type="radio"/> Bioflavonoids	<input type="radio"/> Garlic
<input type="radio"/> Lycopene	<input type="radio"/> Soy or isoflavones
<input type="radio"/> Dong quai	<input type="radio"/> Lutein

How long have you taken this brand of MULTIVITAMIN?

<input type="radio"/> 1-3 years	<input type="radio"/> 7-9 years
<input type="radio"/> 4-6 years	<input type="radio"/> 10 years

5. In the past 10 years, did you take a different brand of MULTIVITAMIN?

- No → Skip to Question 7
- Yes

6. In the past 10 years, what brand of MULTIVITAMIN did you take most often?

- | | |
|---|---|
| <input type="radio"/> Centrum® | <input type="radio"/> Theragran-M® (minerals) |
| <input type="radio"/> Centrum Silver® | <input type="radio"/> Unicap® Plus Iron |
| <input type="radio"/> NatureMade® with minerals | <input type="radio"/> Unicap® M |
| <input type="radio"/> NatureMade® (no minerals) | <input type="radio"/> Unicap® Senior |
| <input type="radio"/> One-A-Day® with minerals | <input type="radio"/> Generic or store brand |
| <input type="radio"/> One-A-Day® (no minerals) | <input type="radio"/> Other brand(s) |
| <input type="radio"/> Theragran® (no minerals) | <input type="radio"/> Don't know |

VITAMINS, MINERALS AND OTHER SUPPLEMENTS (not including multivitamins)

7. In the past 10 years, have you taken any dietary supplements (other than a multivitamin) for at least a year?

Include vitamins, minerals, herbals and mixtures. Also include calcium, Tums® and other antacid tablets that contain calcium.

- No → Skip to Question 9, bottom of Page 6
- Yes, but less than once a week → Skip to Question 9, bottom of Page 6
- Yes, at least once a week for a year

8. In the past 10 years, which vitamins, minerals, and herbals are (or were) in your supplements? Do NOT include multivitamins.

If you have the bottles, please look at the labels. The most common amounts are listed. If your supplement contains a different amount, choose the range that includes the amount you take.

Vitamin D

- | | |
|---|---|
| <input type="radio"/> Take now
<input type="radio"/> Took only in past | a) Years taken in past 10 years
<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 |
| | b) Days per week
<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7 |
| <input type="radio"/> Never taken | c) Amount (or in this range) per day
<input type="radio"/> 400 IU (1-499 IU)
<input type="radio"/> 600 IU (500-699 IU)
<input type="radio"/> 800 IU (700+ IU)
<input type="radio"/> Don't know |

Folic acid (folate)

- | | |
|---|---|
| <input type="radio"/> Take now
<input type="radio"/> Took only in past | a) Years taken in past 10 years
<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 |
| | b) Days per week
<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7 |
| <input type="radio"/> Never taken | c) Amount (or in this range) per day
<input type="radio"/> 400 mcg (1-499 mcg)
<input type="radio"/> 600 mcg (500-699 mcg)
<input type="radio"/> 800 mcg (700+ mcg)
<input type="radio"/> Don't know |

Vitamin A

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 5000 IU (1-5999 IU)
 7500 IU (6-8999 IU)
 10,000 IU (9-12,999 IU)
 15,000 IU (13-17,999 IU)
 20,000 IU (18,000+ IU)
 Don't know

Vitamin E

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 30 IU (1-74 IU)
 100 IU (75-149 IU)
 200 IU (150-299 IU)
 400 IU (300-499 IU)
 600 IU (500-899 IU)
 800 IU (700+ IU)
 Don't know

Beta-carotene

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 5000 IU (1-5999 IU)
 7500 IU (6-8999 IU)
 10,000 IU (9-12,999 IU)
 15,000 IU (13-17,999 IU)
 20,000 IU (18,000+ IU)
 Don't know

Niacin (B3) or nicotinic acid

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 20 mg (1-39 mg)
 50 mg (40-74 mg)
 100 mg (75-199 mg)
 250 mg (200-999 mg)
 1000 mg (1g) (1g or more)
 Don't know

Vitamin C

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 60 mg (1-74 mg)
 100 mg (75-199 mg)
 250 mg (200-399 mg)
 500 mg (400-799 mg)
 1000 mg (800-1299 mg)
 1500 mg (1300+ mg)
 Don't know

Vitamin B6

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 2 mg (1-14 mg)
 50 mg (15-74 mg)
 100 mg (75-199 mg)
 250 mg (200+ mg)
 Don't know

