



5. The next section asks about your USUAL eating habits. Your answers should reflect your food intake over the past year. Please think about your food intake at home and in restaurants.

**Step One:** Mark the "HOW OFTEN" column to show how often you usually ate the food during the past year.

**Step Two:** Mark the "HOW MUCH" column to show your usual portion size for each food.

Sample: This person usually eats applesauce 5 times a week and usually eats between 1/2 and 3/4 cup each time.

TYPE OF FOOD	HOW OFTEN										HOW MUCH	
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day	YOUR PORTION SIZE	
Applesauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input checked="" type="radio"/> 1/2 to 3/4 cup <input type="radio"/> More than 3/4 cup	

**ADDITIONAL COMMENTS:**

- If you never eat a food, you may mark only "Never", leave the "How Much" column blank, and move on to the next food.
- Please do not skip any foods.
- Please be careful to put your answers in the correct columns and to fill out each food item completely.
- It is okay to estimate how often and how much you usually eat. We do not expect you to remember your intake exactly.
- The term "low-fat" includes low-fat, reduced-fat, and non-fat versions of foods.

**PLEASE BEGIN HERE**

TYPE OF FOOD	HOW OFTEN										HOW MUCH	
	Never	1 Time Per Month or Less	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2-3 Times Per Day	4-5 Times Per Day	6 + Times Per Day	YOUR PORTION SIZE	
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)												
Tomato juice or vegetable juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 cup <input type="radio"/> More than 1 cup	
Orange juice or grapefruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 cup <input type="radio"/> More than 1 cup	
Other fruit juice or fruit juice mixture (such as apple, grape, pineapple, or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 cup <input type="radio"/> More than 1 cup	
Drinks, such as Hi-C, lemonade, Kool-Aid (diet or regular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups	
Soft drinks, soda, pop (diet or regular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 10 oz or 1 can <input type="radio"/> 10 to 12 oz or 1 can <input type="radio"/> More than 12 oz or 1 can	
Whole milk (4%) as a drink (NOT in coffee, NOT on cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup	
1% or 2% fat milk as a drink (NOT in coffee, NOT on cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup	

TYPE OF FOOD	HOW OFTEN									
	Never	1 Time Per Month or Less	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2-3 Times Per Day	4-5 Times Per Day	6+
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Skim, non-fat, or 1/2% milk as a drink (NOT in coffee, NOT on cereal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (IN SUMMER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (REST OF THE YEAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine or wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor or mixed 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"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
Less than 1/2 cup 1/2 to 1 cup More than 1 cup
Less than a 12-ounce can 1 to 2 12-ounce cans More than 2 12-ounce cans
Less than a 12-ounce can 1 to 2 12-ounce cans More than 2 12-ounce cans
Less than 4 ounces 4 to 8 ounces More than 8 ounces
Less than 1 shot of liquor 1 to 2 shots of liquor More than 2 shots of liquor

**Please note that response categories change on the following questions.**

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Cottage cheese (including low-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"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (NOT including frozen yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes, waffles, French toast, or crepes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oatmeal, grits, or other cooked cereal (IN WINTER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oatmeal, grits, or other cooked cereal (REST OF THE YEAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
Less than 1/4 cup 1/4 to 3/4 cup More than 3/4 cup
Less than 1/2 cup 1/2 to 1 cup More than 1 cup
Less than 2 pieces 2 to 4 pieces More than 4 pieces
Less than 3/4 cup 3/4 to 1 1/4 cups More than 1 1/4 cups
Less than 3/4 cup 3/4 to 1 1/4 cups More than 1 1/4 cups

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Cold cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups

HOW OFTEN					
How often is the cold cereal you eat:	Almost Never or Never	About 1/4 of the Time	About 1/2 of the Time	About 3/4 of the Time	Almost Always or Always
Total or Product 19	<input type="radio"/>				
High-fiber cereals, such as Fiber One, All Bran, or 100% Bran	<input type="radio"/>				
Other fiber cereals, such as Cheerios, Shredded Wheat, Raisin Bran, Bran Flakes, Granola	<input type="radio"/>				
Any other cold cereal	<input type="radio"/>				
How often are the following added to your cereal:					
Whole milk (4%)	<input type="radio"/>				
1% or 2% fat milk	<input type="radio"/>				
Skim, nonfat, or 1/2% milk	<input type="radio"/>				

AMOUNT ADDED		
Less than 1/4 cup	1/4 to 1 cup	More than 1 cup
<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"/>

