

# VITamins And Lifestyle (VITAL) Questionnaire for Women

## INSTRUCTIONS

This questionnaire is only for the person named in the letter. If you received the questionnaire for the wrong sex or have other questions about this study, call us at 1-888-328-1124.

- Please use **pencil**.
- Answer by filling in the correct oval.
  - Yes       No
- Answer each question as best as you can. You may put comments on the back page.
- You may skip any question that you do not want to answer.
- Some questions have a follow-up question. Follow the arrows.
  - Yes → **If yes, answer this question too**
  - No



## DAILY ACTIVITIES



1. How many flights of stairs do you climb up each day at home, work or elsewhere?

- 0-1                       5-9  
 2-4                       10 or more

2. Are you able to walk a half mile (5-8 city blocks) without stopping?

Mark only one.

- Yes, at a moderate or fast pace  
 Yes, slowly  
 No, not able  
 No, doctor doesn't allow  
 No, not able due to temporary condition (such as recent surgery)

3. Are you currently employed (including self-employed)?

- Yes → **On average, how many hours do you work each week?**  
 No



- 1-29 hours       45-54  
 30-44             55+ hours

4. Have you ever smoked cigarettes regularly (at least 1 cigarette a day) for at least a year?

- No → Go to Question 5, next page  
 Yes



a) How old were you when you first started smoking cigarettes daily?

- 14 or younger       18-21  
 15-17                 22-29  
 30 or older

b) During the years you smoked, how many cigarettes did you usually smoke each day?

- 1-4                       35-44  
 5-14                     45-54  
 15-24                  55+  
 25-34

c) How many years have you been (or were you) a regular smoker? Do not count times you stayed off cigarettes.

- 1-4 years               20-29  
 5-9                       30-39  
 10-19                  40 years or more

d) Do you smoke cigarettes now?

- Yes  
 No

Bar Code



5. How many hours do you usually sleep each day (each 24 hours)?

- 5 or less
- 6
- 7
- 8
- 9
- 10 or more

6. Have you had any of these sleep problems at least half the days of the past year? Mark all that apply.

- Trouble falling asleep when you first go to bed
- Waking up during the night and not easily going back to sleep
- Waking up in the morning earlier than planned or desired
- Feeling unsatisfied or not rested by your night's sleep
- Feeling excessively sleepy during the day (does not include regular naps)

7. In the past 10 years, were there times when you woke up at night and could not fall back to sleep for an hour or more?

- Yes →
  - No ↓
- a) How many years (total) did this happen?
- Less than 1 year
  - 1-3 years
  - 4-8 years
  - 9-10 years
- b) During those years, how often did this happen?
- Less than once a month
  - 1-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-7 times per week
- c) While you were awake, did you usually turn on the light or TV?
- Yes
  - No

8. Have you ever worked the graveyard shift (late night to morning) at least 10 nights per month?

- Yes →
  - No ↓
- How many years did you work the graveyard shift?
- Less than 1 year
  - 1-4
  - 5-9
  - 10-19
  - 20 years or more

9. On a scale of 1 to 6, how would you rate your ability to handle stress?

- |                        |                       |                       |                       |                       |                        |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| I can shake off stress |                       |                       |                       |                       | Stress eats away at me |
| <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 1                      | 2                     | 3                     | 4                     | 5                     | 6                      |

10. In the past year, how would you rate the amount of stress in your life (at home and work)?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| No stress             |                       |                       |                       |                       | Extreme stress        |
| <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     |

11. In general, how often do you laugh?

- Less than once a day
- 1-2 times per day
- 3-5 times per day
- 6-9 times per day
- 10 or more times per day

12. How would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

13. How would you compare your memory now to when you were 25?

- Better
- About the same
- Somewhat worse
- Much worse

14. Do you have a hearing aid?

- Yes
- No

## EXERCISE

In the past 10 years, did you do any of the following activities at least once a week for a year? *Do not include gardening, housework or work on the job.*

15. In the past 10 years, did you **WALK** for exercise? *Include walking on a treadmill.*

- Yes, at least once a week for a year  
↳ a) **How many years in past 10?**
- No  
↓
- 1-3                       7-9  
 4-6                       10+
- b) **Days per week?**  
 1-2                       5-7  
 3-4
- c) **Minutes per day?**  
 10-25                       45-55  
 30-40                       60+
- d) **Usual pace?**  
 Casual (each mile takes 30 minutes or more)  
 Moderate (each mile takes 20-29 minutes)  
 Fast (each mile takes 19 minutes or less)

16. In the past 10 years, did you **LIFT WEIGHTS** or use weight machines?

- Yes, at least once a week for a year  
↳ a) **How many years in past 10?**
- No  
↓
- 1-3                       7-9  
 4-6                       10+
- b) **Days per week?**  
 1-2                       5-7  
 3-4
- c) **Minutes per day?**  
 10-25                       45-55  
 30-40                       60+

