

NATIONAL INSTITUTES OF HEALTH AND AARP



QUESTIONNAIRE FOR SELECTED PARTICIPANTS

Please complete the questionnaire and return it in the postage-paid envelope to:

Diet and Health Study
P.O. Box 4215
Iowa City, IA 52244-9643

By completing and returning this questionnaire, you are consenting to continue to participate in this study.

BEFORE TURNING THE PAGE, PLEASE READ BOXES A AND B.

BOX A



If the person whose name appears to the left is deceased, please mark this circle AND STOP HERE. Please return the blank questionnaire in the postage-paid envelope.

BOX B

Whenever possible, we would like this questionnaire filled out BY the person whose name appears to the left. If that person is unable to fill out this questionnaire, please mark the circle below and answer ALL the questions ABOUT that person.

Person whose name appears to the left is unable to fill out this questionnaire.

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, DC 20201, Attn: PRA (0925-0423). Do not return the completed form to this address.

GENERAL INSTRUCTIONS

- Answer each question as well as you can. The questions deal with your past diet and other health-related information. For the dietary questions, we are looking for an estimate of what you ate. 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.



1. Please enter YOUR date of birth.

MONTH	DAY	YR.
<input type="radio"/> JAN		
<input type="radio"/> FEB		
<input type="radio"/> MAR	<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"/> 1 <input type="radio"/> 1
<input type="radio"/> MAY	<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"/> 3 <input type="radio"/> 3
<input type="radio"/> JUL	<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"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> SEP	<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"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> NOV	<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"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

*The following questions ask about your USUAL eating practices during the **PAST 12 MONTHS**. Please think about your food intake at home and in restaurants.*

2. During the past 12 months, did you eat hamburgers, cheeseburgers, beef steak, bacon, or chicken?

- No (GO TO QUESTION 8 ON PAGE 4.)
 Yes

3. During the past 12 months, when you ate the following foods, how were they usually cooked? (MARK ONLY ONE RESPONSE PER FOOD.)

	Didn't eat this food	Pan-fried	Grilled or barbecued	Oven-broiled	Other (such as sauteed, baked, microwaved)	Don't know
Hamburgers or cheeseburgers	<input type="radio"/>	<input type="radio"/>				
Steak (beef)	<input type="radio"/>	<input type="radio"/>				
Bacon	<input type="radio"/>	<input type="radio"/>				
Chicken	<input type="radio"/>	<input type="radio"/>				

4. During the past 12 months, when you ate the following foods, how well were they usually cooked on the outside?
(MARK ONLY ONE RESPONSE PER FOOD.)

	Didn't eat this food	Not browned	Lightly browned	Well-browned	Black or charred	Don't know
Hamburgers or cheeseburgers	<input type="radio"/>					
Steak (beef)	<input type="radio"/>					
Bacon	<input type="radio"/>					
Pan-fried chicken	<input type="radio"/>					
Grilled or barbecued chicken	<input type="radio"/>					

5. During the past 12 months, when you ate the following foods, how well were they usually cooked on the inside?
(MARK ONLY ONE RESPONSE PER FOOD.)

	Didn't eat this food	Raw	Rare to medium-rare (red-deep pink)	Medium to medium-well (light pink)	Well-done (gray-brown with juice)	Very well-done (gray-brown, dry)	Don't know
Hamburgers or cheeseburgers	<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"/>

6. During the past 12 months, when you ate chicken, how well was it usually cooked on the inside?
(MARK ONLY ONE RESPONSE PER FOOD.)

- Didn't eat chicken
- Just until done (still juicy)
- Well-done (somewhat dry)
- Very well-done (very dry)

7. During the past 12 months, how often did you eat the drippings or gravy from beef, bacon, or chicken?

- Never
- Rarely
- Sometimes
- Often
- Always

The following questions ask about what you TYPICALLY ate 10 years ago.

8. We would like to know what you ate about 10 years ago, in 1986 or 1987. To help you focus on that period of time, this was during President Reagan's second term in office, and the following landmark events took place: the space shuttle Challenger disaster, the Iran-Contra hearings, and the Wall Street stock market crash. Answering Questions a through d may also help you focus on that period of time.

