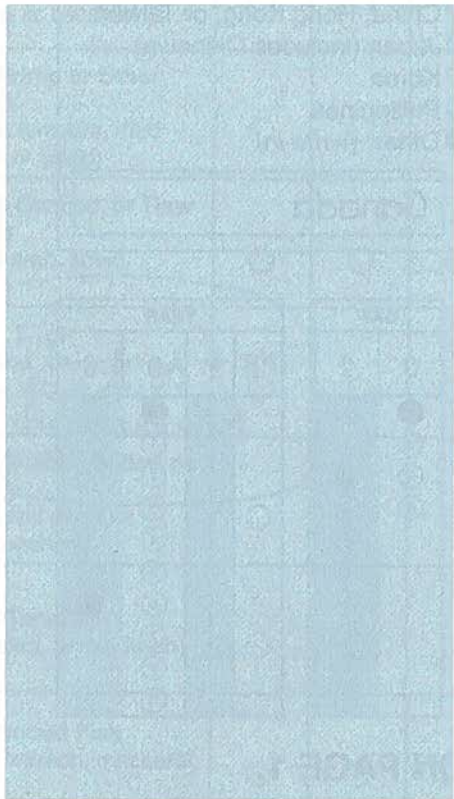


the  
Los Angeles  
Cancer Research  
Survey



Norris Cancer Center  
University of Southern California  
School of Medicine



Is the address label correct? \_\_\_\_\_

If not, please give the correct spelling of your name and your correct address.

NAME \_\_\_\_\_

STREET \_\_\_\_\_

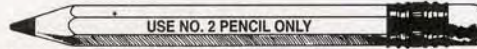
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

This survey is to be filled out **ONLY** by the person named on the address label.

If you have questions, please call  
(213) 224-5007.

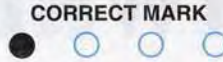
# MARKING INSTRUCTIONS

- Use Pencil only. One is provided for your use.



- Do NOT use ink or ballpoint pens.

- Fill in the circle completely, staying within the circle line.



- Erase cleanly any answer you wish to change.
- Do NOT make any stray marks in this booklet.

**Marking Examples:**

If you are a female, you would fill in the circle like this:

SEX	
<input type="radio"/>	Male
<input checked="" type="radio"/>	Female

If your place of birth is Canada, which is not listed, you would fill in the circle for "other" and write your answer in the box like this:

PLACE OF BIRTH	
<input type="radio"/>	USA (includes Hawai'i)
<input type="radio"/>	Mexico
<input type="radio"/>	Central or South America
<input type="radio"/>	Europe
<input type="radio"/>	Africa
<input type="radio"/>	Cuba or Caribbean Islands
<input type="radio"/>	China, Hong Kong, or Taiwan
<input type="radio"/>	Japan (includes Okinawa)
<input type="radio"/>	Korea
<input type="radio"/>	Philippines
<input checked="" type="radio"/>	Other: (write in)
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Canada</div>	

**KEEP HANDWRITING  
WITHIN THE BOX**

Sometimes questions are designed to help you line up numbers in certain columns. For questions like this, first write the numbers in the boxes, then fill in the correct circle in each column.

If your birthdate is February 2, 1906, you would write the day and the year in the boxes, and then fill in the circle for February, the circles 0 and 2 for the day, and the circles 0 and 6 for the year.

MONTH	DAY		YEAR			
<input type="radio"/> JAN	0	2	1	9	0	6
<input checked="" type="radio"/> FEB	<input checked="" type="radio"/>	<input type="radio"/>			<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> MAR	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> APR	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> MAY	<input type="radio"/>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> JUN	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> JUL		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> AUG		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> SEP		<input type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> OCT		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> NOV		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<input type="radio"/> DEC		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

**PLEASE BEGIN THIS SURVEY ON PAGE 1.**

# BACKGROUND INFORMATION

## 1. WHAT IS YOUR SEX?

- Male
- Female

## 2. WHAT IS YOUR CURRENT MARITAL STATUS?

- Married
- Separated
- Divorced
- Widowed
- Never Married

## 3. WHERE WERE YOU BORN?

- USA (includes Hawai'i)
- Mexico
- Central or South America
- Europe
- Africa
- Cuba or Caribbean Islands
- China, Hong Kong, or Taiwan
- Japan (includes Okinawa)
- Korea
- Philippines
- Other: (write in)

## 4. HOW MANY YEARS HAVE YOU LIVED IN THE UNITED STATES?

- 5 years or less
- 6 - 10 years
- 11 - 15 years
- 16 - 25 years
- 26 years or more

## 5. WHERE WAS YOUR MOTHER BORN?

- USA (includes Hawai'i)
- Mexico
- Central or South America
- Europe
- Africa
- Cuba or Caribbean Islands
- China, Hong Kong, or Taiwan
- Japan (includes Okinawa)
- Korea
- Philippines
- Other: (write in)

## 6. WHERE WAS YOUR FATHER BORN?

- USA (includes Hawai'i)
- Mexico
- Central or South America
- Europe
- Africa
- Cuba or Caribbean Islands
- China, Hong Kong, or Taiwan
- Japan (includes Okinawa)
- Korea
- Philippines
- Other: (write in)

## 7. WHAT IS YOUR ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- Black or African-American
- Chinese
- Filipino
- Hawaiian
- Japanese (includes Okinawan)
- Korean
- Mexican or other Hispanic
- White or Caucasian
- Other: (write in)

## 8. WHAT IS YOUR MOTHER'S ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- Black or African-American
- Chinese
- Filipino
- Hawaiian
- Japanese (includes Okinawan)
- Korean
- Mexican or other Hispanic
- White or Caucasian
- Other: (write in)

## 9. WHAT IS YOUR FATHER'S ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- Black or African-American
- Chinese
- Filipino
- Hawaiian
- Japanese (includes Okinawan)
- Korean
- Mexican or other Hispanic
- White or Caucasian
- Other: (write in)

10. HOW MANY CHILDREN HAVE YOU HAD?  
(Include any who may have died.)

- 0                       4  
 1                       5  
 2                       6  
 3                       7 or more

11. HOW MANY FULL SISTERS DO YOU HAVE?  
(Include any who may have died.)

- 0                       4  
 1                       5  
 2                       6  
 3                       7 or more

12. HOW MANY FULL BROTHERS DO YOU HAVE?  
(Include any who may have died.)

- 0                       4  
 1                       5  
 2                       6  
 3                       7 or more

13. HOW MUCH DO YOU CURRENTLY WEIGH?  
(Record weight in pounds or kilograms)

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

14. HOW MUCH DID YOU WEIGH AT AGE 21?  
(Record weight in pounds or kilograms)

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

15. HOW TALL ARE YOU?  
(Record height in feet/inches or centimeters)

FEET		INCHES	OR	CENTIMETERS		
		0		0	0	0
		1		1	1	1
		2		2	2	2
		3		3	3	3
3		4		4	4	4
4		5		5	5	5
5		6		6	6	6
6		7		7	7	7
		8		8	8	8
		9		9	9	9
		10				
		11				

16. HOW MANY YEARS OF SCHOOL HAVE YOU FINISHED? (Mark the highest grade completed)

- Did not complete 6th grade  
 6th - 8th grade  
 9th - 10th grade  
 11th - 12th grade  
 Vocational school  
 Some college  
 Graduated college  
 Graduate or professional school

17. HAVE YOU EVER SMOKED A TOTAL OF 20 OR MORE PACKS OF CIGARETTES IN YOUR LIFETIME?

- No (go to question 18)  
 Yes, and I currently smoke  
 Yes, but I quit smoking

IF YES, WHAT IS THE TOTAL NUMBER OF YEARS YOU SMOKED?