17. In the past 10 years, did you do **YOGA**?

- Yes, at least once a week for a year  
↳ a) **How many years in past 10?**
- No  
↓
- 1-3                       7-9  
 4-6                       10+
- b) **Days per week?**  
 1-2                       5-7  
 3-4
- c) **Minutes per day?**  
 10-25                       45-55  
 30-40                       60+

18. In the past 10 years, did you do **MILD** exercise such as golf, slow dancing or bowling?

- Yes, at least once a week for a year  
↳ a) **How many years in past 10?**
- No  
↓
- 1-3                       7-9  
 4-6                       10+
- b) **Days per week?**  
 1                               3-4  
 2                               5-7
- c) **Hours per day?**  
 Less than                       1-2 hours  
 1 hour                               3+ hours

19. In the past 10 years, did you do **MODERATE OR STRENUOUS** exercise such as running, aerobics, folk dancing, swimming, cycling or sports?

- Yes, at least once a week for a year  
↳ a) **How many years in past 10?**
- No  
↓
- 1-3                       7-9  
 4-6                       10+
- b) **Days per week?**  
 1-2                       5-7  
 3-4
- c) **Minutes per day?**  
 10-25                       45-55  
 30-40                       60+
- d) **What types of exercise did you do most often?** *Mark one or two. If you used an exercise machine, choose the closest activity.*
- Light conditioning exercises  
 Low impact or water aerobics  
 Aerobics class or video  
 Running/jogging  
 Swimming laps  
 Popular or folk dancing  
 Slow cycling or stair machine  
 Fast cycling or stair machine  
 Tennis, racquetball, squash  
 Other

20. At each of the following ages, how many days per week did you usually exercise or play sports for at least 20 minutes?

	Number of days per week?				
	None	1	2-3	4-5	6-7
Age 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# MULTIVITAMINS

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

- No
- Less than once a week
- Yes, at least once a week for a year

Go to Question 27, Page 6

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



MULTIVITAMINS contain 10 or more vitamins and/or minerals. An example is Centrum®.

22. Do you take a MULTIVITAMIN now?

- No
- Yes

Go to Question 26, Page 6

23. What brand of MULTIVITAMIN do you take now? *Mark only one.*

- Centrum®
- Centrum Silver®
- Central Vite
- Central Vite for Mature Adults
- RiteAid® Whole Source Mature Adult
- Kirkland® Multivitamin with minerals
- Kirkland® Mature Adult
- Kirkland® Premium with herbals
- NatureMade® Multivitamin with minerals
- NatureMade® 50+ Multivitamin with minerals
- One-A-Day® Maximum with minerals
- One-A-Day® Essential (no minerals)
- One-A-Day® Women's
- One-A-Day® 50 Plus
- Theragran-M® with minerals
- Theragran® (no minerals)

How long have you taken this brand of MULTIVITAMIN?

- 1-3 years
- 4-6 years
- 7-9 years
- 10+ years

Go to Question 25, Page 6

My brand is not listed above → Answer the questions on page 5 →

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

**24. What brand of MULTIVITAMIN do you take now?** \_\_\_\_\_

Look at the label to tell us what is in this MULTIVITAMIN. Note: The next page asks about single supplements or other mixtures.

**Vitamin A in Multivitamin** \_\_\_\_\_

- Yes →  5000 IU  
 No  7500 IU  
 10,000 IU  
 15,000 IU

**Beta-carotene in Multivitamin** \_\_\_\_\_

- Yes  No

**Vitamin C in Multivitamin** \_\_\_\_\_

- Yes →  60 mg  
 No  100 mg  
 250 mg  
 500 mg  
 1000 mg

**Thiamin (B1) in Multivitamin** \_\_\_\_\_

- Yes →  1.5 mg  
 No  50 mg  
 100 mg

**Vitamin B6 in Multivitamin** \_\_\_\_\_

- Yes →  2 mg  
 No  20 mg  
 50 mg  
 100 mg

**Folic acid (folate) in Multivitamin** \_\_\_\_\_

- Yes →  400 mcg  
 No  600 mcg  
 800 mcg

**Vitamin B12 in Multivitamin** \_\_\_\_\_

- Yes →  6 mcg  
 No  50 mcg  
 100 mcg  
 250 mcg

**Vitamin E in Multivitamin** \_\_\_\_\_

- Yes →  30 IU  
 No  100 IU  
 200 IU  
 400 IU  
 600 IU

**Calcium in Multivitamin** \_\_\_\_\_

- Yes →  100 mg  
 No  250 mg  
 500 mg  
 800 mg  
 1000 mg

**Iron in Multivitamin** \_\_\_\_\_

- Yes →  10 mg  
 No  18 mg  
 27 mg  
 50 mg

**Zinc in Multivitamin** \_\_\_\_\_

- Yes →  15 mg  
 No  30 mg  
 60 mg  
 100 mg

**Selenium in Multivitamin** \_\_\_\_\_

- Yes →  25 mcg  
 No  50 mcg  
 100 mcg

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

Mark all that apply.