- a. How old were you then? _____ c. With whom were you living? _____
 b. Where were you living (the city or street)? _____ d. Were you working outside the home then? _____

Now think about what you ATE then, 10 years ago, in 1986 or 1987. It may be difficult to remember, but please answer as well as you can.

Ten years ago, in 1986 or 1987, how often did you eat the following foods?	HOW OFTEN (MARK ONLY ONE RESPONSE.)							
	Never	1 - 11 times per year	1 - 3 times per month	1 - 2 times per week	3 - 4 times per week	5 - 6 times per week	1 time per day	2 or more times per day
Whole milk, including on cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-fat milks (2%, 1%, skim), including on cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Oranges, grapefruit, tangerines	<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 apples (not cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits, such as peaches, pears, 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"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon or sausage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
Tomato or vegetable soups	<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, or limas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs or frankfurters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cuts or luncheon meats, such as ham, bologna, salami, corned beef, or pastrami	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. (continued)

Ten years ago, in 1986 or 1987, how often did you eat the following foods?	HOW OFTEN (MARK ONLY ONE RESPONSE.)							
	Never	1 - 11 times per year	1 - 3 times per month	1 - 2 times per week	3 - 4 times per week	5 - 6 times per week	1 time per day	2 or more times per day
Cheese or cheese spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground beef in hamburgers, cheeseburgers, meatloaf, meatballs, casseroles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast beef or steak (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"/>
Chicken or turkey (including in sandwiches, casseroles, salads, and other 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"/>
Gravy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread or rolls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread or rolls (rye, whole grain, whole wheat, pumpernickel)	<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"/>
Other potatoes (baked, mashed, boiled)	<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"/>
Tomatoes, fresh (including in salads)	<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 (including on sandwiches, tuna, and 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"/>
Salad dressing for salads or vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Other vegetables, such as corn, peas, green beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real butter (including on bread and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (including on bread and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies or brownies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream and milk shakes	<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 following questions ask about what you TYPICALLY ate when you were 12- to 13-years old.

9. We are also interested in what you ate when you were 12- to 13-years old. Answering Questions a through d may help you focus on that period of time.

a. What year was that? _____ c. With whom were you living? _____

b. Where were you living (the city or street)? _____ d. What school grade were you in then? _____

Now think about what you ATE then, when you were 12- to 13-years old. Again, even though it may be difficult to remember, please answer as well as you can.

When you were 12- to 13-years old, how often did you eat the following foods?	HOW OFTEN (MARK ONLY ONE RESPONSE.)							
	Never	1 - 11 times per year	1 - 3 times per month	1 - 2 times per week	3 - 4 times per week	5 - 6 times per week	1 time per day	2 or more times per day
Whole milk, including on cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-fat or skim milk, including on cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Oranges, grapefruit, tangerines	<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 apples (not cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits, such as peaches, pears, 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"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon or sausage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
Tomato or vegetable soups	<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, or limas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs or frankfurters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold cuts or luncheon meats, such as ham, bologna, salami, corned beef, or pastrami	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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9. (continued)

When you were 12- to 13-years old, how often did you eat the following foods?	HOW OFTEN (MARK ONLY ONE RESPONSE.)							
	Never	1 - 11 times per year	1 - 3 times per month	1 - 2 times per week	3 - 4 times per week	5 - 6 times per week	1 time per day	2 or more times per day
Cheese or cheese spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground beef in hamburgers, cheeseburgers, meatloaf, meatballs, casseroles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roast beef or steak (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"/>
Chicken or turkey (including in sandwiches, casseroles, salads, and other 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"/>
Gravy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread or rolls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread or rolls (rye, whole grain, whole wheat, pumpernickel)	<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"/>
Other potatoes (baked, mashed, boiled)	<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"/>
Tomatoes, fresh (including in salads)	<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 (including on sandwiches, tuna, and 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"/>
Salad dressing for salads or vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Other vegetables, such as corn, peas, green beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Real butter (including on bread and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (including on bread and vegetables)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies or brownies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream and milk shakes	<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 next questions are about your use of certain prescription and non-prescription medications during the **PAST 12 MONTHS**.