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
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"/>	<input type="radio"/>	<input type="radio"/>
Apples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pears (fresh, canned, frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
<input type="radio"/> Less than 1 apple <input type="radio"/> 1 apple <input type="radio"/> More than 1 apple
<input type="radio"/> Less than 1 pear or 1/2 cup <input type="radio"/> 1 pear or 1/2 cup <input type="radio"/> More than 1 pear or 1/2 cup
<input type="radio"/> Less than 1 banana <input type="radio"/> 1 banana <input type="radio"/> More than 1 banana

TYPE OF FOOD	HOW OFTEN										HOW MUCH
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day	YOUR PORTION SIZE
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)											
Dried fruit (such as prunes or raisins, not including dried apricots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 2 tablespoons <input type="radio"/> 2 to 6 tablespoons <input type="radio"/> More than 6 tablespoons
Peaches, nectarines, plums (fresh, canned, or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 fruit or 1/2 cup <input type="radio"/> 1 to 2 fruits or 1/2 cup <input type="radio"/> More than 2 fruits or 1/2 cup
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/4 melon or 1/2 c <input type="radio"/> 1/4 melon or 1/2 to 1 1/2 c <input type="radio"/> More than 1/4 melon or 1 1/2 c
Other melon, such as watermelon or honeydew (IN SEASON)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 3/4 cups <input type="radio"/> More than 1 3/4 cups
Strawberries (IN SEASON)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
Oranges, tangerines, tangelos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 orange <input type="radio"/> 1 orange <input type="radio"/> More than 1 orange
Grapefruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 grapefruit <input type="radio"/> 1/2 grapefruit <input type="radio"/> More than 1/2 grapefruit
Grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
<u>Cooked</u> greens, such as spinach, turnip, collard, mustard, kale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<u>Raw</u> greens, such as spinach, turnip, collard, mustard, kale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 1/2 cup <input type="radio"/> More than 1/2 cup
Cole slaw, cabbage or sauerkraut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
Carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 1/2 cup <input type="radio"/> More than 1/2 cup
String beans, green beans (fresh, canned, or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Peas (fresh, canned, frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh corn (IN SEASON)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (fresh, canned, frozen) (REST OF THE YEAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (fresh or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower or brussel sprouts (fresh or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed 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"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes, fresh (including in salads) (IN SEASON)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes, fresh (including in salads) (REST OF THE YEAR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet peppers, green or red	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lettuce salads (with or without other 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"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing for salads or vegetables (including low-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"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<input type="radio"/>
French fries, home fries, or hash brown 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"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1 ear or 1/2 cup <input type="radio"/> 1 ear or 1/2 to 1 cup <input type="radio"/> More than 1 ear or 1 cup
<input type="radio"/> Less than 1 ear or 1/2 cup <input type="radio"/> 1 ear or 1/2 to 1 cup <input type="radio"/> More than 1 ear or 1 cup
<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1/4 tomato <input type="radio"/> 1/4 to 1/2 tomato <input type="radio"/> More than 1/2 tomato
<input type="radio"/> Less than 1/4 tomato <input type="radio"/> 1/4 to 1/2 tomato <input type="radio"/> More than 1/2 tomato
<input type="radio"/> Less than 1/4 pepper <input type="radio"/> 1/4 to 3/4 pepper <input type="radio"/> More than 3/4 pepper
<input type="radio"/> Less than 1/4 cup or 1 leaf <input type="radio"/> 1/4 to 1 cup or 1 to 3 leaves <input type="radio"/> More than 1 cup or 3 leaves
<input type="radio"/> Less than 1 tablespoon <input type="radio"/> 1 to 3 tablespoons <input type="radio"/> More than 3 tablespoons
<input type="radio"/> Less than 1 potato or 1/2 cup <input type="radio"/> 1 potato or 1/2 to 1 cup <input type="radio"/> More than 1 potato or 1 cup
<input type="radio"/> Less than 10 or 1/2 cup <input type="radio"/> 10 to 20 or 1/2 to 1 cup <input type="radio"/> More than 20 or 1 cup