- Riboflavin (B2)  Magnesium  
 Niacin (B3)  Chromium  
 Vitamin D

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

- Bioflavonoids  Ginseng  
 Black cohosh  Lutein  
 Dong quai  Lycopene  
 Garlic  Soy or isoflavones  
 Ginkgo biloba

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

- 1-3 years  7-9 years  
 4-6 years  10+ years

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

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

No → **Go to Question 27**

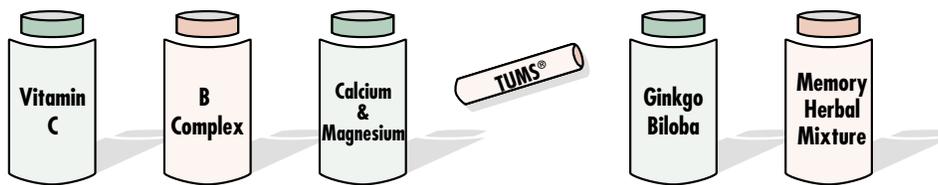
Yes



26. In the past 10 years, what brand of MULTIVITAMIN did you take most often? *Mark only one.*

- |  |   |
|--|---|
| <input type="radio"/> Centrum®                                   | <input type="radio"/> Theragran® (no minerals)        |
| <input type="radio"/> Centrum Silver®                            | <input type="radio"/> Unicap® M tablets with minerals |
| <input type="radio"/> NatureMade® Multivitamin with minerals     | <input type="radio"/> Unicap® Plus Iron Multivitamin  |
| <input type="radio"/> NatureMade® 50+ Multivitamin with minerals | <input type="radio"/> Unicap® Senior tablets          |
| <input type="radio"/> One-A-Day® Multivitamin with minerals      | <input type="radio"/> Generic or store brand          |
| <input type="radio"/> One-A-Day® Multivitamin (no minerals)      | <input type="radio"/> Other brands                    |
| <input type="radio"/> Theragran-M® with minerals                 | <input type="radio"/> Don't know                      |

**VITAMINS, MINERALS AND OTHER SUPPLEMENTS (not including multivitamins)**



27. 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 → } **Go to Question 29, Page 10**
- Less than once a week → }
- Yes, at least once a week for a year



28. 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.*

<b>Vitamin A</b> <input type="radio"/> Yes, take now <input type="radio"/> Only took in the past	<b>Years taken in past 10 years?</b> <input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10+	<b>Days per week?</b> <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<b>Closest amount per day?</b> <input type="radio"/> 5000 IU <input type="radio"/> 7500 IU <input type="radio"/> 10,000 IU <input type="radio"/> 15,000 IU <input type="radio"/> 20,000 IU <input type="radio"/> Don't know
	<b>Beta-carotene</b> <input type="radio"/> Yes, take now <input type="radio"/> Only took in the past	<b>Years taken?</b> <input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10+	<b>Days per week?</b> <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7

Do NOT include multivitamins

### Vitamin C

- Yes, take now
- Only took in the past

Years taken in past 10 years?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amount per day?

- 60 mg
- 100 mg
- 250 mg
- 500 mg
- 1000 mg
- 1500 mg
- Don't know

### Vitamin D

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 400 IU
- 600 IU
- 800 IU
- Don't know

### Vitamin E

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 30 IU
- 100 IU
- 200 IU
- 400 IU
- 600 IU
- 800 IU
- Don't know

### Thiamin (B1)

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 1.5 mg
- 50 mg
- 100 mg
- Don't know

### Niacin (B3) or nicotinic acid

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 20 mg
- 50 mg
- 100 mg
- 250 mg
- 1000 mg
- Don't know

### Vitamin B6

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 2 mg
- 50 mg
- 100 mg
- 250 mg
- Don't know

### Folic acid (folate)

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 400 mcg
- 600 mcg
- 800 mcg
- Don't know

Do NOT include multivitamins

**Vitamin B12**

- Yes, take now
- Only took in the past

Years taken in past 10 years?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amount per day?

- 6 mcg
- 50 mcg
- 100 mcg
- 250 mcg
- Don't know

**Calcium, Tums®, or antacids with calcium\***

- Yes, take now
- Only took in the past

\* Regular strength = 200 mg per tablet  
Ultra or maximum strength = 400 mg per tablet

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 100 mg
- 250 mg
- 500 mg
- 800 mg
- 1000 mg
- 1500 mg
- Don't know

**Iron**

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 10 mg
- 18 mg
- 27 mg
- 50 mg
- Don't know

**Magnesium**

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 100 mg
- 250 mg
- 400 mg
- Don't know

**Zinc**

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 15 mg
- 30 mg
- 60 mg
- 100 mg
- Don't know

**Selenium**

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 25 mcg
- 50 mcg
- 100 mcg
- 200 mcg
- Don't know

**Chromium**

- Yes, take now
- Only took in the past

Years taken?

