

AHS-2



AHS-2

ADVENTIST HEALTH STUDY - 2

Connecting Lifestyle to Disease and Longevity

- a continuation of previous research on Adventists

Please return to:

Adventist Health Study - 2
Loma Linda University
Evans Hall - Room 203
Loma Linda, CA 92350

**IT'S NOT AS LONG
AS IT LOOKS!**
See note on
next page

Table of Contents

	Pages
A. Medical History	A1 - A6
B. Your Eating Habits	B1 - B15
Your Use of Fats.....	B13 - B15
C. Your Physical Activity	C1 - C2
D. Female History	D1 - D8
E. Census and Other Questions.....	E1 - E7
F. "Look at the Label" section	F1 - F9
G. Personal Information page.....	G1 - G2

- Right now, the pages of questions that follow will probably look very long. You will find, however, that **many pages turn quite quickly**. You will need more time with the "Eating Habits" and for women, the "Female" sections.
- Questions often list many possible answers, and usually only one of these will apply to you. This inefficient use of paper does however allow us to read your answers with a very fast and accurate scanner.
- Men can skip pages D1 - D8, of course.
- We suggest that you do NOT complete the whole questionnaire at one time.

"...,but the soul of the diligent shall be made rich."

Proverbs 13:4



WELCOME TO THE AHS TEAM

AHS-2



This will take a bit of effort, but...it's worth it!

PLEASE READ ALL OF THE INSTRUCTIONS BELOW CAREFULLY

- The questions are designed to be scanned by an automated optical device. It uses small circles that need to be carefully filled in.
 - Please read each question carefully.
 - Preferably use the No. 2 pencil enclosed, and please, no red pens.
 - Take care that the mark fills the circle and does not stray near other circles.
 - Erase CLEANLY any answer you wish to change.
 - Avoid making stray marks on the sheet that may be interpreted wrongly as an answer.
 - Unless instructed otherwise, fill only one circle for each question.
- It is important that you answer every question, unless the instructions specifically direct you to skip it.
- Give the most likely answer to all questions, even if you are not absolutely sure.
- Measuring diet accurately is a considerable challenge. Completing the dietary section (pages B1-B15) will take some patience, but the questions are all necessary!

Below is a **sample question** and an example of how to place the marks.
 The Adventist church in 1999 had about 11 million members, organized into 12 world divisions.

EXAMPLE OF HOW TO MARK YOUR ANSWERS

1. What was the approximate total membership of the Adventist church in 1999?

- 2 million
- 10 million
- 11 million

2. How many divisions did the Adventist church have then?

- One
- Ten
- Twelve

Please avoid making the mark

Off center



Too big



Too small



G:\EVERYONE\XEROX\QUESTION1-MEDICA.FRM - Revised: February 16, 2001 (9:55AM)

3

PLEASE DO NOT WRITE IN THIS AREA



* 2 2 7 2 6 0 *

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A. MEDICAL HISTORY

For office use only



1. Would you say, in general, your health is:

- Excellent Fair
 Good Poor

2. During the **past 12 months**, have you had influenza (flu)?

- Yes No

3. During the **past 12 months**, how many times have you had:

Upper respiratory infection (cold, sore throat, sinusitis), aside from the flu.

- None 1-2 3-4 5-6 7+

Gastroenteritis (stomach flu, food poisoning)

- None 1-2 3-4 5-6 7+

Bronchitis

- None 1-2 3-4 5-6 7+

4. Has a physician ever told you that you had any form of cancer (including leukemia, lymphoma, myeloma and skin cancer)?

- No ➔ Go to Question 5, on the next page
 Yes ➔ If YES, **write-in** site of cancer(s) (e.g. lung, colon, etc.) and approximate year it was first diagnosed in the space(s) below. **Also fill in the matching circles** below the year first diagnosed. Notice that there is space for up to three different cancers.

Please use CAPITAL LETTERS.