Vitamin B12

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 6 mcg (1-39 mcg)
 50 mcg (40-74 mcg)
 100 mcg (75-199 mcg)
 250 mcg (200-399 mcg)
 500 mcg (400+ mcg)
 Don't know

Calcium, Tums®, or antacids with calcium*

*Regular tablets = 200 mg per tablet
Ultra or maximum tablets = 400 mg per tablet

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 100 mg (1-199 mg)
 250 mg (200-399 mg)
 500 mg (400-699 mg)
 800 mg (700-899 mg)
 1000 mg (900-1299 mg)
 1500 mg (1300+ mg)
 Don't know

Iron

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 10 mg (1-14 mg)
 18 mg (15-24 mg)
 27 mg (25-34 mg)
 50 mg (35+ mg)
 Don't know

Zinc

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 15 mg (1-19 mg)
 30 mg (20-49 mg)
 60 mg (50-74 mg)
 100 mg (75+ mg)
 Don't know

Selenium

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 25 mcg (1-39 mcg)
 50 mcg (40-74 mcg)
 100 mcg (75-149 mcg)
 200 mcg (150+ mcg)
 Don't know

Lycopene

- Take now
 - Took only in past
 - Never taken
- a) Years taken in past 10 years
 1-3 4-6 7-9 10
- b) Days per week
 1-2 3-4 5-6 7
- c) Amount (or in this range) per day
 5 mg (1-7 mg)
 10 mg (8-12 mg)
 15 mg (13-24 mg)
 30 mg (25+ mg)
 Don't know

For these herbals and other compounds, include pills, powders, tinctures, and teas taken regularly. Regularly means at least once a week for a year. (Mark all that apply.)

Co-enzyme Q10 (CoQ10)

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

DHEA

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Fish oil, EPA, omega-3 or cod liver oil

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Garlic pills

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Ginseng

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Grapeseed, pycnogenol or proanthocyanidin

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Melatonin

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

SAM-e

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Saw palmetto

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

Soy supplements (not milk) or isoflavones

Take now
 Took only in past
 Never taken

a) Years taken in past 10 years
 1-2 3-5 6-10

b) Days per week
 1-3 4-6 7

LIFETIME SUPPLEMENT USE

9. Have you ever taken any of these supplements at least once a week for a year? Mark all that apply.

	At least once a week for a year?	Total years taken since age 21?				
		1-4	5-9	10-14	15-24	25+
Multivitamins	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C (not in multivitamin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin E (not in multivitamin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium (not in multivitamin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Questionnaire and Food Preparation Questionnaire Instructions

If you have been diagnosed with prostate cancer, please answer the dietary questions to reflect your diet in the **12 months prior to your diagnosis**. If you **have not been diagnosed with prostate cancer**, please answer the diet assessment questions for the **12 months prior to this date**.

Please **answer all** questions within the questionnaire. Use the Food Questionnaire Serving Size Pictures page to aid in choosing the correct serving size. When answering the questions, please use a #2 pencil and completely fill-in the oval. An example is given below:

	NEVER or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Medium serving size	S	M	L
Cold cereals	<input type="radio"/>	<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"/>	1 ½ cups	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cooked cereals and grits	<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"/>	1 ½ cups	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk on cereals	<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"/>	¾ cups	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pancakes, French toast and waffles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pieces	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

*****DO NOT USE INK*****

Supplement Use Questionnaire Instruction

Please **answer all** questions within the questionnaire. When answering the questions, please use a #2 pencil and completely fill-in the oval. An example is given below:

Zinc in Multivitamin

- Yes →
 No
- 15 mg (1-19 mg)
 - 30 mg (20-49 mg)
 - 60 mg (50-74 mg)
 - 100 mg (75+ mg)

Selenium in Multivitamin

- Yes →
 No
- 25 mcg (1-39 mcg)
 - 50 mcg (40-74 mcg)
 - 100 mcg (75+ mcg)

Does your MULTIVITAMIN contain any of these other vitamins and minerals?

Mark all that apply.