- 1-3
- 4-6
- 7-9
- 10+

Days per week?

- 1-2
- 3-4
- 5-6
- 7

Closest amt. per day?

- 25 mcg
- 100 mcg
- 200 mcg
- Don't know

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

For these HERBALS and OTHER COMPOUNDS, include pills, powders, tinctures, and teas taken regularly in the past 10 years. Regularly means at least once a week for a year. Mark all that apply.

**Acidophilus pills**

Yes, take now →

Only took in the past →

Years taken in past 10?	Days per week?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Black cohosh**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Co-enzyme Q10 (CoQ10)**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Cranberry pills**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Dong quai**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

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

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Garlic pills**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Ginkgo biloba**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Ginseng**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Grapeseed, pycnogenol or proanthocyanidin**

Yes, take now →

Only took in the past →

Years taken in past 10?	Days per week?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Glucosamine**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Chondroitin**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Lutein**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Lycopene**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Melatonin**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**MSM**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**Soy supplements (not milk) or isoflavones**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

**St. John's wort**

Yes, take now →

Only took in the past →

Years?	Days/wk?
<input type="radio"/> 1-2	<input type="radio"/> 1-3
<input type="radio"/> 3-5	<input type="radio"/> 4-6
<input type="radio"/> 6+	<input type="radio"/> 7

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

## LIFETIME USE OF SOME COMMON SUPPLEMENTS

29. Since you were 21, have you ever taken any of these supplements at least once a week for a year?

	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="radio"/> Yes $\longrightarrow$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C (not in multivitamin)	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E (not in multivitamin)	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium (not in multivitamin)	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FAMILY HISTORY

The next questions are about your birth mother and father (not adoptive or step).



30. Is your birth mother still alive?

- Yes  
 No  
 Don't know

31. How old is she (or how old was she when she died)?

- 59 or younger    60-69    70-79    80-89    90 or older    Don't know

32. Is your birth father still alive?

- Yes  
 No  
 Don't know

33. How old is he (or how old was he when he died)?

- 59 or younger    60-69    70-79    80-89    90 or older    Don't know

34. Did any of your natural parents, brothers or sisters (not adopted, step or half) have any of the following conditions? *Mark all that apply.*

	Yes $\longrightarrow$	Which relative(s)?		
		Mother	Father	Sister(s) / Brother(s)
Breast cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> One sister	<input type="radio"/> 2 or more sisters
Ovarian cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> One sister	<input type="radio"/> 2 or more sisters
Uterus cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> One sister	<input type="radio"/> 2 or more sisters
Lung cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Colon or rectal cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Bladder cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Pancreas cancer	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Melanoma	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Leukemia or lymphoma	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)
Heart attack	<input type="radio"/> Yes $\longrightarrow$	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Sister(s) <input type="radio"/> Brother(s)

## MEDICATIONS

35. In the past 10 years, did you take any of the following medications at least once a week for a year?  
*Mark all that apply.*

<b>Acetaminophen</b> (such as Tylenol® or Aspirin-free Excedrin®)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Aspirin</b> (such as Anacin®, Bufferin®, Alka-Seltzer®, Bayer® or Excedrin®)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Baby or low-dose aspirin</b> (81 mg)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Regular or extra-strength aspirin</b>	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Ibuprofen</b> (such as Advil®, Motrin®, Nuprin® or Mediprin®)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Naproxen</b> (such as Aleve®, Naprosyn®, Anaprox® or Naprelan®)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Celebrex™</b> (celecoxib) or <b>Vioxx®</b> (rofecoxib)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Other pain relievers</b> (such as piroxicam or indomethacin)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

<b>Fiber products</b> (such as Metamucil®, Citrucel®, FiberCon® or Fiberall®)	<input type="radio"/> Yes	<b>Years taken in past 10?</b>			<b>Days per week?</b>		
		1-3 <input type="radio"/>	4-8 <input type="radio"/>	9-10 <input type="radio"/>	1-3 <input type="radio"/>	4-6 <input type="radio"/>	7 <input type="radio"/>

36. Over the past 10 years, about how many times have you taken non-fiber laxatives (such as Ex-lax®, Correctol® or milk of magnesia)?