	A	B	C																																																																																																																								
Write	Site of cancer:	Site of cancer:	Site of cancer:																																																																																																																								
Write	Year first diagnosed:	Year first diagnosed:	Year first diagnosed:																																																																																																																								
Fill in circles matching the numbers that you wrote above.	<table border="1"> <tr><td>1</td><td>9</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td></td><td></td></tr> <tr><td>4</td><td>4</td><td></td><td></td></tr> <tr><td>5</td><td>5</td><td></td><td></td></tr> <tr><td>6</td><td>6</td><td></td><td></td></tr> <tr><td>7</td><td>7</td><td></td><td></td></tr> <tr><td>8</td><td>8</td><td></td><td></td></tr> <tr><td>9</td><td>9</td><td></td><td></td></tr> </table>	1	9	0	0	2	0	1	1	2	2			3	3			4	4			5	5			6	6			7	7			8	8			9	9			<table border="1"> <tr><td>1</td><td>9</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td></td><td></td></tr> <tr><td>4</td><td>4</td><td></td><td></td></tr> <tr><td>5</td><td>5</td><td></td><td></td></tr> <tr><td>6</td><td>6</td><td></td><td></td></tr> <tr><td>7</td><td>7</td><td></td><td></td></tr> <tr><td>8</td><td>8</td><td></td><td></td></tr> <tr><td>9</td><td>9</td><td></td><td></td></tr> </table>	1	9	0	0	2	0	1	1	2	2			3	3			4	4			5	5			6	6			7	7			8	8			9	9			<table border="1"> <tr><td>1</td><td>9</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td></td><td></td></tr> <tr><td>3</td><td>3</td><td></td><td></td></tr> <tr><td>4</td><td>4</td><td></td><td></td></tr> <tr><td>5</td><td>5</td><td></td><td></td></tr> <tr><td>6</td><td>6</td><td></td><td></td></tr> <tr><td>7</td><td>7</td><td></td><td></td></tr> <tr><td>8</td><td>8</td><td></td><td></td></tr> <tr><td>9</td><td>9</td><td></td><td></td></tr> </table>	1	9	0	0	2	0	1	1	2	2			3	3			4	4			5	5			6	6			7	7			8	8			9	9		
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5. If you have no close relatives who have had cancer, please fill this circle , and skip to Question 6 below. Otherwise, please fill the circles to indicate which close relatives (children, parents, brothers, sisters only) have had cancer.

	Children with this cancer	Your birth mother	Your birth father	One full brother or sister with this cancer	Two or more full brothers or sisters with this cancer
Colon (large bowel) cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate cancer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancreas cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ovary cancer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any other cancers. Please write-in the places in the body where these other cancers started (e.g. stomach, lung, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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6. Have you ever had the following surgeries for problems other than cancer?

- No ➤ Please go to Question 7, on the next page
- Yes ➤ Please fill in circles below for surgeries that **you have had** by marking the number of years it has been since you were first operated on for this condition.

NON-CANCER SURGERIES	Number of years since first operated on for this condition				
	Less than 1 year ago	1-4 years ago	5-9 years ago	10-19 years ago	20+ years ago
Tonsils and/or adenoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary bypass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angioplasty/stent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carotid arteries (arteries in neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid or goiter surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOMEN ONLY					
Tubal ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of ovaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysterectomy (removal of uterus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast (non-cancer) - include biopsies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. Please fill circles for surgeries that **you have had**.

Number of years since **first** operated on for this condition

For office use only

MEN ONLY

Surgery on the prostate gland

Less than 1 year ago 1-4 years ago 5-9 years ago 10-19 years ago 20+ years ago

Vasectomy

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33

34

8. If you have **never** been told by a doctor that you had **any** of the conditions on this page, only **fill the last circle on this page** and then go to Question 9 on the next page.

Otherwise, please fill circles to show which conditions/diseases you have ever had **diagnosed** by a **physician**. Note **how long since** they were first diagnosed and whether you have experienced them during the **past 12 months**. Please fill at least one circle for every disease that **you have had**.

Have you been treated for this in the last 12 months?

CONDITION DIAGNOSED BY A PHYSICIAN

Years since first diagnosis (regardless of whether it is still active)

CARDIOVASCULAR SYSTEM

Less than 5 years ago 5-9 years ago 10-14 years ago 15-19 years ago 20+ years ago NO YES

Angina pectoris

<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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35

Heart attack (myocardial infarction)

<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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36

High blood pressure

<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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37

High cholesterol

<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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38

Stroke lasting at least 24 hours

<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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39

Small stroke (TIA), less than 24 hours

<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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40

Congestive heart failure

<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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41

RESPIRATORY SYSTEM

Chronic bronchitis

<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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42

Emphysema

<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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43

Asthma

<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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44

DIGESTIVE SYSTEM

Ulcer of stomach or duodenum

<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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Gallstones

<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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Ulcerative colitis/Crohn's disease

<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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47

Rectal/colon polyps

<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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48

I have never been told by a doctor that I have had any of the conditions listed above.

49

A3

9. If you have **never** been told by a doctor that you had **any** of the conditions on this page, **only fill the last circle** for Question 9, and go on to Question 10 below. **Otherwise**, fill circles for any condition you have had.

CONDITION DIAGNOSED BY A PHYSICIAN (Cont.)