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Potato 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"/>	<input type="radio"/>	<input type="radio"/>
Baked, boiled, mashed (including instant) 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"/>	<input type="radio"/>	<input type="radio"/>
Salsa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chili	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans, such as baked beans, refried beans, pintos, kidney, lima, lentils, or soybeans (NOT INCLUDING bean soup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
<input type="radio"/> Less than 1 potato or 1/2 cup <input type="radio"/> 1 to 2 potatoes or 1/2 to 1 cup <input type="radio"/> More than 1 potato or 1 cup
<input type="radio"/> Less than 1 tablespoon <input type="radio"/> 1 to 6 tablespoons <input type="radio"/> More than 6 tablespoons
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup

Rice (all types), or other cooked grains	<input type="radio"/>									
Lasagna, stuffed shells, stuffed manicotti, ravioli, tortellini (NOT COUNTING SPAGHETTI)	<input type="radio"/>									
Macaroni and cheese	<input type="radio"/>									
Pasta, spaghetti, or other noodles	<input type="radio"/>									
Tomato sauce or spaghetti sauce made WITH meat	<input type="radio"/>									
Tomato sauce or spaghetti sauce made WITHOUT meat	<input type="radio"/>									

<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup

Bagels, English muffins	<input type="radio"/>									
Breads or rolls FOR SANDWICHES (including burger or hot dog rolls)	<input type="radio"/>									

<input type="radio"/> Less than 1 bagel or muffin <input type="radio"/> 1 bagel or muffin <input type="radio"/> More than 1 bagel or muffin
<input type="radio"/> Less than 1 slice or bun <input type="radio"/> 1 to 2 slices or 1 bun <input type="radio"/> More than 2 slices or 1 bun

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Breads or dinner rolls, NOT INCLUDING ON SANDWICHES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream cheese (including low-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"/>	<input type="radio"/>	<input type="radio"/>
Butter or margarine on bread or rolls (including low-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"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or mayonnaise-like salad dressing on bread (including reduced-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"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or mayonnaise-like salad dressing in tuna salad, chicken salad, or other salad (including reduced-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"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
<b>YOUR PORTION SIZE</b>
<input type="radio"/> Less than 1 slice or roll <input type="radio"/> 1 to 2 slices or rolls <input type="radio"/> More than 2 slices or rolls
<input type="radio"/> Less than 1 tablespoon <input type="radio"/> 1 to 2 tablespoons <input type="radio"/> More than 2 tablespoons
<input type="radio"/> Less than 1 teaspoon <input type="radio"/> 1 to 3 teaspoons <input type="radio"/> More than 3 teaspoons
<input type="radio"/> Less than 1 teaspoon <input type="radio"/> 1 to 3 teaspoons <input type="radio"/> More than 3 teaspoons
<input type="radio"/> Less than 1 teaspoon <input type="radio"/> 1 to 3 teaspoons <input type="radio"/> More than 3 teaspoons

Turkey or chicken COLD CUTS <b>WE WILL ASK ABOUT OTHER CHICKEN LATER.</b>	<input type="radio"/>									
Cold cuts or luncheon meats, such as ham, bologna, salami, corned beef, pastrami, others (including reduced-fat)	<input type="radio"/>									
Tuna (canned) including in salads, sandwiches, or casseroles	<input type="radio"/>									
Hot dogs or frankfurters (all kinds, not including sausages)	<input type="radio"/>									
GROUND chicken or turkey <b>WE WILL ASK ABOUT OTHER CHICKEN LATER.</b>	<input type="radio"/>									
Beef hamburgers or cheeseburgers	<input type="radio"/>									
Ground beef in mixtures, such as tacos, burritos, meatballs, casseroles, chili, meatloaf	<input type="radio"/>									
Beef stew or pot pie with carrots or other vegetables	<input type="radio"/>									

<input type="radio"/> Less than 1 slice or oz <input type="radio"/> 1 to 3 slices or oz <input type="radio"/> More than 3 slices or oz
<input type="radio"/> Less than 1 slice or oz <input type="radio"/> 1 to 3 slices or oz <input type="radio"/> More than 3 slices or oz
<input type="radio"/> Less than 2 oz or 1/4 cup <input type="radio"/> 2 to 4 oz or 1/4 to 1/2 cup <input type="radio"/> More than 4 oz or 1/2 cup
<input type="radio"/> Less than 1 hot dog <input type="radio"/> 1 to 2 hot dogs <input type="radio"/> More than 2 hot dogs
<input type="radio"/> Less than 1 pattie or 2 oz <input type="radio"/> 1 pattie or 2 to 4 oz <input type="radio"/> More than 1 pattie or 4 oz
<input type="radio"/> Less than 1 patty or 3 oz <input type="radio"/> 1 patty or 3 to 5 oz <input type="radio"/> More than 1 patty or 5 oz
<input type="radio"/> Less than 3 ounces <input type="radio"/> 3 to 7 ounces <input type="radio"/> More than 7 ounces
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups

TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Roast beef or steak IN SANDWICHES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast beef, including in mixtures (NOT in sandwiches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steak (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"/>	<input type="radio"/>	<input type="radio"/>
Roast turkey, turkey cutlets, or nuggets (including in sandwiches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken or chicken nuggets* (*4 to 8 nuggets = 3 oz)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked, broiled, roasted, or stewed chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken as part of salads, sandwiches, casseroles, stews, or other mixtures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast ham or ham steak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork including chops, roasts, and in mixed dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat gravy on meat, chicken, potatoes, rice, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (all kinds) or liverwurst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (including reduced-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"/>	<input type="radio"/>	<input type="radio"/>
Sausage (including reduced-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"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 1 ounce <input type="radio"/> 1 to 3 ounces <input type="radio"/> More than 3 ounces
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 5 ounces <input type="radio"/> More than 5 ounces
<input type="radio"/> Less than 3 ounces <input type="radio"/> 3 to 7 ounces <input type="radio"/> More than 7 ounces
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 4 ounces <input type="radio"/> More than 4 ounces
<input type="radio"/> Less than 2 oz or 1 piece <input type="radio"/> 2 to 5 oz or 1 to 2 pieces <input type="radio"/> More than 5 oz or 2 pieces
<input type="radio"/> Less than 2 oz or 1 piece <input type="radio"/> 2 to 5 oz or 1 to 2 pieces <input type="radio"/> More than 5 oz or 2 pieces
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 3 ounces <input type="radio"/> More than 3 ounces
<input type="radio"/> Less than 3 ounces <input type="radio"/> 3 to 6 ounces <input type="radio"/> More than 6 ounces
<input type="radio"/> Less than 2 tablespoons <input type="radio"/> 2 to 8 tablespoons <input type="radio"/> More than 8 tablespoons
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 5 ounces <input type="radio"/> More than 5 ounces
<input type="radio"/> Less than 3 slices <input type="radio"/> 3 to 4 slices <input type="radio"/> More than 4 slices
<input type="radio"/> Less than 1 pattie or link <input type="radio"/> 1 to 4 patties or links <input type="radio"/> More than 4 patties or links



TYPE OF FOOD	HOW OFTEN									
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)										
Fried fish or fish sticks (including fried seafood or shellfish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish or seafood (NOT fried), such as flounder, cod, shrimp, clams, crabs, lobster, and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH
<b>YOUR PORTION SIZE</b>
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 6 ounces <input type="radio"/> More than 6 ounces
<input type="radio"/> Less than 2 ounces <input type="radio"/> 2 to 6 ounces <input type="radio"/> More than 6 ounces

Bean-based soups	<input type="radio"/>									
Cream soups (including chowders)	<input type="radio"/>									
Tomato or vegetable soups	<input type="radio"/>									

<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups
<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
<input type="radio"/> Less than 1 cup <input type="radio"/> 1 to 2 cups <input type="radio"/> More than 2 cups

Pizza	<input type="radio"/>									
Crackers	<input type="radio"/>									
Cornbread, corn muffins	<input type="radio"/>									
Biscuits	<input type="radio"/>									
Flour or corn tortillas	<input type="radio"/>									
Potato chips, tortilla chips, or corn chips (including low-fat or low-salt)	<input type="radio"/>									
Popcorn (including low-fat)	<input type="radio"/>									
Peanut butter or other nut butter	<input type="radio"/>									

<input type="radio"/> Less than 1 slice <input type="radio"/> 1 to 3 slices <input type="radio"/> More than 3 slices
<input type="radio"/> Less than 4 crackers <input type="radio"/> 4 to 8 crackers <input type="radio"/> More than 8 crackers
<input type="radio"/> Less than 1 piece/muffin <input type="radio"/> 1 to 2 pieces/muffins <input type="radio"/> More than 2 pieces/muffins
<input type="radio"/> Less than 2 biscuits <input type="radio"/> 2 to 3 biscuits <input type="radio"/> More than 3 biscuits
<input type="radio"/> Less than 2 tortillas <input type="radio"/> 2 to 4 tortillas <input type="radio"/> More than 4 tortillas
<input type="radio"/> Less than 10 chips or 1 oz <input type="radio"/> 10 to 30 chips or 1 to 2 oz <input type="radio"/> More than 30 chips or 2 oz
<input type="radio"/> Less than 3 cups, popped <input type="radio"/> 3 to 6 cups, popped <input type="radio"/> More than 6 cups, popped
<input type="radio"/> Less than 1 tablespoon <input type="radio"/> 1 to 2 tablespoons <input type="radio"/> More than 2 tablespoons