- Never or less than once per year     
  1-4 times per year     
  5-11 times per year     
  1-3 times per month     
  1 time per week or more

37. Over the last year, about how many days did you take antibiotics?

- None     
  1-14 days     
  15-59 days     
  60-179 days     
  180+ days (6 months or more)

38. Over the last two weeks, have you taken any of the following prescription medications? *Mark all that apply.*

- Blood pressure medicine
- Cholesterol-lowering medicine
- Warfarin (such as Coumadin®)
- Insulin
- Pills for diabetes or to lower blood sugar
- Drugs for depression or anxiety
- Testosterone
- Fosamax®, Didronel®, Evista® or Tamoxifen
- Zantac®, Pepcid AC®, Tagamet® or Axid®
- None of the above

## MEDICAL HISTORY



39. Have you ever had any of the following medical procedures? *Mark all that apply.*

- Coronary (heart) bypass surgery
- Angioplasty (a doctor opens the arteries of the heart with a balloon or other device)
- Breast needle aspiration (a needle is used to withdraw fluid from a lump in the breast)
- Breast biopsy (breast tissue is removed to check for cancer – does not include needle aspiration of fluid)
- Biopsy of the mouth (tissue of the mouth or tongue is removed to check for cancer)
- Esophageal biopsy (esophagus tissue is removed to check for cancer)
- Polyp removed from colon
- Gallbladder removed
- Mole removed from your skin
- Cataract removed from your eye
- Hip replacement
- Knee replacement
- None of the above

40. Have you had a mammogram (an x-ray of the breasts) in the past two years?

- Yes
- No

41. Have you had a sigmoidoscopy or colonoscopy (a doctor inserts a tube in the rectum to check for bowel problems) in the past ten years?

- Yes
- No

42. Has a doctor ever told you that you had cancer?

- Yes →
- No ↓

**What kind of cancer did you have?** *Mark all that apply.*

- Breast
- Cervix
- Uterus (womb)
- Ovary
- Lung
- Colon or rectum
- Bladder
- Kidney
- Pancreas
- Brain
- Thyroid
- Esophagus
- Oral (mouth, tongue or throat)
- Stomach
- Leukemia
- Hodgkin's disease
- Other lymphoma (non-Hodgkin's lymphoma)
- Melanoma
- Skin (not melanoma)
- Other cancer

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

**43. Has a doctor ever told you that you had any of the following conditions?**

Mark all that apply.

- Rheumatoid arthritis
- Arthritis (not rheumatoid arthritis)
- Heart attack
- Heart failure/congestive heart failure
- Stroke
- Blood clot in your lungs  
(pulmonary embolus or PE)
- Blood clot in your leg  
(deep vein thrombosis)
- Angina (chest pain due to heart disease)
- Emphysema, chronic bronchitis  
or COPD
- Asthma
- Acid reflux disease (GERD)
- Ulcer (stomach or duodenal)
- Ulcerative colitis or Crohn's disease
- Intestinal polyposis (100+ polyps)
- Pancreatitis (inflamed pancreas)
- Cirrhosis of the liver
- Viral hepatitis (A, B, C, D or E)
- Other chronic liver disease
- Kidney stones
- Kidney disease (not kidney stones)
- Multiple bladder infections (5 or more)
- Multiple yeast infections (3 or more)
- Parkinson's disease
- Alzheimer's disease
- Glaucoma
- Macular degeneration  
(loss of central vision)
- Migraine headaches
- Gingivitis
- None of the above

**44. Since you were 50 years old, have you had a broken bone?**

- Yes →
- No ↓

**Which bone(s)?**

- Hip
- Wrist
- Forearm (between  
wrist and elbow)
- Other

**45. Over the past 10 years, how often did you feel constipated enough to take something, such as a laxative, enema or prunes?**

- Never or less than once per year
- 1-4 times per year
- 5-11 times per year
- 1-3 times per month
- 1 time per week or more

**46. How often do you usually have a bowel movement?**

- 1 time per week or less
- 2-4 times per week
- 5-6 times per week
- 1 time per day
- 2 times per day
- 3 or more times per day

**47. Over the last year, have you had any of the following conditions? Include conditions that you are treating, even if you don't have symptoms. Mark all that apply.**

- Chronic neck, back or joint pain  
(at least half the days of the year)
- Frequent indigestion or heartburn  
(at least half the days of the year)
- Lactose intolerance (intestinal problems  
after drinking milk)
- Fatigue or lack of energy  
(at least half the days of the year)
- Feeling depressed or anxious  
(at least half the days of the year)
- Frequent headaches  
(2 or more per week in last year)
- Numbness in fingers or feet
- Skin problems such as psoriasis or  
eczema (not acne)
- Anemia
- None of the above

**48. Do you currently have allergies to any of the following? Mark all that apply.**

- Plants, grasses or trees
- Mold or dust
- Cats, dogs or other animals
- Insect bites or stings
- Foods
- Medications
- Other
- None of the above

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

## WOMEN'S HEALTH

49. How old were you when you had your first menstrual period?

- 11 or younger
- 12
- 13
- 14
- 15
- 16 or older
- Never had a period

50. Have you ever given birth to a child?

*Do not include miscarriages in the first 5 months of pregnancy.*

- Yes →
  - No
- ↓

a) How old were you when your first child was born?