ENDOCRINE SYSTEM

Diabetes mellitus (Type I - juvenile)

Diabetes mellitus (Type II- adult onset)

Hyperthyroidism (overactive thyroid)

Hypothyroidism (underactive thyroid)

NERVOUS SYSTEM

Parkinson's Disease

EYES

Cataract

Macular degeneration

MUSCULOSKELETAL SYSTEM

Rheumatoid arthritis

Degenerative (osteo) arthritis

Degenerative disc, sciatica/arthritis of the back

Osteoporosis (thinning of the bones)

Fibromyalgia

Lupus (SLE)

GENITOURINARY SYSTEM

Enlarged prostate (MEN ONLY)

Uterine fibroids (WOMEN ONLY)

	Years since first diagnosis (regardless of whether it is still active)					Have you been treated for this in the last 12 months?		For office use only
	Less than 5 years ago	5-9 years ago	10-14 years ago	15-19 years ago	20+ years ago	NO	YES	
Diabetes mellitus (Type I - juvenile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
Diabetes mellitus (Type II- adult onset)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
Hyperthyroidism (overactive thyroid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52
Hypothyroidism (underactive thyroid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54
Cataract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55
Macular degeneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	57
Degenerative (osteo) arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	58
Degenerative disc, sciatica/arthritis of the back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59
Osteoporosis (thinning of the bones)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	60
Fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61
Lupus (SLE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	62
Enlarged prostate (MEN ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	63
Uterine fibroids (WOMEN ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	64

I have never been told by a doctor that I have had any of the conditions listed above.



10. How often do you usually have a bowel movement?

- Two per week or less
- Every second day
- Once each day
- More than once each day

A4

PLEASE DO NOT WRITE IN THIS AREA

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11. Please fill circles below to show whether you have taken the following medicines for **at least two years at any one time**, and if so, how often you took them during this period.

a. **Aspirin**, or aspirin-containing medicines, such as Bufferin, Ecotrin, Disprin, Empirin, Ascriptin, Lortab, Norgestic, etc. (This question does **not** include Tylenol.)

I never used these medicines, or for less than two years at a time.

I used these medicines for at least two years:	Less than once per week	1-3 times per week	Once each day	Several each day
During the last 5 years: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Statin-type **cholesterol-lowering medicines**, such as Mevacor, Pravachol, Lipitor, Zocor, Baycol, Lescol, etc. during the last 20 years. (This question does **not** include Niacin, Niaspan, Lopid, Wellchol, Questran.)

I never used these medicines, or for less than two years at a time.

I used these medicines for at least two years:	No	Yes
During the last 5 years	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago	<input type="radio"/>	<input type="radio"/>

c. Medicines to control **high blood pressure** during the last 20 years.

I never used these medicines, or for less than two years at a time.

I used these medicines for at least two years:	No	Yes
During the last 5 years	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago	<input type="radio"/>	<input type="radio"/>

d. Laxatives for **constipation** or any other reason during the last 20 years.

I never used these medicines, or for less than two years at a time.

I used these medicines for at least two years:	Less than once per week	1-3 times per week	Once each day	Several each day
During the last 5 years: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago: Dose was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How many fractures (broken bones) have you had **since the age of 35**? Count multiple fractures at one time as one fracture. None (Skip to Question 16.) 1 2 3 4 5 6 or more

13. How many of your fractures (**since the age of 35**) were due to **MAJOR** accidents (motor vehicle accidents, falls from 2 or more steps, etc.)

All (Skip to Question 16.) None 1 2 3 4 5 6 or more

14. How many of your fractures (**since the age of 35**) were due to **MINOR** accidents (falling from standing height or less, tripping over an object, falling from one step, etc.)?

None (Skip to Question 16.) 1 2 3 4 5 6 or more

Please report below the sites of all these fractures due to **minor** accidents and how long ago each fracture happened.

SITE OF FRACTURE	Years since first fracture at this site						
	Less than 1 year ago	1-4 years ago	5-9 years ago	10-14 years ago	15-19 years ago	20-24 years ago	25+ years ago
Hip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg, above knee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg, below knee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper arm/Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers or toes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How many of your fractures (**since the age of 35**) were due to cancer in the bones, Paget's Disease, or multiple myeloma? None 1 2 3 4 5 6 or more

16. How long has it been since you've had any of the following tests:

	Never had	5 or more years ago	3-4 years ago	0-2 years ago
Test on feces (bowel movement) for blood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy or Sigmoidoscopy (tube placed in the rectum to check for cancer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEN ONLY				
PSA Blood Test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital Rectal Exam for enlarged prostate (the physician places a gloved finger in the rectum)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN ONLY				
Mammogram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap Smear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A6



227260

B. YOUR EATING HABITS



Please read these instructions completely. **FIND THE LOOSE PAGE WITH SERVING SIZE PICTURES** to help you before beginning this section. You can use the picture page as a book mark.