TYPE OF FOOD	HOW OFTEN										HOW MUCH
	Never	1-6 Times Per Year	7-11 Times Per Year	1 Time Per Month	2-3 Times Per Month	1-2 Times Per Week	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day	YOUR PORTION SIZE
Over the last 12 months, how often did you eat the following foods? (Ignore any recent changes.)											<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 1/2 cup <input type="radio"/> More than 1/2 cup
Peanuts, walnuts, seeds, 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 tablespoon <input type="radio"/> 1 to 3 tablespoons <input type="radio"/> More than 3 tablespoons
Sour cream (including low-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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 3/4 ounce <input type="radio"/> 3/4 to 1 1/2 ounces <input type="radio"/> More than 1 1/2 ounces
Cheese or cheese spreads (including low-fat but NOT including cream cheese or cheese on pizza)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frozen yogurt, low-fat ice cream, ice milk, 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 1/2 cups <input type="radio"/> More than 1 1/2 cups
Regular-fat ice cream or ice-cream bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
Cake (including low-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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 medium piece <input type="radio"/> 1 medium piece <input type="radio"/> More than 1 medium piece
Cookies or brownies (including low-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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 piece <input type="radio"/> 1 to 3 pieces <input type="radio"/> More than 3 pieces
Doughnuts, sweet rolls, danish, sweet muffins or dessert breads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 piece <input type="radio"/> 1 to 2 pieces <input type="radio"/> More than 2 pieces
Fruit pie, such as apple, blueberry, others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/8 pie <input type="radio"/> About 1/8 to 1/6 pie <input type="radio"/> More than 1/6 pie
Cream, custard, or meringue pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/8 pie <input type="radio"/> About 1/8 to 1/6 pie <input type="radio"/> More than 1/6 pie
Pumpkin or sweet potato pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1/8 pie <input type="radio"/> About 1/8 to 1/6 pie <input type="radio"/> More than 1/6 pie
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 1 bar or 1 oz <input type="radio"/> 1 bar or 1 to 2 oz <input type="radio"/> More than 1 bar or 2 oz
Other 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Less than 2 pieces <input type="radio"/> 2 to 5 pieces <input type="radio"/> More than 5 pieces



Please note that the response categories change in the following questions.

TYPE OF FOOD	HOW MANY									
	None	1 - 6 Eggs Per Year	7 - 11 Eggs Per Year	1 Egg Per Month	2 - 3 Eggs Per Month	1 - 2 Eggs Per Week	3 - 4 Eggs Per Week	5 - 6 Eggs Per Week	1 Egg Per Day	2 + Eggs Per Day
Over the <u>last 12 months</u> :										
How many eggs, egg whites, or egg substitutes (NOT counting eggs in baked goods and desserts) did you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TYPE OF FOOD	HOW MANY									
	None	Less than 1 Cup per Month	1 - 3 Cups Per Month	1 - 2 Cups Per Week	3 - 4 Cups Per Week	5 - 6 Cups Per Week	1 Cup Per Day	2 - 3 Cups Per Day	4 - 5 Cups Per Day	6 + Cups Per Day
Over the <u>last 12 months</u> :										
How many cups of coffee, caffeinated or decaffeinated, did you drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many cups of HOT tea, caffeinated or decaffeinated, did you drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many glasses or cups of ICED tea, caffeinated or decaffeinated did you drink? (IN SUMMER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to ask you a few more questions about your usual eating patterns over the last 12 months. The term "usually" refers to **MORE THAN HALF THE TIME**.

6. When you drank the following beverages, please mark whether you usually (more than half the time) drank sugar-free (diet) or regular-calorie types. Please answer for all beverages.

	Didn't drink this beverage	More than half the time I drank:	
		Sugar- free	Regular
Soft drinks, soda, or pop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinks such as Hi-C, lemonade, or Kool-aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweetened iced tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. When you drank the following beverages, please mark whether you usually drank caffeine-free or caffeine-containing types.

