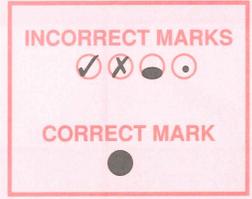


NATIONAL INSTITUTES OF HEALTH AND AARP DIET AND HEALTH STUDY

GENERAL INSTRUCTIONS

- Answer each question as best you can. Most of the questions deal with your diet. The rest of the questions deal with other health-related information. For the dietary questions, we are looking for an estimate of what you eat. A guess is better than leaving a blank.
- Use only a No. 2 pencil.
- Be certain to completely blacken-in each of your answers, and erase completely if you make any changes.
- Do not make any stray marks on this form.
- When you complete the questionnaire, please return it in the self-addressed, postage-paid envelope.



BEFORE BEGINNING THE QUESTIONNAIRE, PLEASE READ BOXES A AND B.

BOX A

← If the person whose name appears to the left is deceased, please mark this circle, AND DO NOT COMPLETE THIS QUESTIONNAIRE. Please return the blank questionnaire in the self-addressed, postage-paid envelope.

BOX B

We would like this questionnaire filled out BY the person whose name appears to the left. Are you the person whose name appears to the left?

Yes No → IF NO, BE SURE THAT YOU ANSWER ALL THE QUESTIONS IN THIS QUESTIONNAIRE ABOUT THE PERSON WHOSE NAME APPEARS TO THE LEFT.

1. Today's date			2. Date of birth			3. Your current height		4. Your current weight			
MONTH	DAY	YR.	MONTH	DAY	YR.	FEET	INCHES	POUNDS			
<input type="radio"/> JAN			<input type="radio"/> JAN								
<input type="radio"/> FEB			<input type="radio"/> FEB								
<input type="radio"/> MAR	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 95	<input type="radio"/> MAR	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0			<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	
<input type="radio"/> APR	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 96	<input type="radio"/> APR	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1			<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	
<input type="radio"/> MAY	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 97	<input type="radio"/> MAY	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2			<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	
<input type="radio"/> JUN	<input type="radio"/> 3 <input type="radio"/> 3		<input type="radio"/> JUN	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3			<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
<input type="radio"/> JUL	<input type="radio"/> 4		<input type="radio"/> JUL	<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> AUG	<input type="radio"/> 5		<input type="radio"/> AUG	<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> SEP	<input type="radio"/> 6		<input type="radio"/> SEP	<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> OCT	<input type="radio"/> 7		<input type="radio"/> OCT	<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> NOV	<input type="radio"/> 8		<input type="radio"/> NOV	<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8			<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> DEC	<input type="radio"/> 9		<input type="radio"/> DEC	<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9			<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	
								<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	
								<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/> 11	

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285a-1) and Section 413 (42 USC 285a-2). Rights of study participants are protected by the Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your AARP membership in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Room 737-F, Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, Attn: PRA (0925-0423). Do not return the completed form to this address.

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 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+ Times Per Day
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
<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 a 12-ounce can <input type="radio"/> 1 to 2 12-ounce cans <input type="radio"/> More than 2 12-ounce cans
<input type="radio"/> Less than a 12-ounce can <input type="radio"/> 1 to 2 12-ounce cans <input type="radio"/> More than 2 12-ounce cans
<input type="radio"/> Less than 4 ounces <input type="radio"/> 4 to 8 ounces <input type="radio"/> More than 8 ounces
<input type="radio"/> Less than 1 shot of liquor <input type="radio"/> 1 to 2 shots of liquor <input type="radio"/> 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+ Times Per Day
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
<input type="radio"/> Less than 1/4 cup <input type="radio"/> 1/4 to 3/4 cup <input type="radio"/> More than 3/4 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 2 pieces <input type="radio"/> 2 to 4 pieces <input type="radio"/> More than 4 pieces
<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 1/4 cups <input type="radio"/> More than 1 1/4 cups
<input type="radio"/> Less than 3/4 cup <input type="radio"/> 3/4 to 1 1/4 cups <input type="radio"/> 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									
	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.)										
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

HOW MUCH
YOUR PORTION SIZE
<input type="radio"/> Less than 2 tablespoons <input type="radio"/> 2 to 6 tablespoons <input type="radio"/> More than 6 tablespoons
<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
<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
<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
<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 orange <input type="radio"/> 1 orange <input type="radio"/> More than 1 orange
<input type="radio"/> Less than 1/2 grapefruit <input type="radio"/> 1/2 grapefruit <input type="radio"/> More than 1/2 grapefruit
<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

Cooked greens, such as spinach, turnip, collard, mustard, kale	<input type="radio"/>									
Raw greens, such as spinach, turnip, collard, mustard, kale	<input type="radio"/>									
Cole slaw, cabbage or sauerkraut	<input type="radio"/>									
Carrots	<input type="radio"/>									
String beans, green beans (fresh, canned, or frozen)	<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
<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
<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 cup <input type="radio"/> 1/4 to 1/2 cup <input type="radio"/> More than 1/2 cup
<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
YOUR PORTION SIZE
<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	<input type="radio"/>									
WE WILL ASK ABOUT OTHER CHICKEN LATER.	<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	<input type="radio"/>									
WE WILL ASK ABOUT OTHER CHICKEN LATER.	<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 patty or 2 oz <input type="radio"/> 1 patty or 2 to 4 oz <input type="radio"/> More than 1 patty 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 <u>last 12 months</u> , 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 <u>last 12 months</u> , 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
YOUR PORTION SIZE
<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									
	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 <u>last 12 months</u> , how often did you eat the following foods? (Ignore any recent changes.)										
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"/>
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"/>
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"/>

HOW MUCH
YOUR PORTION SIZE
<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
<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 3/4 ounce <input type="radio"/> 3/4 to 1 1/2 ounces <input type="radio"/> More than 1 1/2 ounces

Frozen yogurt, low-fat ice cream, ice milk, or sherbet	<input type="radio"/>									
Regular-fat ice cream or ice-cream bars	<input type="radio"/>									
Cake (including low-fat)	<input type="radio"/>									
Cookies or brownies (including low-fat)	<input type="radio"/>									
Doughnuts, sweet rolls, danish, sweet muffins or dessert breads	<input type="radio"/>									
Fruit pie, such as apple, blueberry, others	<input type="radio"/>									
Cream, custard, or meringue pie	<input type="radio"/>									
Pumpkin or sweet potato pie	<input type="radio"/>									
Chocolate candy	<input type="radio"/>									
Other candy	<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 1/2 cup <input type="radio"/> 1/2 to 1 cup <input type="radio"/> More than 1 cup
<input type="radio"/> Less than 1 medium piece <input type="radio"/> 1 medium piece <input type="radio"/> More than 1 medium piece
<input type="radio"/> Less than 1 piece <input type="radio"/> 1 to 3 pieces <input type="radio"/> More than 3 pieces
<input type="radio"/> Less than 1 piece <input type="radio"/> 1 to 2 pieces <input type="radio"/> More than 2 pieces
<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
<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
<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
<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
<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 last 12 months:										
How many eggs, egg whites, or egg substitutes (NOT counting eggs in baked goods and desserts) did you eat?	<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 last 12 months:										
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"/>	
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"/>	

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?

	Didn't eat this food	Added margarine or butter after cooking:		
		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	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
Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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								
			-					
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

IF YOU ARE MALE, STOP HERE.
 Thank you very much for completing this questionnaire.
 Please return it in the self-addressed, postage-paid envelope.

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"/>	<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"/>	<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

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.