- 10 years or less                       31 - 40 years  
 11 - 20 years                               41 years or more  
 21 - 30 years

WHAT IS THE AVERAGE NUMBER OF CIGARETTES THAT YOU SMOKED PER DAY?

- 5 cigarettes or less                       21 - 30 cigarettes  
 6 - 10 cigarettes                               31 cigarettes or more  
 11 - 20 cigarettes

IF YOU QUIT SMOKING, HOW LONG AGO DID YOU QUIT?

- Less than 1 year                               11 - 15 years  
 1 - 2 years                                       16 - 20 years  
 3 - 5 years                                       21 years or more  
 6 - 10 years

18. WHAT WAS THE NATURAL COLOR OF YOUR HAIR AT AGE 20?

- Black
- Blonde
- Light brown
- Medium or dark brown
- Red

19. WHAT IS THE COLOR OF YOUR EYES?

- Brown or black
- Blue
- Gray
- Green

20. IF YOU HAD TO BE IN THE HOT SUN WITHOUT PROTECTION FOR ONE HOUR, YOU WOULD GET A. . .

- Severe burn with blistering
- Severe burn without blistering
- Mild burn, then tan or darken
- No burn, but would tan or darken
- No burn and no tan

21. IF YOU HAD TO BE IN THE SUN REPEATEDLY, YOUR SKIN WOULD TAN OR DARKEN. . .

- Deeply
- Moderately
- Lightly
- Not at all

22. HAVE YOU EVER BEEN SUNBURNED SEVERELY ENOUGH TO CAUSE BLISTERING?

- No (go to question 23)
- Yes

IF YES, AT WHAT AGE DID THIS FIRST OCCUR?

- 0 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 - 25 years
- 26 years or older

HOW MANY TIMES HAS THIS OCCURRED?

- 0 - 5 times
- 6 - 10 times
- 11 - 15 times
- 16 - 20 times
- 21 - 25 times
- 26 times or more

23. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING? (Mark all that apply)

- High blood pressure
- Heart attack or angina (chest pain on exertion that is relieved by medication)
- Stroke
- Diabetes (high blood sugar)
- Tuberculosis (TB)
- Gout (high uric acid)
- Polyps of intestines
- Ulcer (stomach or duodenal)
- Partial removal of stomach
- Kidney stones
- Gallstones
- Gallbladder removed
- Blood transfusions
- Asthma, hayfever, skin allergy, food allergy or any other allergy
- Glaucoma
- Cataract surgery
- Colon or rectal cancer
- Stomach cancer
- Melanoma
- Other skin cancer
- Breast cancer
- Prostate cancer (men only)
- Cervix cancer (women only)
- Other uterine cancer (women only)
- Other cancer (fill in circle and write in kind):
- None of the above

**MEN ONLY**

- Vasectomy
- Enlarged prostate
- Surgery for enlarged prostate

## EATING HABITS

24. The next questions are about your usual eating habits DURING THE LAST YEAR. For each food group, please fill in the circle that best describes HOW OFTEN you ate those items and then fill in the circle that best describes your USUAL SERVING SIZE.

Most categories include examples. They are only suggestions, and you may not eat all of the listed items. Some ethnic foods are also listed. If you don't recognize the name, you probably don't eat that item.

For each item, please include any fresh, frozen, canned, and packaged foods you ate, such as TV dinners, frozen entrees, vegetables, or side dishes.

If you did not eat an item, or if you ate an item less than once a month, fill in the circle in the first column. DO NOT LEAVE BLANK. It is not necessary to choose a serving size for these items.

For some categories, pictures of food on a dinner plate are included to help you estimate your usual serving size. Please note that "1 cup" refers to an 8-ounce (240 ml.) measuring cup.

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.

SOUPS, RAMEN, AND JOOK	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Cream Soup or Chowder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Dried Bean or Pea (Legume) Soup (such as Portuguese bean, split pea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Tomato or Vegetable Soup (may include meat, poultry, or 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Broth with Noodles or Rice (such as beef noodle, chicken rice, won tun mein)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Mexican Meat Soup or Stew (such as menudo, albondigas, cocido, pozole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Ramen or Saimin (Oriental noodles with broth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
Jook (rice gruel - may include meat, poultry, fish, or vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (about 1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

NOODLES, SPAGHETTI, AND MIXED DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Chow Mein, Chow Fun, or Yakisoba (Oriental fried noodles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Spaghetti, Ravioli, Lasagna, or Other Pasta with Tomato 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"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Macaroni and Cheese or Other Pasta and Cheese Casseroles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Macaroni or Potato Salad (with mayonnaise)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Pasta or Somen Salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Noodle Casseroles (with tuna, chicken or 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"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Pasta with Cream Sauce (such as linguine with clam sauce, beef stroganoff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Arroz Con Pollo (rice with 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"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or less) OR <input type="radio"/> Photo B (about 1 cup) OR <input type="radio"/> Photo C (2 cups or more)
Stew, Curry, Pot Pie or Empanada (with beef or 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"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or 1 Empanada) OR <input type="radio"/> Photo B (about 1 cup or 1 pie) OR <input type="radio"/> Photo C (2 cups or more)
Stew, Curry, Pot Pie or Empanada (with chicken or 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"/>	CHOOSE ONE <input type="radio"/> Photo A (1/2 cup or 1 Empanada) OR <input type="radio"/> Photo B (about 1 cup or 1 pie) OR <input type="radio"/> Photo C (2 cups or more)

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

MIXED DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Stir-Fried Beef or Pork and Vegetables, or Fajitas</b> (such as beef broccoli, pork tofu, chop suey, sukiyaki)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (2 cups or more)
<b>Stir-Fried Chicken and Vegetables, or Fajitas</b> (such as sukiyaki, nishime, chicken long rice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (2 cups or more)
<b>Stir-Fried Shrimp or Fish and Vegetables</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (2 cups or more)
<b>Stir-Fried Vegetables</b> (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (2 cups or more)
<b>Pork and Greens or Lauaus</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B or 1 laulau <b>OR</b> <input type="radio"/> Photo C or 2 laulaus or more
<b>Chili</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> Small bowl (1 cup) <b>OR</b> <input type="radio"/> Large bowl (2 cups or more)
<b>Hamburgers (on a bun)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 regular size burger <b>OR</b> <input type="radio"/> 1 quarter-pound burger <b>OR</b> <input type="radio"/> 1 large double burger
<b>Cheeseburgers (on a bun)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 regular size burger <b>OR</b> <input type="radio"/> 1 quarter-pound burger <b>OR</b> <input type="radio"/> 1 large double burger
<b>Meat Loaf, Meatballs, or Patties</b> (not fast-food hamburgers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 2 meatballs <b>OR</b> <input type="radio"/> 1 patty or slice or 3 meatballs <b>OR</b> <input type="radio"/> 1 large patty or 5 meatballs
<b>Pizza</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 piece or slice or less <b>OR</b> <input type="radio"/> 2 to 3 pieces <b>OR</b> <input type="radio"/> 4 pieces or more