- 19 or younger
- 20-24
- 25-29
- 30-34
- 35-39
- 40 or older

b) How many times have you given birth?

- 1
- 2
- 3
- 4
- 5 or more

51. Have you had periods in the last year?

*Mark only one.*

- Yes
  - Yes, but not regularly
  - Yes, because I take hormones
  - No
- ↓

a) How old were you when your periods permanently stopped?

- 39 or younger
- 40-44
- 45-49
- 50-54
- 55 or older

b) Why did your periods stop?

- Natural menopause
- Surgery
- Other

52. Have you had any of the following medical procedures? *Mark all that apply.*

- Hysterectomy (removal of womb)
- Both ovaries removed
- One ovary removed
- Tubal ligation (tubes tied)
- None of the above

53. Have you ever taken birth control pills (for any reason)?

- Yes →
  - No
- ↓

How many years (total) did you take birth control pills?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15 years or more

54. Have you ever used estrogen (female hormone) pills or patches? *Only include pills or patches that require a doctor's prescription. Do not include birth control pills.*

- Yes →
  - No
- ↓

a) How old were you when you first used estrogen?

- 39 or younger
- 40-44
- 45-49
- 50-54
- 55 or older

b) How many years (total) have you used (or did you use) estrogen?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15 years or more

c) Do you take estrogen now?

- Yes
- No

55. Have you ever used progesterone?

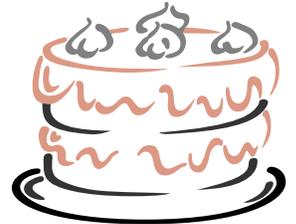
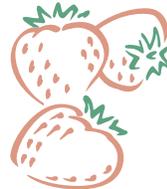
*Progesterone can be a separate pill (such as Provera®) or combined with estrogen in one pill or patch (such as Prempro® or Premphase®).*

- Yes →
  - No
- ↓

How many years (total) have you used (or did you use) progesterone?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 years or more

## FOOD HABITS



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

56. Did you eat chicken or turkey?

- Yes →  
 No  
↓

**When you ate chicken or turkey, how often did you eat the skin?**

- Almost always  
 Often  
 Sometimes  
 Rarely  
 Never

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

- Yes →  
 No  
↓

**When you ate beef, pork, ham or lamb, how often did you eat the fat?**

- Almost always  
 Often  
 Sometimes  
 Rarely  
 Never

58. Did you eat hamburger or other ground meat?

- Yes →  
 No  
↓

**When you ate hamburger or other ground meat, was it usually...**  
*Mark one or two.*

- Regular  
 Lean  
 Extra lean  
 Ground chicken or turkey  
 Don't know

59. Did you put milk, cream or creamer on cereal?

- Yes →  
 No  
↓

**When you put milk, cream or creamer on cereal, what type did you usually use?**  
*Mark one or two.*

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

60. Did you drink milk? *Also include beverages made with milk such as lattes or hot chocolate.*

- Yes →  
 No  
↓

**When you drank milk or beverages made with milk, was it usually...**  
*Mark one or two.*

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

During the last year...

61. Did you eat cold cereal?

- Yes →
- No ↓

**When you ate cold cereal, what type did you usually eat? Mark one or two.**

- 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® and Corn Flakes®

62. In your household, what kinds of fat were usually used for cooking, for example to flavor vegetables or fry meat? Mark one or two.

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

63. What kinds of fat did you use at the table, for example on breads, vegetables or potatoes? Mark one or two.

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

64. What type of salad dressing did you usually use? Mark one or two.

- Regular, including oil and vinegar
- Low or reduced fat
- Fat free or nonfat
- Didn't use salad dressing

65. What type of mayonnaise did you usually use? Mark one or two.

- Regular
- Low or reduced fat
- Fat free or nonfat
- Didn't use mayonnaise

66. Did you eat cookies or cakes?

- Yes →
- No ↓

**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?**

- Almost always
- Often
- Sometimes
- Rarely
- Never

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

- Yes →
- No ↓

**Were any of these vitamins or minerals added (specially fortified) to the juices you drank? Mark all that apply.**

- Extra vitamin C
- Vitamin E
- Calcium
- None
- Don't know

68. On average, how many times a day did you eat (meals plus snacks)? Snacks include food, milk and milk beverages such as lattes. Coffee, tea and soft drinks alone do not count as snacks.

- 1 time per day
- 2 times per day
- 3 times per day
- 4 times per day
- 5 times per day
- 6 times per day
- 7 or more

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

# FOODS YOU EAT

69. Mark the column to show how often you usually ate each food over the last year.  
Mark your usual serving size as small, medium or large.