10. During the past 12 months, did you take any of the following aspirin products:

	NO	YES →	If yes, how often did you usually take them? (MARK ONLY ONE RESPONSE.)						
			Less than 2 times 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 or more times per day
Generic aspirin, Bayer, Bufferin, Anacin, Ecotrin, or Excedrin?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. During the past 12 months, did you take any of the following pain relievers:

	NO	YES →	If yes, how often did you usually take them? (MARK ONLY ONE RESPONSE.)						
			Less than 2 times 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 or more times per day
Generic ibuprofen, Advil, Nuprin, Motrin, Aleve, Orudis, Ketoprofen, Naprosyn, Anaprox, Feldene, Piroxicam, Clinoril, Sulindac, Indocin, Indomethacin, Relafen, Nalfon, Nambumetone, or Fenoprofen?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DO NOT INCLUDE TYLENOL, ACETAMINOPHEN, OR ANY OTHER PAIN RELIEVERS.									

12. During the past 12 months, did you take any of the following fiber supplements on a regular basis (more than once per week for at least 6 of the last 12 months)? (MARK ALL THAT APPLY.)

- No, didn't take any fiber supplements on a regular basis
- Psyllium products (such as Metamucil, Fiberall, Serutan, Perdiem, Correctol)
- Methylcellulose/cellulose products (such as Citrucel, Unifiber)
- Fibercon
- Bran supplements (such as raw bran, bran wafers)

13. During the past 12 months, did you take any of the following calcium-containing antacids on a regular basis (more than once per week for at least 6 of the last 12 months)? (MARK ALL THAT APPLY.)

- No, didn't take any antacids containing calcium on a regular basis
- Tums or Tums Extra Strength
- Rolaids Calcium Rich or Rolaids Sodium Free
- Titralac or Titralac Plus
- Mylanta Gel Caps
- Alka-Mints
- Other antacids containing calcium
- Other antacids; don't know if they contain calcium

The following questions ask about screening tests you have had during the PAST 3 YEARS.

14. **During the past 3 years**, have you had a test for blood in the stool, for example, a fecal occult blood test?

- No Yes, more than once
 Yes, once Don't know

15. **During the past 3 years**, have you had any of the following procedures to examine your colon or rectum? (MARK ALL THAT APPLY.)

- Yes, flexible sigmoidoscopy
 Yes, colonoscopy
 Yes, proctoscopy
 Yes, don't know which type
 No

The following questions ask about medical information for you and your family. Please include blood relatives only.

16. Do you have any full- or half-sisters, full- or half-brothers, daughters, or sons, either living or deceased? Include blood relatives only.

- No (GO TO QUESTION 23 ON PAGE 10.)
 Yes

17. How many full- and half-sisters do you have, both living and deceased? Include blood relatives only.

- None 3 6 9
 1 4 7 10
 2 5 8 11 or more

18. How many full- and half-brothers do you have, both living and deceased? Include blood relatives only.

- None 3 6 9
 1 4 7 10
 2 5 8 11 or more

19. How many daughters do you have, both living and deceased? Include blood relatives only.

- None 3 6 9
 1 4 7 10
 2 5 8 11 or more

20. How many sons do you have, both living and deceased? Include blood relatives only.

- None 3 6 9
 1 4 7 10
 2 5 8 11 or more

21. Have any of the relatives counted in Questions 17-20 ever been diagnosed with any type of cancer, except basal-cell skin cancer?

- No (GO TO QUESTION 23 ON PAGE 10.)
 Yes

22. For each type of blood relative listed in this table, please mark one circle to indicate the number of family members who were ever diagnosed with each of the following types of cancer:

Family Member	Number of blood relatives who were diagnosed with:				
	Prostate Cancer	Ovarian Cancer	Breast Cancer	Colon or Rectal Cancer	Other Cancers (Except Basal-Cell Skin Cancer)
Full- or half-brother(s)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+
Son(s)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+
Full- or half-sister(s)		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+
Daughter(s)		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+

23. Have you or your parents ever been diagnosed with breast cancer or ovarian cancer? Include blood relatives only.

- No
- Yes

IF YES, PLEASE MARK THE CIRCLE(S) IN THE TABLE BELOW TO INDICATE THE TYPE(S) OF CANCER.

Family Member	Breast Cancer	Ovarian Cancer
You	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	

24. Have any of your grandfathers, grandmothers, uncles, aunts, nephews, or nieces ever been diagnosed with any type of cancer, except basal-cell skin cancer? Please include blood relatives only.