For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

MEATS (NOT PART OF MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Beef Steak or Roast, Veal or Lamb</b> (includes beef teriyaki, chile colorado and carne asada)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (3 oz. or 1 lamb chop) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Shortribs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (or 2 shortribs) <b>OR</b> <input type="radio"/> Photo C (or 3 ribs or more)
<b>Corned Beef</b> (fresh or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (or 1/4 12-oz. tin) <b>OR</b> <input type="radio"/> Photo C (or 1/2 12-oz. tin or more)
<b>Corned Beef Hash</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A or 1 patty <b>OR</b> <input type="radio"/> Photo B or 2 patties <b>OR</b> <input type="radio"/> Photo C or 3 patties or more
<b>Pork Chops or Roasts, Kalua Pig, or Carnitas</b> (includes chile verde)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (3 ounces) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Ham</b> (includes baked, fried, or sandwich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (3 ounces) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Ham Hocks or Pig's Feet</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (3 ounces) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Spareribs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 3 small or 1 long rib or less <b>OR</b> <input type="radio"/> 2 to 3 long ribs (5-7 inches) <b>OR</b> <input type="radio"/> 4 long ribs or more
<b>Liver</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B or 3 chicken livers <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Chicken or Turkey Wings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 chicken wings or less <b>OR</b> <input type="radio"/> 3 chicken wings <b>OR</b> <input type="radio"/> 1 turkey or 4 chicken wings or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

POULTRY AND FISH (NOT PART OF MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Fried Chicken</b> (includes fried chicken sandwich, nuggets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (or 1 drumstick) <b>OR</b> <input type="radio"/> Photo B (or 1 breast, 2 thighs, 3 wings, or 1 sandwich) <b>OR</b> <input type="radio"/> Photo C (or 2 breasts or 4 thighs)
<b>Roasted, Baked, Grilled or Stewed Chicken</b> (includes grilled chicken sandwich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (or 1 drumstick) <b>OR</b> <input type="radio"/> Photo B (or 1 breast, 2 thighs, 3 wings, or 1 sandwich) <b>OR</b> <input type="radio"/> Photo C (or 2 breasts or 4 thighs)
<b>Turkey</b> (includes roast, ground, deli-style, or sandwich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1 ounce or less) <b>OR</b> <input type="radio"/> Photo B (3 ounces) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Fried Shrimp or Other Shellfish</b> (includes tempura, fried calamari or squid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 3 items <b>OR</b> <input type="radio"/> 4 to 5 items or 1/2 cup <b>OR</b> <input type="radio"/> 6 items or more
<b>Cooked, Canned, or Raw Shellfish</b> (such as crab, squid, shrimp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 5-6 shrimp or 1/4 cup <b>OR</b> <input type="radio"/> 1 crab or 1/2 cup <b>OR</b> <input type="radio"/> 1 lobster tail or 1 cup or more
<b>Fried Fish</b> (includes pan-fried fish, frozen fish sticks, fried fish sandwich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (about 1 ounce) <b>OR</b> <input type="radio"/> Photo B (3 oz. or 1 sandwich) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Baked, Broiled, Boiled or Raw Fish</b> (such as red snapper, salmon, sashimi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (about 1 ounce) <b>OR</b> <input type="radio"/> Photo B (3 ounces) <b>OR</b> <input type="radio"/> Photo C (5 ounces or more)
<b>Canned Tunafish</b> (plain, salad, or sandwich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cup or 1/2 sandwich <b>OR</b> <input type="radio"/> 1/2 cup or 1 sandwich <b>OR</b> <input type="radio"/> 1 cup or 2 sandwiches
<b>Other Canned Fish</b> (such as salmon, mackerel, sardines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 3 small sardines or 1/4 cup <b>OR</b> <input type="radio"/> 1/2 cup fish <b>OR</b> <input type="radio"/> 1 cup fish or more
<b>Salted and Dried Fish</b> (such as ike, cuttlefish, iriko)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or strip or piece <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 4 slices or more

PROCESSED MEATS AND MEXICAN DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Bacon (includes Canadian bacon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or strip or piece <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 3 slices or more
Regular Hot Dogs (beef or pork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 hot dog <b>OR</b> <input type="radio"/> 1 hot dog <b>OR</b> <input type="radio"/> 2 hot dogs or more
Chicken or Turkey Hot Dogs or Luncheon 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 hot dog or 1 slice <b>OR</b> <input type="radio"/> 1 hot dog or 2 slices <b>OR</b> <input type="radio"/> 2 hot dogs or 3 slices or more
Spam, Bologna, Salami, Pastrami or Other Luncheon 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice (1 ounce or less) <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 3 slices or more
Sausage (such as pork, beef, chorizo, Polish, Vienna, Portuguese, hot links)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 piece or link <b>OR</b> <input type="radio"/> 2-3 pieces or links or 1 patty <b>OR</b> <input type="radio"/> 4 pieces or links or more
Tacos, Tostadas, Sopes, or Taco Salad (with beef or pork)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items <b>OR</b> <input type="radio"/> 3 items or more
Tacos, Tostadas, Sopes, or Taco Salad (with 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items <b>OR</b> <input type="radio"/> 3 items or more
Meat Burritos (includes beef and bean and other combinations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 fast-food burrito <b>OR</b> <input type="radio"/> 1 medium burrito <b>OR</b> <input type="radio"/> 1 large or 2 fast-food burritos
Vegetable or Bean Burritos, Tacos, or Tostadas (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items <b>OR</b> <input type="radio"/> 3 items or more
Enchiladas with 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 enchilada or less <b>OR</b> <input type="radio"/> 2 enchiladas <b>OR</b> <input type="radio"/> 3 enchiladas or more
Enchiladas with Beef	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 enchilada or less <b>OR</b> <input type="radio"/> 2 enchiladas <b>OR</b> <input type="radio"/> 3 enchiladas or more
Enchiladas with Cheese, Quesadillas, or Nachos with 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 enchilada or small quesadilla <b>OR</b> <input type="radio"/> 2 enchiladas or 1 serving nachos <b>OR</b> <input type="radio"/> 3 enchiladas
Tamales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 tamale or less <b>OR</b> <input type="radio"/> 1 tamale <b>OR</b> <input type="radio"/> 2 tamales or more
Chili Rellenos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 chili relleno or less <b>OR</b> <input type="radio"/> 1 chili relleno <b>OR</b> <input type="radio"/> 2 chili rellenos or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.

RICE, POTATOES, TARO, AND POI	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
White Rice (includes musubi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or 1 scoop or less <b>OR</b> <input type="radio"/> 1 rice bowl (1 cup) or 1 musubi <b>OR</b> <input type="radio"/> 2 rice bowls or 2 musubi or more
Sushi or Barazushi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1-2 pieces or small cone <b>OR</b> <input type="radio"/> 3-4 pieces or 1 large cone or 1/2 cup <b>OR</b> <input type="radio"/> 5 pieces or 1 cup or more
Brown or Wild Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or 1 scoop or less <b>OR</b> <input type="radio"/> 1 cup or 2 scoops <b>OR</b> <input type="radio"/> 2 cups or more
Mexican or Spanish Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup <b>OR</b> <input type="radio"/> 2 cups or more
Fried Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup <b>OR</b> <input type="radio"/> 2 cups or more
French-Fried, Hash-Browned or other Fried Potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> fast-food small order or 1 cup <b>OR</b> <input type="radio"/> fast-food medium order <b>OR</b> <input type="radio"/> fast-food large order or more
Mashed, Scalloped or Au Gratin Potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or 1 scoop or less <b>OR</b> <input type="radio"/> 1 cup or 2 scoops <b>OR</b> <input type="radio"/> 2 cups or more
Baked or Boiled White Potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small or 1/2 medium or less <b>OR</b> <input type="radio"/> 1 medium (about 5 inches) <b>OR</b> <input type="radio"/> 1 large potato or more
Yellow-Orange Sweet Potatoes or Yams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small or 1/2 medium or less <b>OR</b> <input type="radio"/> 1 medium (about 5 inches) <b>OR</b> <input type="radio"/> 1 large potato or more
White or Purple Sweet Potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small or 1/2 medium or less <b>OR</b> <input type="radio"/> 1 medium (about 5 inches) <b>OR</b> <input type="radio"/> 1 large potato or more
Taro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 taro or less <b>OR</b> <input type="radio"/> 1/2 taro <b>OR</b> <input type="radio"/> 1 whole taro or more
Poi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cup or less <b>OR</b> <input type="radio"/> 1/2 cup <b>OR</b> <input type="radio"/> 1 cup or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