- Consider your usual or average diet during the **past one year** when responding.
- Fill in response circles under "per day" for foods eaten frequently, and under "per week" or "per month" columns for foods eaten less often.
- **Include** your use of foods in **mixed dishes**, e.g. casseroles, rice and beans, callaloo, salads, desserts, etc., when answering.
- For **every food** fill a circle to show how **often** you eat it. If you eat the food at least **once each month**, fill a **serving-size** circle also.
- Notice that a standard serving size is given for each food. Decide if your servings are either close to this standard, or at least 1/2 as small, or at least 1 1/2 times as large. Then fill the serving-size circle that best fits the portions you eat.
- The pictures of servings for similar foods on the picture sheet may help you with these decisions.
- Not all foods are named. If necessary, write-in other foods that you use regularly in the spaces provided using **BLOCK** or **CAPITAL** letters. (There is space for extra write-ins on page B12)
- There is a separate section that follows later for Worthington and other vegetable protein foods, soy drinks, cold cereals, and vitamin supplements.

1 TBSP = 1 TABLESPOON

1 CUP = one 8 OZ. CUP

MED = MEDIUM

FOOD ITEMS	HOW OFTEN? (choose only one column)									If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Raw carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	109
Whole wheat bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	109
Other breads (Please write it in - use CAPITAL letters) CORN BREAD	<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"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	107
SEASONAL FRESH FRUIT- IN SEASON														
Apricots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	108

B1

Please read instructions on the previous page carefully before filling out the questionnaire.

Notice that for fruits below, 'in-season' is separated from 'out-of-season.'

SEASONAL FRESH FRUIT -IN SEASON 	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	During the season times eaten								Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
Grapes (see serving size pictures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	109
Peaches, nectarines, plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med. or 2 plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	110
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"/>	3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	111
Cantaloupe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	112
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med or 1/3 cup sliced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	113
Blueberries, raspberries, blackberries, 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"/>	1/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	114
Sweet Cherries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	115
Persimmons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	116

SEASONAL FRESH FRUIT -OUT OF SEASON 	Out of season times eaten								Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
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"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	117
Peaches, nectarines, plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med. or 2 plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	118
Cantaloupe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	119
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med or 1/3 cup sliced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	120
Blueberries, raspberries, blackberries, 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"/>	1/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	121
Sweet Cherries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	122

OTHER FRESH (RAW) FRUIT	Average across the whole year								Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
Apples, pears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	123
Oranges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	124
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"/>	1/2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	125
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"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	126

B2

PLEASE DO NOT WRITE IN THIS AREA



227260

FOOD ITEMS	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
OTHER FRESH (RAW) FRUIT (CONTINUED)													
Fruit salad (fresh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	127
Other fresh fruit? (please write them in - use CAPITAL letters):													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	128
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	129
Extra space for write-ins on page B12													
CANNED OR COOKED FRUIT e.g. peaches, pears, plums, boiled or fried plantains, etc.													
Please write them in - use CAPITAL letters:													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	130
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	131
DRIED FRUIT													
Raisins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	132
Prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-4 prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	133
Dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-4 dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	134
Other dried fruit (e.g. figs, apricots, etc.)? (please write them in - use CAPITAL letters):													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	135
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	136
FRUIT & VEGETABLE JUICES													
Orange juice, 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"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	137
Apple juice/cider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	138
Carrot 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"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	139
Tomato-based 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"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	140
Another fruit juice that you drink? (please write it in - use CAPITAL letters):													
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	141

SALADS AND RAW VEGETABLES (see picture sheet for help with serving sizes)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Dark green lettuce/romaine, loose leaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	142
Iceberg lettuce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	143
Raw Tomatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	144
Red or Yellow Bell Peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	145
Raw carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	146
Raw onions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	147
Avocado, guacamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 med. or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	148
Potato salad with mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	149
Other salad vegetables? (please write them in - use CAPITAL letters):												
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	150
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	151

LEGUMES (include use in mixed dishes) - See picture sheet for help with serving sizes.	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	For office use only
	Refried beans (include use in burritos, tostadas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bean or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	153
Navy, red kidney, other red beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	154
Chick peas (garbanzos); pigeon, cow, black-eyed, or field peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	155
Pinto, black, or great northern beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	156
Lima, white, fava, or butter beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	157
Lentils, split peas, gungo peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	158
Soybeans, tofu, soybean curd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	159
Other beans, baked beans? (please write it in - use CAPITAL letters):												
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	160