- No
- Yes

PLEASE MARK THE CIRCLE(S) IN THE TABLE BELOW TO INDICATE THE TYPE(S) OF CANCER.

Family Member	Prostate Cancer	Ovarian Cancer	Breast Cancer	Colon or Rectal Cancer	Other Cancers (Except Basal-Cell Skin Cancer)
Grandfather(s)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncle(s)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephew(s)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandmother(s)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aunt(s)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Niece(s)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Are you a twin?

- No
- Yes, identical
- Yes, fraternal, same sex
- Yes, fraternal, opposite sex
- Yes, type unknown, same sex

26. Which of the following blood relatives in your immediate family has been diagnosed with diabetes mellitus (sugar diabetes)?

- Father
- Mother
- Brother
- Sister
- None of these relatives

If you are FEMALE, go to Question 29.

27. **During the past 3 years, have you had a rectal examination of your prostate?**

- No
- Yes, more than once
- Yes, once
- Don't know

28. **During the past 3 years, have you had a PSA blood test to screen for prostate cancer?**

- No
- Yes, more than once
- Yes, once
- Don't know

If you are MALE, go to Question 47 on page 13.

29. **Sometimes women are given female hormones, such as estrogen and progesterone (also referred to as progestin), during or after menopause. These are given for a variety of reasons including menopausal symptoms such as hot flashes and prevention of bone loss. Have you taken any female hormones, during or after menopause?**

- No (GO TO QUESTION 43 ON PAGE 13.)
- Not sure (GO TO QUESTION 43 ON PAGE 13.)
- Yes

30. **What type of hormones did you take? (MARK ALL THAT APPLY.)**

- Pills
- Patch
- Vaginal creams or suppositories
- Shot
- Not sure

If you marked PILLS, go to Question 31; otherwise, go to Question 43 on page 13.

31. **Have you ever taken estrogen hormone pills, such as Premarin?**

- No (GO TO QUESTION 37 ON PAGE 12.)
- Yes → If yes, when did you start taking these pills?

MO.	YR.
<input type="radio"/> JAN	
<input type="radio"/> FEB	
<input type="radio"/> MAR	(0)
<input type="radio"/> APR	(1)
<input type="radio"/> MAY	(2)
<input type="radio"/> JUN	(3)
<input type="radio"/> JUL	(4) (4)
<input type="radio"/> AUG	(5) (5)
<input type="radio"/> SEP	(6) (6)
<input type="radio"/> OCT	(7) (7)
<input type="radio"/> NOV	(8) (8)
<input type="radio"/> DEC	(9) (9)

32. **Are you still taking estrogen pills?**

- No → If no, when did you stop taking them?
- Yes

MO.	YR.
<input type="radio"/> JAN	
<input type="radio"/> FEB	
<input type="radio"/> MAR	(0)
<input type="radio"/> APR	(1)
<input type="radio"/> MAY	(2)
<input type="radio"/> JUN	(3)
<input type="radio"/> JUL	(4) (4)
<input type="radio"/> AUG	(5) (5)
<input type="radio"/> SEP	(6) (6)
<input type="radio"/> OCT	(7) (7)
<input type="radio"/> NOV	(8) (8)
<input type="radio"/> DEC	(9) (9)

33. **How many years have you taken estrogen pills? (Please round to the nearest year. If you don't know the exact number of years, give your best estimate.)**

- 1 year or less
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- More than 10 years
- Don't know

34. **What is the name of the estrogen pills you took for the longest period of time?**

- Premarin
- Ogen
- Estrace
- Estratab or Estratest
- Other
- Don't know

35. **How often did you usually take the estrogen pills you reported in Question 34? (MARK ONLY ONE RESPONSE.)**

- Every day
- Every other day
- In 5 day cycles followed by 2 days off
- In 6 day cycles followed by 1 day off
- In cycles, 20 days on followed by some days off
- In cycles, 21 days on followed by some days off
- In cycles, 25 days on followed by some days off
- Other
- Don't know

36. What was the dosage of the estrogen pills you reported in Question 34? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

- 0.3 mg
- 0.625 mg
- 1.250 mg
- Other
- Don't know

37. Have you ever taken progesterone or progestin pills, such as Provera?

- No (GO TO QUESTION 43 ON PAGE 13.)
- Yes → If yes, when did you start taking these pills?