SALAD ITEMS, EGGS, AND OTHER NON-MEAT ITEMS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Light Green Lettuce or Tossed Salad</b> (such as iceberg or head lettuce)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (1-1/2 cups or more)
<b>Dark Green Lettuce</b> (such as romaine, red, butter, manoa, endive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/2 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1 cup) <b>OR</b> <input type="radio"/> Photo C (1-1/2 cups or more)
<b>Tomatoes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 slices or wedges or 2 cherry tomatoes or less <b>OR</b> <input type="radio"/> 4 slices or 1/2 medium tomato <b>OR</b> <input type="radio"/> 1 medium tomato or more
<b>Coleslaw</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cup or less <b>OR</b> <input type="radio"/> 1/2 cup <b>OR</b> <input type="radio"/> 1 cup or more
<b>Regular Salad Dressings or Mayonnaise Added to Salads</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 teaspoons or less <b>OR</b> <input type="radio"/> 1 Tablespoon <b>OR</b> <input type="radio"/> 2 Tablespoons or more
<b>Low-Calorie or Diet Dressings Added to Salads</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 teaspoons or less <b>OR</b> <input type="radio"/> 1 Tablespoon <b>OR</b> <input type="radio"/> 2 Tablespoons or more
<b>Eggs, Cooked or Raw</b> (includes egg salad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 egg <b>OR</b> <input type="radio"/> 1 egg or 1 sandwich <b>OR</b> <input type="radio"/> 2 eggs or more
<b>Egg Substitute</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 Tablespoons <b>OR</b> <input type="radio"/> 1/4 cup (= 1 egg) <b>OR</b> <input type="radio"/> 1/2 cup (= 2 eggs) or more
<b>Tofu</b> (soybean curd)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 cubes or 1/4 cup <b>OR</b> <input type="radio"/> 1/4 block or 1/2 cup <b>OR</b> <input type="radio"/> 1/2 block or more
<b>Vegetarian Meat Loaf, Meatballs or Patties</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 2 meatballs <b>OR</b> <input type="radio"/> 1 patty or slice or 3 meatballs <b>OR</b> <input type="radio"/> 1 large patty, 5 meatballs or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



A



B



C

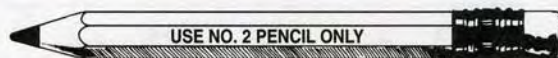
RAW OR COOKED VEGETABLES (NOT IN SOUPS OR MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Broccoli</b> (raw or cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Cabbage</b> (such as head, Chinese or Napa cabbage, Brussels sprouts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Dark Leafy Greens</b> (such as spinach, collard, mustard or turnip greens, bok choy, watercress, chard)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Green Beans or Peas</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Other Green Vegetables</b> (such as zucchini, celery, asparagus, green pepper, okra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Cauliflower</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Carrots</b> (raw or 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (or 4-5 sticks or less) <b>OR</b> <input type="radio"/> Photo B (1/2 cup or 1 med.) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Corn</b> (fresh, frozen, or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (1/2 cup or 1 cob) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Pumpkin or Yellow-Orange Winter Squash</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)
<b>Other Vegetables</b> (such as white or summer squash, beets, eggplant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) <b>OR</b> <input type="radio"/> Photo B (about 1/2 cup) <b>OR</b> <input type="radio"/> Photo C (1 cup or more)

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.

DRIED BEANS (NOT IN SOUPS OR MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Refried Beans</b> (not in burritos or tostadas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) OR <input type="radio"/> Photo B (about 1/2 cup) OR <input type="radio"/> Photo C (1 cup or more)
<b>Baked Beans or Pork and Beans</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) OR <input type="radio"/> Photo B (about 1/2 cup) OR <input type="radio"/> Photo C (1 cup or more)
<b>Boiled Dried Beans or Peas</b> (such as red, lima, pinto or soy beans, black-eyed peas, frijoles de la olla)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Photo A (1/4 cup or less) OR <input type="radio"/> Photo B (about 1/2 cup) OR <input type="radio"/> Photo C (1 cup or more)

FRUITS AND JUICES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Oranges</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 orange or 1/2 cup or less OR <input type="radio"/> 1 orange or 1 cup OR <input type="radio"/> 2 oranges or more
<b>Tangerines or Mandarin Oranges</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 tangerine or 1/2 cup or less OR <input type="radio"/> 2 tangerines or 1 cup OR <input type="radio"/> 3 tangerines or more
<b>Grapefruit or Pomelo</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cup or less OR <input type="radio"/> 1/2 grapefruit or 1/2 cup OR <input type="radio"/> 1 cup or more
<b>Papaya</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 papaya or less OR <input type="radio"/> 1/2 papaya OR <input type="radio"/> 1 papaya or more
<b>Pineapple</b> (fresh or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or wedge or less OR <input type="radio"/> 1/2 cup or 2 slices or wedges OR <input type="radio"/> 1 cup or more
<b>Peaches</b> (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 peach or less OR <input type="radio"/> 1 peach or 2 halves or 1/2 cup OR <input type="radio"/> 2 peaches or 1 cup or more
<b>Apricots</b> (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 apricot or less OR <input type="radio"/> 2 apricots or 1/2 cup OR <input type="radio"/> 3 apricots or more
<b>Pears</b> (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 pear or 1/2 cup OR <input type="radio"/> 1 pear or 1 cup OR <input type="radio"/> 2 pears or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.



FRUITS AND JUICES (continued)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Apples and Applesauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 apple or 1/2 cup <b>OR</b> <input type="radio"/> 1 apple or 1 cup <b>OR</b> <input type="radio"/> 2 apples or more
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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 banana <b>OR</b> <input type="radio"/> 1 banana <b>OR</b> <input type="radio"/> 2 bananas or more
Cantaloupe (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cantaloupe or less <b>OR</b> <input type="radio"/> 1/2 cantaloupe <b>OR</b> <input type="radio"/> 1 cantaloupe or more
Watermelon (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 quarter slice or 1/2 cup <b>OR</b> <input type="radio"/> 1 half slice or 1 cup <b>OR</b> <input type="radio"/> 1 whole slice or more
Mangoes (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup slices <b>OR</b> <input type="radio"/> 1 medium or Pirie or 1 cup <b>OR</b> <input type="radio"/> 1 large or Hayden or more
Avocados and Guacamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 2 slices or 2 Tablespoons <b>OR</b> <input type="radio"/> 1/4 avocado or 1/4 cup <b>OR</b> <input type="radio"/> 1/2 avocado or 1/2 cup or more
Any Other Fruit (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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 fruit or 1 cup <b>OR</b> <input type="radio"/> 2 fruits or more
Orange or Grapefruit Juice (not orange drinks or orange soda)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Small juice glass (1/2 cup) <b>OR</b> <input type="radio"/> Large glass (8 ounces) <b>OR</b> <input type="radio"/> 12-ounce can or more
Tomato or V-8 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> Small juice glass (1/2 cup) <b>OR</b> <input type="radio"/> Large glass (8 ounces) <b>OR</b> <input type="radio"/> 12-ounce can or more
Other Fruit Juices or Fruit Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> Small juice glass (1/2 cup) <b>OR</b> <input type="radio"/> Large glass (8 ounces) <b>OR</b> <input type="radio"/> 12-ounce can or more



For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.