	Didn't drink this beverage	More than half the time I drank:	
		Caffeine - free	Caffeine - containing
Soft drinks, soda, or pop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iced tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please record the number of servings of vegetables and fruits you usually ate per week or per day.

	HOW MANY SERVINGS									
	Less than One Per Week	1-2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+	Per Day
Number of servings of vegetables (not including salad or 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"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of fruit (not including juices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please mark whether you usually ate regular fat, low-fat or non-fat versions of the following foods:

	Didn't eat this food	More than half the time I ate :		
		Regular fat	Low-fat	Non-fat
Sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips, corn chips, or other chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies or brownies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise or mayonnaise-type dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please mark whether you usually ate regular-fat or low-fat versions of the following foods:

	Didn't eat this food	More than half the time I ate :	
		Regular fat	Low-fat
Hot dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cuts or luncheon meats, such as ham, bologna, salami, corned beef, pastrami, others (NOT including chicken or turkey cold cuts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sausage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Over the last 12 months, when you ate ground beef (including hamburgers and cheeseburgers) which kind did you usually eat?

- Didn't eat ground beef
- Regular ground beef
- Lean ground beef
- Lean and regular about the same amount of time

12. When you ate beef steaks, roasts, or chops, which kind did you usually (more than half the time) eat?

- Didn't eat steaks, roasts, or chops
- Regular fat cuts
- Lean cuts
- Lean and regular about the same amount of time

13. Over the last 12 months, when you ate chicken, how did you usually (more than half the time) eat it?

- Didn't eat chicken (GO TO QUESTION 15)
- With skin
- Without skin
- With and without skin about the same amount of time

14. When you ate chicken, which kind did you usually eat?

- Light meat
- Dark meat
- Dark and light meat about the same amount of time

15. When you ate canned tuna, which kind did you usually eat?

- Didn't eat canned tuna
- Water-packed tuna
- Oil-packed tuna
- Oil- and water- packed tuna about the same amount of time

16. Over the last 12 months, when you ate eggs (not including in baked goods and desserts), which kind of eggs did you usually eat?

- Didn't eat eggs (GO TO QUESTION 18)
- Whole eggs
- Egg whites
- Egg substitutes

17. How were your eggs usually cooked?

- In oil
- In oil spray
- In butter
- In margarine
- Poached or boiled
- In non-stick pan with no oil, butter, or margarine

18. When you ate each of the foods listed in this table, how often was butter or margarine added AFTER COOKING OR AT THE TABLE?

	Added margarine or butter after cooking:			
	Didn't eat this food	MORE than half the time	Half the time or LESS	Almost Never or Never
Oatmeal, grits, or other cooked cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes, waffles, or French toast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked, boiled, or mashed potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Over the last 12 months, which was usually used in cooking or on your foods, butter or margarine?

- Didn't use butter or margarine (GO TO QUESTION 21)
- Used butter (GO TO QUESTION 21)
- Used margarine
- Used butter and margarine about the same amount of time

20. When margarine was used, what kind was usually used?

- Didn't use margarine
- Regular stick
- Regular tub
- Diet stick
- Diet tub
- Stick or tub margarine/butter blend

21. How often was oil, butter, or margarine used to fry or saute the vegetables, eggs, or meat you ate?

- Never (GO TO QUESTION 23)
- Less than once per week
- 1 to 2 times per week
- 3 to 4 times per week
- 5 to 6 times per week
- Once per day
- 2 times per day
- 3 times per day
- 4 or more times per day

22. Which of the following fats or oils were regularly used to fry or saute?

(MARK ALL THAT APPLY)

- Don't know
- Margarine
- Butter
- Lard, fatback, or bacon fat
- Vegetable shortening, such as solid Crisco
- Oil spray like Pam or others
- Oil, liquid

What kind of oils were regularly used?

(MARK ALL THAT APPLY)

- Don't know
- Corn
- Olive
- Safflower
- Sunflower
- Canola
- Other

23. When you ate bread IN SANDWICHES, which kind of bread did you usually eat (including hamburger and hot dog buns)?

- Didn't eat bread (GO TO QUESTION 25)
- Ate bread, but not in sandwiches
- White bread
- Dark bread (whole wheat, rye, pumpernickel, whole grain)
- White and dark bread about the same amount of time

24. Which kind of bread or dinner rolls did you usually eat NOT in sandwiches?

- Did not eat bread other than in sandwiches
- White bread
- Dark bread (whole wheat, rye, pumpernickel, whole grain)
- White and dark bread about the same amount of time

Question 25 appears at the top of the next column.