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

38. Are you still taking progesterone or progestin pills?

- No → If no, when did you stop taking them?
- Yes

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

39. How many years have you taken progesterone or progestin pills? (Please round to the nearest year. If you don't know the exact number of years, give your best estimate.)

- 1 year or less
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- More than 10 years
- Don't know

40. What is the name of the progesterone or progestin pills that you took for the longest period of time?

- Provera
- Medroxyprogesterone
- Cytrin
- Other
- Don't know

41. How often did you usually take the progesterone or progestin pills you reported in Question 40?

- Less than 10 days per month
- 10 to 14 days per month
- 15 to 19 days per month
- 20 to 25 days per month
- Every day
- Other
- Don't know

42. What was the dosage of the progesterone or progestin pills you reported in Question 40? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

- Less than 1 mg
- 2.5 mg
- 5.0 mg
- 10.0 mg
- Other
- Don't know

43. Have you ever been told by a doctor that you had benign breast lumps or fibrocystic breast disease?

- No
- Yes

44. During the past 3 years, have you had a mammogram?

- No
- Yes, once
- Yes, more than once
- Don't know

45. During the past 3 years, have you had an ultrasound or scan of your ovaries?

- No
- Yes, once
- Yes, more than once
- Don't know

46. During the past 3 years, have you had a blood test for ovarian cancer, for example, CA-125?

- No
- Yes, once
- Yes, more than once
- Don't know

47. Have you ever been told by a doctor that you had:

- | | <u>Yes</u> | <u>No</u> |
|-------------------------------------|-----------------------|-----------------------|
| High blood pressure (hypertension)? | <input type="radio"/> | <input type="radio"/> |
| High cholesterol level? | <input type="radio"/> | <input type="radio"/> |

The following questions ask about your present and past physical activity.

48. Have you ever had a job that required physically demanding work (that is, one that required you to do very heavy labor, such as carry heavy loads, walk long distances, or dig)?

- No (GO TO QUESTION 51.)
- Yes

49. How many physically demanding jobs have you ever held?

- 1 to 2 jobs
- 3 to 5 jobs
- 6 or more jobs

50. What is the total number of years that you have worked in these physically demanding jobs (that is, jobs that required you to do very heavy labor, such as carry heavy loads, walk long distances, or dig)? Sum the years spent in jobs counted in Question 49.

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 9 years
- 10 or more years

51. Have you ever had a job in which you walked or biked (pedaled) to work for most days of the week?

- No
- Yes → What was the total number of years you had job(s) in which you walked or biked to work for most days of the week?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 9 years
- 10 or more years

52. During a typical 24-hour period over the past 12 months, how much time did you spend watching television or videos?

- None
- Less than 1 hour
- 1 to 2 hours
- 3 to 4 hours
- 5 to 6 hours
- 7 to 8 hours
- 9 or more hours

53. During a typical 24-hour period over the past 12 months, how many hours did you spend:

a. Sleeping at night?

- Less than 5 hours
- 5 to 6 hours
- 7 to 8 hours
- 9 or more hours

b. Napping during the day?

- None
- Less than 1 hour
- 1 to 2 hours
- 3 to 4 hours
- 5 or more hours

c. Sitting?

- Less than 3 hours
- 3 to 4 hours
- 5 to 6 hours
- 7 to 8 hours
- 9 or more hours

The following questions ask about your level of activity at certain ages and times of your life.

54. Read the list of examples of light activities in the box below.

EXAMPLES OF LIGHT ACTIVITIES:		
Bowling	Slow walking/slow dancing	Fishing
Golf (riding in a cart)	Light calisthenics	Horseshoes/croquet
Table tennis	Light gardening	Light housework

Think back to the ages and time listed in the table below. Mark the circles that best describe how often you participated in light activities at the ages and time listed. DO NOT INCLUDE ACTIVITIES THAT YOU REPORTED IN QUESTIONS 48 - 51 ON PAGE 13.

How often did you participate in light activities at the following ages and time?	HOW OFTEN (MARK ONLY ONE RESPONSE)					
	Never	Rarely	Weekly, but less than 1 hour per week	1-3 hours per week	4-7 hours per week	More than 7 hours per week
15-18 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19-29 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35-39 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in the past 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Read the list of examples of moderate and vigorous activities in the box below.