BREAD ITEMS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>White Bread</b> (includes sandwich, French, sourdough, pan dulce, Portuguese sweet bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or less <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 3 slices or more
<b>Whole Wheat or Rye Bread</b> (includes pumpernickel, whole wheat pita bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or less <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 3 slices or more
<b>Other Bread</b> (such as mixed grain, oat bran, raisin bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 slice or less <b>OR</b> <input type="radio"/> 2 slices <b>OR</b> <input type="radio"/> 3 slices or more
<b>Rolls, Buns, Biscuits, or Flour Tortillas</b> (includes bagels, 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items or 1 bagel or English muffin <b>OR</b> <input type="radio"/> 3 items or more
<b>Corn Tortillas, Corn Muffins, or Cornbread</b> (includes cornbread stuffing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 tortilla or 1 piece cornbread or 1/2 cup stuffing <b>OR</b> <input type="radio"/> 2 tortillas or 1 muffin <b>OR</b> <input type="radio"/> 3 tortillas or 2 muffins or more
<b>Bran, Blueberry or Other Muffins, Banana or Mango Bread</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 regular muffin or 1 slice <b>OR</b> <input type="radio"/> 1 large muffin or 2 slices <b>OR</b> <input type="radio"/> 3 muffins or slices or more
<b>Sweet Rolls, Croissants, Doughnuts, Danish Pastry, or Coffee Cake</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items <b>OR</b> <input type="radio"/> 3 items or more
<b>Pancakes, Waffles, or French Toast</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 item or less <b>OR</b> <input type="radio"/> 2 items <b>OR</b> <input type="radio"/> 3 items or more
<b>Margarine Added to Bread Items</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> spread thin <b>OR</b> <input type="radio"/> spread thick
<b>Butter Added to Bread Items</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> spread thin <b>OR</b> <input type="radio"/> spread thick
<b>Peanut Butter Added to Bread Items</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> spread thin <b>OR</b> <input type="radio"/> spread thick
<b>Jam or Jelly Added to Bread Items</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> spread thin <b>OR</b> <input type="radio"/> spread thick
<b>Mayonnaise in Sandwiches</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> spread thin <b>OR</b> <input type="radio"/> spread thick

BREAKFAST CEREALS, MILK, AND CHEESE	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
<b>Highly Fortified Cereals</b> (such as Product 19, Total, Most)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or individual box <b>OR</b> <input type="radio"/> 1-1/2 cups or more
<b>Bran or High Fiber Cereals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or individual box <b>OR</b> <input type="radio"/> 1-1/2 cups or more
<b>Other Cold Cereals</b> (such as corn flakes, Cheerios, granola)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or individual box <b>OR</b> <input type="radio"/> 1-1/2 cups or more
<b>Cooked Cereals</b> (such as oatmeal, cream of wheat, corn 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or individual packet <b>OR</b> <input type="radio"/> 1-1/2 cups or more
<b>Whole Milk</b> (as beverage or added to 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or half-pint carton <b>OR</b> <input type="radio"/> 2 cups or more
<b>Lowfat Milk (1% or 2%)</b> (as beverage or added to cereal - includes lactaid and acidophilus milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or half-pint carton <b>OR</b> <input type="radio"/> 2 cups or more
<b>Nonfat or Skim Milk or Buttermilk</b> (as beverage or added to 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup or half-pint carton <b>OR</b> <input type="radio"/> 2 cups or more
<b>Yogurt</b> (includes lowfat and nonfat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or 4-6 oz. carton <b>OR</b> <input type="radio"/> 1 cup or 8 oz. carton <b>OR</b> <input type="radio"/> 2 cups or more
<b>Chocolate Milk, Cocoa, or Ovaltine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 cup or less <b>OR</b> <input type="radio"/> 1 cup <b>OR</b> <input type="radio"/> 2 cups or more
<b>Milkshakes or Malts</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 milkshake or malt <b>OR</b> <input type="radio"/> 1 milkshake or malt (12 oz.) <b>OR</b> <input type="radio"/> 2 milkshakes or malts
<b>Cottage Cheese</b> (includes farmer's 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/4 cup or less <b>OR</b> <input type="radio"/> 1/2 cup or 1 scoop <b>OR</b> <input type="radio"/> 1 cup or more
<b>Lowfat Cheese</b> (such as lowfat American, lowfat Swiss, mozzarella)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 slice <b>OR</b> <input type="radio"/> 1 slice (1 ounce) <b>OR</b> <input type="radio"/> 2 slices (2 ounces) or more
<b>Other Cheese</b> (such as American, cheddar, cream 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 slice or 1 Tablespoon <b>OR</b> <input type="radio"/> 1 slice (1 ounce) <b>OR</b> <input type="radio"/> 2 slices (2 ounces) or more

DESSERTS AND SNACKS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Ice Cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 scoop (1/2 cup) or less <b>OR</b> <input type="radio"/> 2 scoops (1 cup) or 1 bar <b>OR</b> <input type="radio"/> 3 to 4 scoops (1 pint) or more
Ice Milk, Frozen Yogurt, or 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 scoop (1/2 cup) or less <b>OR</b> <input type="radio"/> 2 scoops (1 cup) or 1 bar <b>OR</b> <input type="radio"/> 3 to 4 scoops (1 pint) or more
Cookies, Brownies, or Fruit 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 2 average size cookies <b>OR</b> <input type="radio"/> 3 to 4 average or 1 extra large cookie or 1 brownie or fruit bar <b>OR</b> <input type="radio"/> 2 large cookies or brownies or more
Cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small piece or cupcake <b>OR</b> <input type="radio"/> 1 average piece (1/12 of cake) <b>OR</b> <input type="radio"/> 2 pieces or more
Apple or Other Fruit Pies, Tarts, Cobblers, or Turnovers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small piece <b>OR</b> <input type="radio"/> 1 piece (1/8 pie) or 1 item <b>OR</b> <input type="radio"/> 1/6 pie or more
Pumpkin, Sweet Potato, or Carrot Pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small piece <b>OR</b> <input type="radio"/> 1 average piece (1/8 pie) <b>OR</b> <input type="radio"/> 1/6 pie or more
Cream or Custard Pies, Eclairs, or Cream Puffs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small piece <b>OR</b> <input type="radio"/> 1 average piece or 1 item <b>OR</b> <input type="radio"/> 1/6 pie or more
Puddings or Custards (includes 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 snack-size or 1/2 cup <b>OR</b> <input type="radio"/> 2 snack-size or 1 cup <b>OR</b> <input type="radio"/> 3 snack-size or 1-1/2 cups
Chocolate Candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 3 pieces <b>OR</b> <input type="radio"/> 1 regular-size bar <b>OR</b> <input type="radio"/> 1 giant-size bar or more
Dim Sum, such as Bao or Manapua (Chinese bun with meat and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 bao or less <b>OR</b> <input type="radio"/> 1 bao <b>OR</b> <input type="radio"/> 2 bao or more
Other Dim Sum (such as pork hash, gau gee, fried won ton, eggroll)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 2 pieces <b>OR</b> <input type="radio"/> 3 to 4 pieces <b>OR</b> <input type="radio"/> 5 pieces or more
Crackers and Pretzels (such as soda, graham, Japanese rice crackers, 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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 4 to 5 snack or 1 large cracker <b>OR</b> <input type="radio"/> 6 to 10 snack or 2 large crackers <b>OR</b> <input type="radio"/> 3 large crackers or more
Peanuts or Other Nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 12 nuts or less <b>OR</b> <input type="radio"/> 1/4 cup <b>OR</b> <input type="radio"/> 1/2 cup or more

For EACH FOOD GROUP, fill in the circle  that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle  that best describes your USUAL SERVING SIZE.