- 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.
- Some pages have pictures to help you estimate the amount of food you usually eat.

	HOW OFTEN DID YOU EAT THE FOOD LAST YEAR? →									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
<b>CEREALS, BREADS, SNACKS</b>													
Cold cereal	<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"/>
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 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk on cereal (cold and cooked)	<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"/>
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"/>
Butter or margarine on breads, hot 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"/>
Low or nonfat potato and tortilla chips, pretzels, and plain or lowfat microwave popcorn	<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 handfuls or 1 small bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular potato and tortilla chips, puffs and microwave or buttered popcorn	<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 handfuls or 1 small bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or nonfat crackers, such as saltines and SnackWell's®	<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 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular crackers, such as Ritz® and Wheat Thins®	<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 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter, peanuts and other nuts and seeds	<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. (spreads) or 1/4 cup (nuts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

## MEAT, FISH, EGGS



Small



Medium (3-4 ounces)



Large

### HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?



### AMOUNT?

	HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?										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	
Eggs	<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 eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon and breakfast sausage	<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 strips or 2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or reduced fat hot dogs and sausage	<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 hot dog or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular hot dogs and sausage such as bratwurst and chorizo	<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 hot dog or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch meats such as ham, turkey and lowfat bologna	<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 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All other lunch meat such as bologna, salami and Spam®	<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 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna, tuna salad and tuna casserole	<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"/>	1/2 cup tuna or 1 cup casserole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, ham and lamb	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground meat, including hamburgers and meatloaf	<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 medium or 3 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver, chicken liver and organ 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"/>	<input type="radio"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken, including chicken nuggets and tenders	<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 large piece or 6 nuggets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken and turkey (roasted, stewed or broiled)	<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 large or 2 small pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish, fish sandwich and fried shellfish (shrimp, oysters)	<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 ounces or 1 sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish, not fried (shrimp, lobster, crab and oysters)	<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 ounces or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White fish (broiled or baked) such as sole, halibut and cod	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark fish (broiled or baked) such as salmon and fresh tuna	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SAUCES and CONDIMENTS

Meat gravies	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Ketchup	<input type="radio"/>	2 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Salsa (as dip or on foods)	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Mayonnaise and mayonnaise-type spreads	<input type="radio"/>	2 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									

# SPAGHETTI, MIXED DISHES, SOUPS



**Small**



**Medium (1 cup)**



**Large**

	HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?									→	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
Stew, pot pie and casseroles with meat or chicken	<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"/>
Chili with meat and 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"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti, lasagna and other pasta with meat 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 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti and other pasta with tomato sauce (no meat)	<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"/>
Spaghetti and other pasta with oil, cheese or cream sauce, including macaroni and cheese	<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"/>
Asian-style (stir-fried) noodles and rice, such as chow mein, fried rice and pad Thai	<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"/>
Tofu, tempeh and products such as tofu hot dogs, soy burgers and tofu cheese	<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 ounces, 1 hot dog or 1 burger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza	<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 of a 12" pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tacos, burritos and enchiladas	<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"/>
Vegetable, minestrone and tomato soup	<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"/>
Cream soups such as potato, cheese and chowders	<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"/>
Bean soups such as pea, lentil and black bean	<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"/>
Miso soup	<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"/>
Ramen noodle soup	<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"/>
<b>DAIRY PRODUCTS</b>													
Cottage cheese and ricotta cheese	<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"/>
Low or reduced fat cheese, including cheese used in cooking	<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 slice or 1/4 cup shredded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All other cheese, such as American, cheddar or cream cheese, including cheese used in cooking	<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 slice, 1/4 cup shredded or 2 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt, all types except frozen	<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"/>

# VEGETABLES and GRAINS



Small



Medium (1/2 cup)



Large

HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?

→

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	AMOUNT?		
										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"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Salad dressing (all types)	<input type="checkbox"/>	2 Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Fresh tomatoes	<input type="checkbox"/>	1 medium or 4 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Carrots	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Green and red peppers and chilies	<input type="checkbox"/>	1/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Broccoli	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Cauliflower, cabbage and Brussels sprouts	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Green or string beans	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Green peas	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Corn	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Summer squash, zucchini and okra	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Winter squash such as acorn and butternut, sweet potatoes and yams	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Cooked greens such as spinach, mustard greens and collards	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Onions and leeks	<input type="checkbox"/>	1/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Fresh garlic, including in cooking	<input type="checkbox"/>	1 clove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Avocado and guacamole	<input type="checkbox"/>	1/4 medium or 1/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
French fries, fried potatoes and hash browns	<input type="checkbox"/>	3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Potatoes (boiled, baked or mashed)	<input type="checkbox"/>	1 medium or 3/4 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Beans such as baked, refried and chili without meat	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Coleslaw	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Potato, macaroni and pasta salads made with mayonnaise or oil	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Rice, noodles and other grains (as a side dish)	<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"/>	1 pat or 1 teaspoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

**HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?**



**AMOUNT?**

	HOW OFTEN DID YOU EAT THE FOOD LAST YEAR?									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
<b>FRUITS</b>													
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 (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 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"/>	1/4 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 (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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe, other melons 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"/>
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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SWEETS**

Low or nonfat frozen desserts such as lowfat ice cream, frozen yogurt and sherbet	<input type="radio"/>	1 scoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Ice cream and milkshakes	<input type="radio"/>	1 scoop or 1 shake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Pudding, custard and flan	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Doughnuts, pies and pastries	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Cookies and cakes	<input type="radio"/>	2 medium cookies or 1 piece of cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Chocolate, candy bars and toffee	<input type="radio"/>	1 bar or 2 pieces	<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
How often did you use fat to pan-fry, sauté or deep-fry foods? <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"/>	<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"/>	<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"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL #**

## BEVERAGES and ALCOHOL

70. How often did you drink these beverages last year?



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	4-5 per day	6+ per day	Medium serving size	S	M	L
--	--	---------------------	------------------	--------------------	--------------------	-----------------	-------------------	-------------------	------------------	---------------------------	---	---	---

*Note that the frequency headings are different.*

Milk as a beverage	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Latte, mocha or hot chocolate	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Coffee (not lattes or mochas)	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Tea (all types)	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Milk, cream or creamer added to coffee and tea	<input type="checkbox"/>	1 Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Tomato juice, V-8® and other vegetable juice	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Orange juice and grapefruit juice	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Cranberry juice	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other 100% fruit juice, such as apple and grape	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Fruit drinks fortified with vitamin C, such as Hi-C®	<input type="checkbox"/>	¾ cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Meal replacement drinks such as Slim-Fast®, Ensure® and Carnation Instant Breakfast®	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Diet soft drinks	<input type="checkbox"/>	12 ounces or 1 can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Regular soft drinks	<input type="checkbox"/>	12 ounces or 1 can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Water (tap or bottled)	<input type="checkbox"/>	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Beer (all types)	<input type="checkbox"/>	12-ounce can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Red wine	<input type="checkbox"/>	1 medium glass (4 oz)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
White or rosé wine	<input type="checkbox"/>	1 medium glass (4 oz)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Liquor and mixed drinks	<input type="checkbox"/>	1 shot (1½ oz) or 1 mixed drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

71. On average, how many drinks of alcohol did you have at each of the following ages?

One drink is a 12-ounce bottle or can of beer, a 4-ounce glass of wine, a shot of liquor or a mixed drink.

Number of drinks?

	None	Less than 1 per week	1-6 per week	1 per day (7-13 per week)	2-3 per day (14-27 per week)	4+ per day (28+ per week)
Age 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL CHARACTERISTICS

72. What was your height when you were the tallest?

\_\_\_\_\_ ft \_\_\_\_\_ inches

73. How old were you when you first reached that height?

\_\_\_\_\_ years old

74. What was your weight at each of the following ages?

Now \_\_\_\_\_ pounds

Age 18 \_\_\_\_\_ pounds

Age 30 \_\_\_\_\_ pounds

Age 45 \_\_\_\_\_ pounds

75. If your skin was exposed to strong sunlight for the first time in summer for one hour (without sunscreen), would you...  
*Mark only one.*

- Get a severe sunburn with blistering
- Have a painful sunburn for a few days followed by peeling
- Get mildly burned followed by some degree of tanning
- Tan without any sunburn
- None of the above/don't know

76. Between the ages of 10 and 20:

a) Did you have natural blond or red hair?

- Yes
- No

b) Did you have a lot of freckles on your arms?

- Yes
- No

c) Did you have 3 or more severe sunburns with blisters or pain lasting 3 or more days?

- Yes
- No

## YOUR BACKGROUND

77. When were you born?

\_\_\_\_ / \_\_\_\_ / 19 \_\_\_\_  
M M D D Y Y

78. Where were you born?

\_\_\_\_\_  
City State or Country (if not US)

79. What is your current marital status?

- Married
- Living with a partner
- Never married
- Separated or divorced
- Widowed

80. What is the highest level of school that you have completed? *Mark only one.*

- Grade school or some high school
- High school graduate or G.E.D.
- Some college/technical school
- College graduate (4-year degree)
- Advanced degree (such as MS, JD, PhD)

81. Which of the following best describes your racial or ethnic background?  
*Mark all that apply.*

- White
- Hispanic
- Black or African American
- American Indian or Alaska Native
- Asian or Pacific Islander
- Other

82. What was your household income last year? *(Optional)*

- Less than \$20,000
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 or more