25. Over the last 12 months, when you drank coffee or tea, what kind of sweetener did you regularly add?

(MARK ALL THAT APPLY)

- Didn't drink coffee or tea (GO TO QUESTION 27)
- Didn't add any sweetener to coffee or tea
- Sugar or honey
- Equal or aspartame
- Saccharin or Sweet-n-Low
- Other sweetener

26. When you drank coffee or tea, what kind of milk or creamer did you regularly add?

(MARK ALL THAT APPLY)

- Didn't use milk or creamer in coffee or tea
- Low-fat, non-dairy creamer
- Regular-fat, non-dairy creamer
- Evaporated or condensed (canned) milk
- Cream or half-&-half
- Whole (4%) milk
- 1 or 2% fat milk
- Skim, non-fat, or 1/2% milk

27. Over the last 12 months, did you take any vitamins or minerals?

- No (GO TO QUESTION 31)
- Yes, less than once per month (GO TO QUESTION 31)
- Yes, once per month or more

28. How often did you take the following multivitamins?

	Never	Less than 1 time Per Week	1-3 Times Per Week	4-6 Times Per Week	Every Day
Stress-tab type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic or Theragran-type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-a-day type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Which of the following vitamins and minerals did you take more than once per month? (DO NOT include vitamins and minerals contained in the multivitamins you reported taking in Question 28.)

(MARK ALL THAT APPLY)

- Iron
- Zinc
- Selenium
- Folic Acid
- None

Question 31 appears on the next page.

30. How often did you take the following single supplements, and what was the total amount of each single supplement you usually took in one day?

	Never	Less than 1 Time Per Week	1-3 Times Per Week	4-6 Times Per Week	Every Day																
Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <thead> <tr> <th colspan="5">Total Amount You Usually Took in One Day</th> </tr> <tr> <th>Less than 8,000 IU</th> <th>8,000 to 12,000 IU</th> <th>13,000 to 22,000 IU</th> <th>23,000 IU or more</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Total Amount You Usually Took in One Day					Less than 8,000 IU	8,000 to 12,000 IU	13,000 to 22,000 IU	23,000 IU or more	Don't know	<input type="radio"/>				
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Less than 8,000 IU	8,000 to 12,000 IU	13,000 to 22,000 IU	23,000 IU or more	Don't know																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Beta-carotene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <thead> <tr> <th>Less than 8,000 IU</th> <th>8,000 to 12,000 IU</th> <th>13,000 to 22,000 IU</th> <th>23,000 IU or more</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Less than 8,000 IU	8,000 to 12,000 IU	13,000 to 22,000 IU	23,000 IU or more	Don't know	<input type="radio"/>									
Less than 8,000 IU	8,000 to 12,000 IU	13,000 to 22,000 IU	23,000 IU or more	Don't know																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <thead> <tr> <th>Less than 400 mg</th> <th>400 to 699 mg</th> <th>700 to 1,250 mg</th> <th>1300 mg or more</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Less than 400 mg	400 to 699 mg	700 to 1,250 mg	1300 mg or more	Don't know	<input type="radio"/>									
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <thead> <tr> <th>Less than 100 IU</th> <th>100 to 250 IU</th> <th>300 to 500 IU</th> <th>600 IU or more</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Less than 100 IU	100 to 250 IU	300 to 500 IU	600 IU or more	Don't know	<input type="radio"/>									
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	
Calcium (Include Tums)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <thead> <tr> <th>Less than 400 mg</th> <th>400 to 900 mg</th> <th>901 to 1300 mg</th> <th>1301 mg or more</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>	Less than 400 mg	400 to 900 mg	901 to 1300 mg	1301 mg or more	Don't know	<input type="radio"/>									
Less than 400 mg	400 to 900 mg	901 to 1300 mg	1301 mg or more	Don't know																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																	

The final group of questions asks about you, your family history, medical history, and smoking history.

31. Currently, which of the following best describes your daily routine at work? If you do not work at a job, select the response that best describes your routine throughout the day. Do not include the time you spend exercising or playing sports.

- You sit during the day and do not walk around very much.
- You sit much of the day, but also walk around a fair amount.
- You stand or walk around a lot during the day, but do not have to carry or lift things very often.
- You lift or carry light loads, or have to climb stairs or hills often.
- You do heavy work or carry heavy loads.