SNACKS (continued)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Potato, Corn, Tortilla or Other Chips, or Chicharrones (pork rinds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 snack bag or 1/2 cup <b>OR</b> <input type="radio"/> 1-ounce bag (1 cup) <b>OR</b> <input type="radio"/> 1/2 twin-pack or more
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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 to 3 cups or less <b>OR</b> <input type="radio"/> 1 microwave bag <b>OR</b> <input type="radio"/> 1 medium theater tub or more

ALCOHOLIC AND OTHER BEVERAGES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE	
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day		4 or more times a day
Regular or Draft Beer	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 can or bottle or less <b>OR</b> <input type="radio"/> 2 cans or bottles <b>OR</b> <input type="radio"/> 3 cans or bottles <b>OR</b> <input type="radio"/> 4 cans or bottles or more
Light Beer	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 can or bottle or less <b>OR</b> <input type="radio"/> 2 cans or bottles <b>OR</b> <input type="radio"/> 3 cans or bottles <b>OR</b> <input type="radio"/> 4 cans or bottles or more
White or Pink Wine (includes champagne and sake)	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 glass or less <b>OR</b> <input type="radio"/> 2 glasses <b>OR</b> <input type="radio"/> 3 glasses <b>OR</b> <input type="radio"/> 4 glasses or more
Red Wine	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 glass or less <b>OR</b> <input type="radio"/> 2 glasses <b>OR</b> <input type="radio"/> 3 glasses <b>OR</b> <input type="radio"/> 4 glasses or more
Hard Liquor (such as bourbon, scotch, gin, vodka, tequila, rum, cocktails)	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 drink or less <b>OR</b> <input type="radio"/> 2 drinks <b>OR</b> <input type="radio"/> 3 drinks <b>OR</b> <input type="radio"/> 4 drinks or more
Regular Sodas (such as Coca-Cola, Pepsi, 7-Up)	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 can or small glass <b>OR</b> <input type="radio"/> 1 can or large glass <b>OR</b> <input type="radio"/> 2 cans or glasses <b>OR</b> <input type="radio"/> 3 cans or glasses or more
Diet Sodas (such as Diet Coke, Diet Pepsi, Diet 7-Up)	<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"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1/2 can or small glass <b>OR</b> <input type="radio"/> 1 can or large glass <b>OR</b> <input type="radio"/> 2 cans or glasses <b>OR</b> <input type="radio"/> 3 cans or glasses or more

OTHER BEVERAGES	AVERAGE USE DURING LAST YEAR									WHAT DID YOU USUALLY ADD?
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 or more times a day	
<b>Cappuccino - 1 cup or mug</b> (includes café au lait, caffè latte, café con leche)	<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"/>	<b>MARK ALL THAT APPLY</b> <input type="radio"/> Sugar or honey <input type="radio"/> Sugar substitute
<b>Regular Coffee - 1 cup or mug</b> (brewed or instant)	<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"/>	<b>MARK ALL THAT APPLY</b> <input type="radio"/> Cream or half & half <input type="radio"/> Milk <input type="radio"/> Non-dairy cream <input type="radio"/> Sugar or honey <input type="radio"/> Sugar substitute
<b>Decaffeinated ("Decaf") Coffee - 1 cup or mug</b> (brewed or instant)	<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"/>	<b>MARK ALL THAT APPLY</b> <input type="radio"/> Cream or half & half <input type="radio"/> Milk <input type="radio"/> Non-dairy cream <input type="radio"/> Sugar or honey <input type="radio"/> Sugar substitute
<b>Black Tea - 1 cup or glass</b> (such as Lipton's, oolong, iced tea)	<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"/>	<b>MARK ALL THAT APPLY</b> <input type="radio"/> Cream or half & half <input type="radio"/> Milk <input type="radio"/> Non-dairy cream <input type="radio"/> Sugar or honey <input type="radio"/> Sugar substitute
<b>Green, Herbal, or Other Tea - 1 cup</b>	<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"/>	
<b>Fortified Diet Beverages - 1 glass or can</b> (such as Slimfast)	<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 THE FOLLOWING ITEMS?	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
<b>Western Pickles or Relish</b> (such as dill or sweet pickles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Olives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Salsa or Hot Chili Peppers</b> (red or green)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Garlic</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Onions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Oriental Salted or Pickled Vegetables</b> (such as salted cabbage or leafy greens, takuwan, kim chee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Seaweed</b> (fresh or dried) (such as ogo limu, furikake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Gravy on meat, potatoes, rice</b>	<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 ADD THE FOLLOWING ITEMS TO YOUR FOODS AT THE TABLE. . .	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoyu (Soy Sauce) or Teriyaki 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"/>
Mustard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catsup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sour Cream	<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 YOUR MEAT, POULTRY, OR FISH PREPARED IN THE FOLLOWING WAYS. . .	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Charcoal-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"/>
Oven-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"/>
Fried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbecued	<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 MEAT, CHICKEN, OR FISH COOKED WITH. . .	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Vegetable Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt Pork, Lard, or Bacon Fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable Shortening (such as Crisco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable spray, water, or non-stick pan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ANSWER THE FOLLOWING FOR THE LAST YEAR:**

<p><b>WHEN YOU ATE MEAT, HOW WAS IT USUALLY PREPARED?</b></p> <p><input type="radio"/> Rare</p> <p><input type="radio"/> Medium</p> <p><input type="radio"/> Well-done</p> <p><input type="radio"/> Don't eat meat</p>	<p><b>WHEN YOU ATE MEAT, DID YOU EAT THE FAT:</b></p> <p><input type="radio"/> Most of the time</p> <p><input type="radio"/> Some of the time</p> <p><input type="radio"/> Never or hardly ever</p> <p><input type="radio"/> Don't eat meat</p>	<p><b>WHEN YOU ATE CHICKEN, DID YOU EAT THE SKIN:</b></p> <p><input type="radio"/> Most of the time</p> <p><input type="radio"/> Some of the time</p> <p><input type="radio"/> Never or hardly ever</p> <p><input type="radio"/> Don't eat chicken</p>
<p><b>WHAT KIND OF MARGARINE DID YOU USUALLY USE? (mark only one)</b></p> <p><input type="radio"/> Regular Stick <b>OR</b></p> <p><input type="radio"/> Regular Tub <b>OR</b></p> <p><input type="radio"/> Diet or Spread <b>OR</b></p> <p><input type="radio"/> Don't use margarine</p> <p><input type="radio"/> Don't know</p>	<p><b>WHAT KIND OF BUTTER DID YOU USUALLY USE? (mark only one)</b></p> <p><input type="radio"/> Regular <b>OR</b></p> <p><input type="radio"/> Whipped <b>OR</b></p> <p><input type="radio"/> Don't use butter</p> <p><input type="radio"/> Don't know</p>	<p><b>WHAT KIND OF VEGETABLE OIL DID YOU USUALLY USE? (mark only one)</b></p> <p><input type="radio"/> Soybean or corn oil</p> <p><input type="radio"/> Olive oil</p> <p><input type="radio"/> Canola oil</p> <p><input type="radio"/> Any other oil</p> <p><input type="radio"/> Don't use oil    <input type="radio"/> Don't know</p>

## VITAMINS AND MINERALS

25. DID YOU TAKE ANY MULTIVITAMINS OR MULTIVITAMINS WITH MINERALS DURING THE LAST YEAR (at least once a week)?

- No  
 Yes

IF YES, HOW MANY VITAMIN TABLETS DID YOU TAKE?