- Thiamin (B1)
- Riboflavin (B2)
- Niacin (B3)
- Vitamin D
- Magnesium
- Copper
- Chromium
- Iron

*****Please answer all questions that apply to you. Be sure to mark the "No" or "Never taken" responses if you do not use the listed vitamin, mineral, or supplement.*****

Note: Questions are on both sides of the form

Food Questionnaire Serving Size Pictures

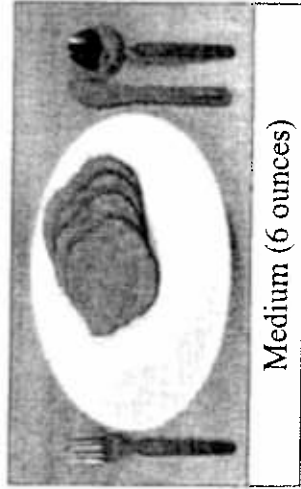
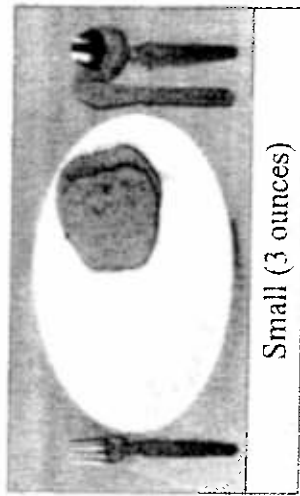
CaP Genes- Prostate Cancer Genetic Epidemiology Study

Instructions
For FFQ

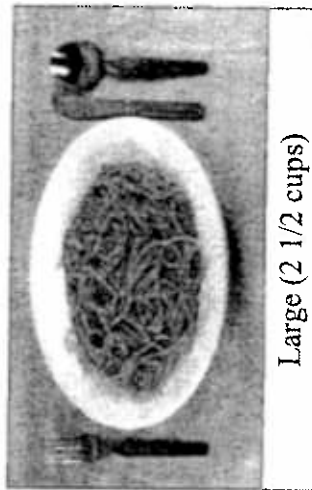
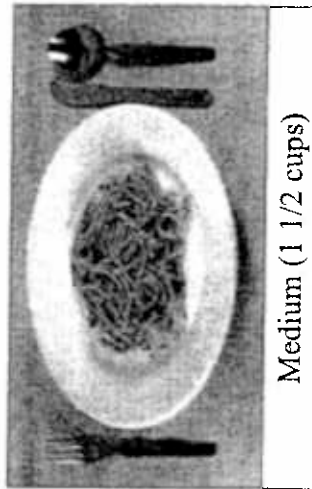
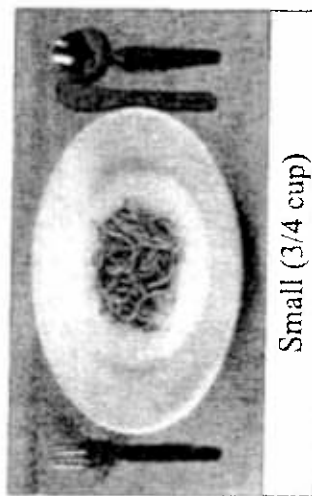
Please use these pictures to help estimate your usual serving sizes.

- Medium serving sizes are given on the Food Questionnaire.
- A small serving is about one-half (1/2) the medium serving size or less.
- A large serving is about one-and-a-half (1 1/2) times the medium serving size or more.

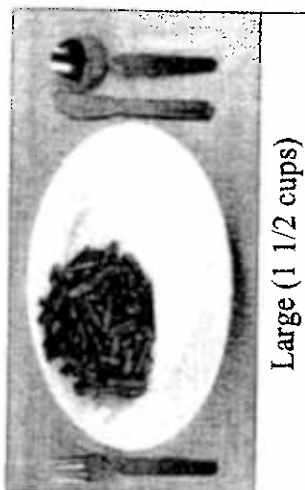
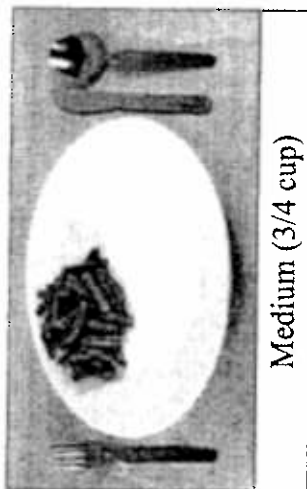
Beef, pork, chicken and fish as a main dish



Spaghetti and casseroles



Vegetables such as green beans, corn, and potatoes



Food Preparation Questionnaire

The following questions are about foods that you ate **12 months prior to your prostate cancer diagnosis**. If you have not been diagnosed with prostate cancer, please answer the following questions for the **12 months prior to this date**.

1. When you ate in restaurants during the previous year, did you eat grilled or barbecued meats?
 (Grilled or barbecued meats are cooked **over** charcoal or a hot gas flame. Some fast-food restaurants call this "flame grilled". This does not include broiled or fried meats.)