32. During a typical month in the past 12 months, how often did you participate in physical activities at work or home, including exercise, sports, and activities such as carrying heavy loads? Only include periods of physical activities that lasted at least 20 minutes and caused increases in breathing or heart rate, or caused you to work up a sweat.

- Never
- Rarely
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 4 times per week
- 5 or more times per week

33. Think back in time to when you were around the ages of 15 to 18 years old. Back then, about how often did you participate in physical activities or sports during a typical month?

- Never
- Rarely
- 1-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week

34. What is your current marital status?

- Married or living as married
- Widowed
- Divorced
- Separated
- Never married

35. What is your sex?

- Male
- Female

36. Which of these best describes your race?

- White, Not Hispanic
- Black, Not Hispanic
- Hispanic
- Asian
- Pacific Islander
- American Indian or Alaskan Native

37. What is the highest grade or level of schooling you completed? (MARK ONLY ONE RESPONSE)

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post-high school training other than college (for example, vocational or technical training)
- Some college
- College graduate
- Postgraduate

38. We would like to have your Social Security Number. It will be used only to check against vital and health statistics records. This will have no effect on your benefits. This information is voluntary and is collected under the authority of the Public Health Service Act Section 412 (42 USC 285a-1) and Section 413 (42 USC 285a-2).

SOCIAL SECURITY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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39. Would you say your health in general is:

- Excellent?       Fair?  
 Very good?     Poor?  
 Good?

40. Have you ever been told by a doctor that you had any of the following conditions? (MARK ALL THAT APPLY)

- Gallbladder stone or disease       Polyps of colon or rectum  
 Diabetes  
 Heart disease                               End-stage renal disease  
 Emphysema  
 Osteoporosis                                 Stroke  
 Bone fracture after age 45             No

41. Have you or any blood relatives in your immediate family (that includes your parents, full or half-brothers or sisters, and children) ever been diagnosed as having any type of cancer, except for basal-cell skin cancer?

- No (GO TO QUESTION 42)  
 Yes → Please specify the types of cancer in the table below.

Family Member	Prostate Cancer	Breast Cancer	Colon Cancer	Other Cancer(s)
You	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Brother(s)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Son(s)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Mother		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister(s)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daughter(s)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Have you smoked 100 or more cigarettes during your entire life?

- Yes  
 No (GO TO QUESTION 45)

43. Do you currently smoke cigarettes or have you stopped?

- Currently smoke       Stopped 5 to 9 years ago  
 Stopped within last year     Stopped 10 or more years ago  
 Stopped 1 to 4 years ago

44. How many cigarettes per day do or did you usually smoke?

- 1 to 10       31 to 40  
 11 to 20     41 to 60  
 21 to 30     61 or more

45. Did you ever smoke pipes or cigars regularly for a year or longer?

- No                               Yes, pipes only  
 Yes, pipes and cigars     Yes, cigars only

**IF YOU ARE MALE, STOP HERE.**

**Thank you very much for completing this questionnaire. Please return it in the self-addressed, postage-paid envelope.**

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

- 10 or younger       13 to 14  
 11 to 12             15 or older

47. How many years did you take oral contraceptives (birth control pills)?

- Never (or less than 1 year)       5 to 9 years  
 1 to 4 years                             10 or more years

48. How many live-born children have you had?

- None                                       3 to 4  
 1     5 to 9  
 2     10 or more

49. How old were you when you gave birth to your first child?

- Never gave birth                       25 to 29  
 Less than 16                             30 to 34  
 16 to 19                                 35 to 39  
 20 to 24                                 40 or older

50. How old were you when you had your last menstrual period?

- Less than 40                             50 to 54  
 40 to 44                                 55 or older  
 45 to 49                                 Still menstruating

51. Did your periods stop because of natural menopause, surgery, radiation, or chemotherapy?

- Periods did not stop                     Surgery  
 Natural menopause                     Radiation or chemotherapy

52. Have you had a hysterectomy (to remove your uterus)?

- No       Yes

53. Have you had surgery to your ovaries?

- No       Yes, both ovaries removed  
 Yes, other surgery to ovaries

54. How many times have you had a biopsy of the breast?

- None       2  
 1             3 or more

55. Are you currently taking replacement hormones?

- No       Yes

56. How many years have you taken replacement hormones?

- Never                                       5 to 9 years  
 Less than 5 years                       10 or more years

**Thank you very much for completing this questionnaire. Please return it in the self-addressed, postage-paid envelope.**