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

IF YES, HOW MANY YEARS HAVE YOU TAKEN THEM?

- 1 year or less  
 2 to 4 years  
 5 years or more

26. DID YOU TAKE ANY OF THE FOLLOWING VITAMINS OR MINERALS BY ITSELF DURING THE LAST YEAR (at least once a week)?

**VITAMIN A**  
(BY ITSELF)

- No  
 Yes

IF YES, HOW MANY TABLETS DID YOU TAKE?

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

IF YES, HOW MANY YEARS HAVE YOU TAKEN THEM?

- 1 year or less  
 2 to 4 years  
 5 years or more

IF YES, WHAT WAS THE DOSE PER TABLET?

- 5,000 I.U. (International Units) or less  
 6,000 to 10,000 I.U.  
 11,000 to 24,000 I.U.  
 25,000 I.U. or more  
 Don't know

**VITAMIN C**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 250 mg (milligrams) or less  
 300 to 500 mg.  
 600 to 4,000 mg.  
 5,000 to 9,000 mg.  
 10,000 mg. or more  
 Don't know

**VITAMIN E**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 200 I.U. (International Units) or less  
 250 to 800 I.U.  
 825 to 1,200 I.U.  
 1,250 I.U. or more  
 Don't know

**BETA-CAROTENE**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 6,000 mcg (micrograms) or less  
 7,000 to 15,000 mcg.  
 16,000 mcg. or more  
 Don't know

**CALCIUM**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 250 mg (milligrams) or less  
 300 to 600 mg.  
 625 to 1,000 mg.  
 1,250 mg. or more  
 Don't know

**SELENIUM**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 75 mcg. (micrograms) or less  
 100 to 150 mcg.  
 200 to 225 mcg.  
 250 mcg. or more  
 Don't know

**IRON**  
(BY ITSELF)

- No  
 Yes

- 1 to 3 a week  
 4 to 6 a week  
 1 a day  
 2 a day  
 3 or more a day

- 1 year or less  
 2 to 4 years  
 5 years or more

- 50 mg. (milligrams) or less  
 51 to 150 mg.  
 151 mg. or more  
 Don't know

## MEDICATION HISTORY

**27. HAVE YOU EVER TAKEN ANY OF THE FOLLOWING MEDICATIONS AT LEAST TWO TIMES PER WEEK (for one month or longer)?**

**IF YES, HOW MANY YEARS HAVE YOU EVER TAKEN THEM?**

<b>Aspirin</b> (Anacin, Bufferin, Bayer, Excedrin, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Acetaminophen</b> (Tylenol, Anacin-3, Panadol, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Other Pain Relief Medication</b> (Motrin, Nuprin, Advil, Indocin, Naprosyn, Medipren, Ibuprofen, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Water Pills for High Blood Pressure or other Reasons</b> (Diuril, Hydrodiuril, Dyazide, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Reserpine</b> (Raudixin, Ser-Ap-Es, Hydropres, Rauwolfia, Metatensin, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Other Blood Pressure Medication</b> (Aldomet, Hygroton, Minipress, Cardizem, Procardia, Vasotec, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Antacids</b> (Tums, Rolaids, Digel, Maalox, Gelusil, Alka-Seltzer, or other)	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Tagamet, Zantac, or Pepcid for Peptic Ulcer</b>	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Allergy Pills or Shots (Antihistamines)</b>	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more
<b>Laxatives</b>	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 to 3 years <input type="radio"/> 4 to 5 years <input type="radio"/> 6 to 10 years <input type="radio"/> 11 years or more

## WORK HISTORY

**28. IN WHICH OCCUPATIONAL CATEGORY HAVE YOU WORKED THE LONGEST? (Mark only one)**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Laborer or Farm Worker             | <input type="radio"/> Sales                    | <input type="radio"/> Professional/Technical |
| <input type="radio"/> Factory Worker or Machine Operator | <input type="radio"/> Manager or Administrator | <input type="radio"/> Unemployed             |
| <input type="radio"/> Clerical or Office Worker          | <input type="radio"/> Craftsperson             | <input type="radio"/> Other (write in)       |
|  | <input type="radio"/> Small Business Owner     |  |

**29. PLEASE MARK ANY OF THE FOLLOWING INDUSTRIES OR OCCUPATIONS IN WHICH YOU WERE EMPLOYED FOR 10 YEARS OR LONGER. (You may mark more than one.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Metal production or processing                            | <input type="checkbox"/> Gasoline refining or distribution | <input type="checkbox"/> Furniture making or woodworking |
| <input type="checkbox"/> Mining, quarrying, rock crushing, or cement manufacturing | <input type="checkbox"/> Chemical production or use        | <input type="checkbox"/> Automotive repair               |
| <input type="checkbox"/> Cotton, wool, or textile processing                       | <input type="checkbox"/> Rubber or tire manufacturing      | <input type="checkbox"/> Pesticide production            |
| <input type="checkbox"/> Plastic production or processing                          | <input type="checkbox"/> Shipyard work                     | <input type="checkbox"/> Paint production or use         |
|  | <input type="checkbox"/> Farming                           | <input type="checkbox"/> None of these                   |



# PHYSICAL ACTIVITY

30. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A DAY DID YOU SLEEP (include naps)?

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

31. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A DAY DID YOU SPEND IN THE FOLLOWING SITTING ACTIVITIES?

	NEVER	Less than 1 hr.	1 to 2 hrs.	3 to 4 hrs.	5 to 6 hrs.	7 to 10 hrs.	11 hrs. or more
Sitting in car or bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sitting activities (such as reading, playing cards, sewing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A WEEK DID YOU SPEND IN THE FOLLOWING ACTIVITIES?

	NEVER	1/2 to 1 hr.	2 to 3 hrs.	4 to 6 hrs.	7 to 10 hrs.	11 to 20 hrs.	21 to 30 hrs.	31 hrs. or more
<b>Strenuous Sports</b> (such as jogging, bicycling on hills, tennis, racquetball, swimming laps, aerobics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vigorous Work</b> (such as moving heavy furniture, loading or unloading trucks, shoveling, weight lifting, or equivalent manual labor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate Activity</b> (such as housework, brisk walking, golfing, bowling, bicycling on level ground, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY TIMES A WEEK DID YOU TAKE PART IN VIGOROUS PHYSICAL ACTIVITY (STRENUOUS SPORTS OR WORK) LONG ENOUGH TO WORK UP A SWEAT?

- NEVER                       2 times                       4 times                       6 times  
 1 time                         3 times                         5 times                         7 times or more

**MEN, PLEASE GO TO PAGE 26**

**WOMEN, PLEASE GO TO NEXT PAGE**

34. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD?

- Less than 11 years
- 11 - 12 years
- 13 - 14 years
- 15 - 16 years
- 17 years or older

35. HOW OLD WERE YOU WHEN YOUR PERIODS BECAME REGULAR (ABOUT ONCE A MONTH)?

- Less than 11 years
- 11 - 12 years
- 13 - 14 years
- 15 - 16 years
- 17 years or older
- Never became regular

36. HAVE YOU EVER BEEN PREGNANT?

- No (*go to question 37*)
- Yes

IF YES, WHAT WAS THE OUTCOME OF YOUR FIRST PREGNANCY?