- Never or less than once per month → **Slip to question 3**
- Yes

*****During the previous year, please report the average number of times you ate the following items. On average, indicate how well you cooked your meat for each of the applicable products below. If the meats were mainly from a fast food restaurant, then mark "Very well done".*****

	Never or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Usual meat doneness			
										Rare	Medium	Well done	Very well done
Beef (ribs, steaks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburgers (beef, turkey, vegetable, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark Fish (salmon, tuna, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Fish	<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"/>				
Seafood	<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"/>				
Chicken (with skin)	<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"/>				
Chicken (without skin)	<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"/>				
Pork (ribs, chops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

2. In the summer months during the previous year, did you eat meats cooked on an outdoor grill or barbecue?

- Never or less than once per month → **Skipped question 3**
- Yes

On average over the previous year, please report the number of times you ate the following items and the way they were prepared

	Never or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Usual meat doneness			
										Rare	Medium	Well done	Very well done
Beef (ribs, steaks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburgers (beef, turkey, vegetable, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs (beef, turkey, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A	N/A	<input type="radio"/>	<input type="radio"/>
Dark Fish (salmon, tuna, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Fish	<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"/>				
Seafood	<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"/>				
Chicken (with skin)	<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"/>				
Chicken (without skin)	<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"/>				
Pork (ribs, chops, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

3. During the previous year did you eat smoked meats?

- Never or less than once per month → **Finished**
- Yes

	Never or less than once per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day
Smoked ham	<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"/>
Smoked turkey	<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"/>
Smoked fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other smoked meats	<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"/>

Chronological Dietary Questions Instructions

Please use a **pen or a pencil** to mark the appropriate responses. Below is an example:

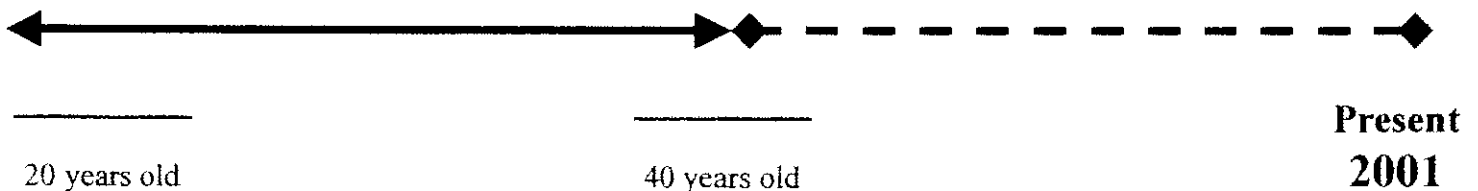
- 1) Is your present diet different from your diet when you were in your 40's?
 Yes
 No (Go to the next section)
- 2) Was your meat intake in your 40's...
 Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now

Refer to the dotted line with diamond ends (◆-----◆) when answering the questions on page 1.

Refer to the solid line with arrow ends (←————→) when answering the questions on page 2.

Note: Questions are on both sides of the form

Chronological Dietary Questions Timeline



****Please fill-in the years when you were 40 and 20 years old****

Chronological Dietary Questions

- 1) Is your present diet different from your diet when you were in your 40's?
- Yes
 No (Please go to Question 7)
- 2) Was your meat intake in your 40's...
- Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now
- 3) Was your vegetable intake in your 40's...
- Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now
- 4) Was your fruit intake in your 40's...
- Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now
- 5) Was your sodium intake in your 40's...
- Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now
- 6) Was your cholesterol intake in your 40's...
- Much greater than now
 Slightly greater than now
 The same as now
 Slightly less than now
 Much less than now

Chronological Dietary Questions

7) Was your diet when you were in your 40's different from your diet when you were in your 20's?

- Yes
- No (This section is completed)

8) Was your meat intake in your 20's...

- Much greater than your 40's
- Slightly greater than your 40's
- The same as your 40's
- Slightly less than your 40's
- Much less than your 40's

9) Was your vegetable intake in your 20's...

- Much greater than your 40's
- Slightly greater than your 40's
- The same as your 40's
- Slightly less than your 40's
- Much less than your 40's

10) Was your fruit intake in your 20's...

- Much greater than your 40's
- Slightly greater than your 40's
- The same as your 40's
- Slightly less than your 40's
- Much less than your 40's

11) Was your sodium intake in your 20's...

- Much greater than your 40's
- Slightly greater than your 40's
- The same as your 40's
- Slightly less than your 40's
- Much less than your 40's

12) Was your cholesterol intake in your 20's...

- Much greater than your 40's
- Slightly greater than your 40's
- The same as your 40's
- Slightly less than your 40's
- Much less than your 40's