EXAMPLES OF MODERATE AND VIGOROUS ACTIVITIES:			
Tennis	Heavy gardening	Cheerleading/drill team	Rowing
Golf (walking)	Weight lifting	Handball/racquetball	Aerobics
Biking	Basketball/baseball	Hiking/climbing mountains	Jogging/running
Swimming	Football/soccer	Fast walking/fast dancing	Heavy housework

Think back to the ages and times listed in the table below. Mark the circles that best describe how often you participated in moderate and vigorous activities at the ages and time listed. DO NOT INCLUDE ACTIVITIES THAT YOU REPORTED IN QUESTIONS 48 - 51 ON PAGE 13.

How often did you participate in moderate and vigorous activities at the following ages and time?	HOW OFTEN (MARK ONLY ONE RESPONSE)					
	Never	Rarely	Weekly, but less than 1 hour per week	1-3 hours per week	4-7 hours per week	More than 7 hours per week
15-18 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19-29 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35-39 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in the past 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. At about age 18, how tall were you (without shoes on)?

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

57. About how much did you weigh at ages 18, 35, and 50? IF YOU ARE FEMALE, DO NOT INCLUDE TIMES WHEN YOU WERE PREGNANT.

Age 18:

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

Age 35:

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

Age 50:

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

58. What was your maximum adult weight (the most you ever weighed since you were 18 years old), and how old were you then? IF YOU ARE FEMALE, DO NOT INCLUDE TIMES WHEN YOU WERE PREGNANT.

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

HOW OLD WERE YOU THEN?

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years old or older

59. What was your minimum adult weight (the least you ever weighed since you were 18 years old), and how old were you then?

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

HOW OLD WERE YOU THEN?

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years old or older

60. Where do you carry most of your weight on your body? (SELECT THE ONE BEST ANSWER.)

- Around the chest or shoulders
- Around the waist or stomach
- Around the hips or thighs
- Equally all over

61. If you gained weight when you were around 40 to 59 years old, where on your body did you mainly tend to add the weight at that time? (SELECT THE ONE BEST ANSWER.)

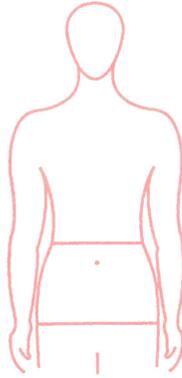
- Did not gain weight around 40-59 years old
- Around the chest or shoulders
- Around the waist or stomach
- Around the hips or thighs
- Equally all over

62. If a tape measure is convenient, please record your waist and hip measurements. This information will be more accurate if you follow these suggestions:

- Make measurements while standing
- Avoid measuring over bulky clothing
- Try to record answers to the nearest 1/4 inch

IF A TAPE MEASURE IS NOT AVAILABLE, LEAVE BLANK. PLEASE DO NOT ESTIMATE.

WAIST: → Measure one inch above navel even if this is not your waistline



← HIP: Measure the largest spot

WAIST INCHES	
0	
1 1/4	<input type="radio"/>
1 1/2	<input type="radio"/>
1 3/4	<input type="radio"/>
2	
3	
4	
5	
6	
7	
8	
9	

HIP INCHES	
0	
1 1/4	<input type="radio"/>
1 1/2	<input type="radio"/>
1 3/4	<input type="radio"/>
2	
3	
4	
5	
6	
7	
8	
9	

63. Please check the name and address printed on the cover of this questionnaire. If any printed information is NOT correct, please enter the change(s) below.

If you enter any information in this box, please mark this circle. →

PLEASE PRINT INFORMATION

NAME (first, middle, last) _____

ADDRESS _____

CITY, STATE, ZIP _____

64. In case we are unable to locate you in the future, please provide the following information on two relatives or friends who do NOT live with you who would be likely to know where to reach you about 5 years from now. (PLEASE PRINT)

1. NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ RELATIONSHIP TO YOU _____
(AREA CODE)

2. NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ RELATIONSHIP TO YOU _____
(AREA CODE)

Thank you very much for completing this questionnaire. Please return it in the postage-paid envelope provided.