- Live birth
- Stillbirth
- Tubal pregnancy
- Miscarriage
- Induced abortion

IF YOU EVER HAD CHILDREN, HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?

- Less than 15 years
- 15 - 17 years
- 18 - 20 years
- 21 - 25 years
- 26 - 30 years
- 31 - 35 years
- 36 years or older

37. WHAT ONE METHOD OF CONTRACEPTION HAVE YOU USED FOR THE LONGEST TIME?

- Birth control pills
- Birth control injections
- Condom
- Diaphragm
- Spermicide
- IUD
- Partner has been sterilized (vasectomy)
- I have been sterilized (tubes tied)
- Withdrawal
- None of the above

38. DID YOU EVER TAKE BIRTH CONTROL PILLS FOR ONE MONTH OR LONGER?

- No (*go to question 39*)
- Yes, and I am currently taking them
- Yes, but I no longer take them

IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING THEM?

- Less than 15 years
- 15 - 17 years
- 18 - 20 years
- 21 - 25 years
- 26 - 30 years
- 31 - 35 years
- 36 years or older

IF YES, HOW MANY YEARS DID YOU TAKE THEM IN TOTAL?

- Less than one year
- 1 - 2 years
- 3 - 5 years
- 6 - 9 years
- 10 - 14 years
- 15 - 19 years
- 20 years or more

39. HAVE YOU EVER HAD A HYSTERECTOMY (complete removal of the uterus)?

- No
- Yes

**40. HAVE YOU EVER HAD YOUR OVARIES REMOVED?**

- No
- Yes, one only
- Yes, both ovaries
- Yes, don't know how many
- Don't know

**41. HAVE YOUR MENSTRUAL PERIODS STOPPED PERMANENTLY?**

- No (go to question 42)
- Yes

**IF YES, HOW OLD WERE YOU WHEN THIS HAPPENED?**

- Less than 40 years
- 40 - 44 years
- 45 - 49 years
- 50 - 54 years
- 55 years or older

**IF YES, FOR WHAT REASON?**

- Natural menopause
- Surgery
- Radiation
- Medication

**42. DID YOU EVER TAKE ESTROGEN (FEMALE HORMONES) BY PILL, INJECTION, OR PATCH FOR MENOPAUSE OR OTHER REASONS?**

- No (go to question 44)
- Yes, and I am currently taking it
- Yes, but I no longer take it

**IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING ESTROGEN?**

- Less than 40 years
- 40 - 44 years
- 45 - 49 years
- 50 - 54 years
- 55 - 59 years
- 60 years or older

**IF YES, HOW MANY YEARS DID YOU TAKE ESTROGEN?**

- Less than one year
- 1 - 2 years
- 3 - 5 years
- 6 - 9 years
- 10 - 14 years
- 15 - 19 years
- 20 years or more

**IF YOU USED AN ESTROGEN PILL, DID YOU EVER TAKE PREMARIN?**

- No (go to question 43)
- Yes

**IF YES, WHICH ONE OF THE FIVE PREMARIN PILLS DID YOU TAKE MOST OFTEN?**

- Green (0.3 mg)
- Brown or red (0.625 mg)
- White (0.9 mg)
- Yellow or orange (1.25 mg)
- Purple (2.5 mg)

**43. DID YOU EVER TAKE PROGESTERONE (SUCH AS PROVERA) ALONG WITH ESTROGEN FOR MENOPAUSE OR OTHER REASONS?**

- No (go to question 44)
- Yes, and I am currently taking it
- Yes, but I no longer take it

**IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING PROGESTERONE?**

- Less than 40 years
- 40 - 44 years
- 45 - 49 years
- 50 - 54 years
- 55 - 59 years
- 60 years or older

**IF YES, HOW MANY YEARS DID YOU TAKE PROGESTERONE IN TOTAL?**

- Less than one year
- 1 - 2 years
- 3 - 5 years
- 6 - 9 years
- 10 - 14 years
- 15 - 19 years
- 20 years or more

**44. HAVE YOU EVER HAD ANY OF THE FOLLOWING TESTS? IF YES, PLEASE MARK HOW LONG IT HAS BEEN SINCE YOU LAST HAD THE TEST.**

	Ever had?		Number of Years Since Last Test		
	No	Yes	Less than 1 year	1 to 2 yrs.	3 years or more
Mammogram (breast x-ray)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAP smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. HAVE YOUR MOTHER OR FULL SISTERS EVER HAD ANY OF THE FOLLOWING CANCERS?  
(Include any who may have died.)

IF YES, DID ANY OCCUR BEFORE AGE 50?

BREAST CANCER

No (or Don't Know)  
 Yes

IF YES, WHO?  
 Mother  
 1 sister  
 2 or more sisters

No  
 Yes  
 Don't know

OVARIAN CANCER

No (or Don't Know)  
 Yes

Mother  
 1 sister  
 2 or more sisters

No  
 Yes  
 Don't know

COLON CANCER

No (or Don't Know)  
 Yes

Mother  
 1 sister  
 2 or more sisters

No  
 Yes  
 Don't Know

OTHER CANCER

No (or Don't Know)  
 Yes

Mother  
 1 sister  
 2 or more sisters

No  
 Yes  
 Don't know

(write in kind)

46. HAVE YOUR FATHER OR FULL BROTHERS EVER HAD ANY OF THE FOLLOWING CANCERS?  
(Include any who may have died.)

IF YES, DID ANY OCCUR BEFORE AGE 50?

PROSTATE CANCER

No (or Don't Know)  
 Yes

IF YES, WHO?  
 Father  
 1 brother  
 2 or more brothers

No  
 Yes  
 Don't know

COLON CANCER

No (or Don't Know)  
 Yes

Father  
 1 brother  
 2 or more brothers

No  
 Yes  
 Don't know

OTHER CANCER

No (or Don't Know)  
 Yes

Father  
 1 brother  
 2 or more brothers

No  
 Yes  
 Don't know

(write in kind)

47. WRITE IN YOUR BIRTHDATE AND FILL IN THE CIRCLES. (See example in instructions)

MONTH	DAY	YEAR	
<input type="radio"/> JAN		1	9
<input type="radio"/> FEB			
<input type="radio"/> MAR	0 0		0 0
<input type="radio"/> APR	1 1		1 1
<input type="radio"/> MAY	2 2		2 2
<input type="radio"/> JUN	3 3		3 3
<input type="radio"/> JUL	4 4		4 4
<input type="radio"/> AUG	5 5		5 5
<input type="radio"/> SEP	6 6		6 6
<input type="radio"/> OCT	7 7		7 7
<input type="radio"/> NOV	8 8		8 8
<input type="radio"/> DEC	9 9		9 9

48. PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER AND FILL IN THE CIRCLES

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

(This will only be used to identify you in this study)

49. PLEASE WRITE IN YOUR PHONE NUMBER AND FILL IN THE CIRCLES

Area Code	Number		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

(We may need to get in touch with you to clarify certain answers on your survey)

IN CASE WE NEED TO CONTACT YOU IN THE FUTURE AND YOU HAVE MOVED, PLEASE GIVE THE NAME OF SOMEONE AT A DIFFERENT ADDRESS TO WHOM WE MIGHT WRITE FOR YOUR NEW LOCATION.

Name of relative or friend: \_\_\_\_\_

Relationship \_\_\_\_\_

His or her address: \_\_\_\_\_

Street

City

State

Zip Code

His or her phone number ( ) \_\_\_\_\_

Area Code

Please check to see that ALL PAGES are completed. Place the questionnaire in the postage paid envelope provided and mail it to us.

**THANK YOU AGAIN FOR YOUR TIME AND COOPERATION!**