PLEASE DO NOT WRITE IN THIS AREA

B4



227260

OTHER RAW OR COOKED VEGETABLES - (include use in mixed dishes) See picture sheets for help with serving sizes.	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Cabbage, Brussels sprouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	161
Kale, collards, mustard greens, turnip greens, poke salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	162
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	163
Cauliflower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	164
Spinach or chard (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	165
Peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	166
Carrots (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	167
Onions (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup or 4 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	168
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cob or 3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	169
Okra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	170
Tomatoes (canned, cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	171
Winter squash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	172
Sweet potatoes, yams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	173
Green beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	174
White or red potatoes (baked, boiled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	175
French fries, hash browns, fried potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	176
Other raw or cooked vegetables you eat? (please write them in - use CAPITAL letters):												
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	177
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	178
Extra space for write-ins on page B12												

When you eat cooked vegetables, do you prefer them

- Well-cooked or soft?
- Cooked medium?
- Lightly cooked and firm?



179

SOUPS	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	180
Another soup you eat? Do not include bean soup here again. (please write it in - use CAPITAL letters): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	181

BREADS (include use as toast and sandwiches)	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
										Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
White bread, rolls, buns, or French bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 bun/roll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	182
Whole grain bread, rolls, buns, or oatmeal bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 bun/roll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	183
Corn bread, Johnnycake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	184
Other breads, bagels, biscuits you eat? (please write them in - use CAPITAL letters): 1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	185

COOKED CEREALS AND GRAINS - See picture sheet for help with serving sizes	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
								Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Oatmeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	186
Cream of Wheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	187
Grits or corn porridge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	188
Cooked brown rice, millet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	189
White rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	190
Homemade gluten steaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	191

Please note that we ask about cold cereals in a later dietary section.



SEEDS, NUTS - RAW, ROASTED, ETC. (Include use in mixed dishes)	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Seeds (sunflower, pumpkin, sesame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	192
Peanut butter (smooth, chunky, natural)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	193
All standard servings for nuts are on average a small handful													
Mixed 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"/>	14 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	194
Peanuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35 halves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	195
Walnuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 halves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	196
Almonds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16 whole nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	197
Cashews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 whole nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	198
Other nuts that you eat? (please write it in - use CAPITAL letters):													
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	199
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	200

PASTA OR PIZZA - See picture sheet for help with serving size	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Macaroni and cheese, macaroni pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	201
Pasta (noodles, spaghetti, lasagna, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	202
Tomato sauce used in pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	203
Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 medium slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	204

DRESSINGS AND SAUCES	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Low calorie mayonnaise or Miracle Whip (include use on sandwiches or in salads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	205
Regular mayonnaise or Miracle Whip (include use on sandwiches or salads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	206
Low-calorie salad dressing (any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	207
Olive oil as salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	208

DRESSING AND SAUCES (continued)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Other oil salad dressings (e.g. regular Italian, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	209
Regular creamy salad dressing (Ranch, Thousand Island, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	210
Catsup or tomato sauce (exclude use in pasta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	211
Other gravies, sauces, or dressings that you eat? (please write a name in CAPITAL letters): 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	212

EGGS, DAIRY PRODUCTS AND OILS (include use in mixed dishes)	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
	Eggs (fried, boiled, scrambled, deviled, plain omelet, egg salad but not Egg-Beaters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large egg 2 halves	<input type="radio"/>	<input type="radio"/>	
Cottage cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	214
Cream cheese, 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"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	215
Soy or other imitation cheese (in sandwiches, salads, or 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"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	216
American processed, cheddar cheese (in sandwiches, salads, or 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"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	217
Low fat cheese, Mozzarella, Ricotta (in sandwiches, salads, or 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"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	218
Reduced calorie margarine (soft, tub, spread - added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	219
Regular Margarine (soft, tub, spread - added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	220
Margarine (hard, stick- added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	221
Butter (added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	222
Olive oil (added to bread or foods aside from 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"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	223

PLEASE DO NOT WRITE IN THIS AREA

B8



227260

7609117

EGGS, DAIRY PRODUCTS AND OILS
continued (Include use in mixed dishes)

HOW OFTEN?
(choose only one column)

If you eat this food, then CHOOSE YOUR SERVING SIZE

For office use only

	HOW OFTEN?									If you eat this food, then CHOOSE YOUR SERVING SIZE				
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Milk (whole or 2% milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	224
Low fat milk (1% or skim)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	225
Evaporated milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	226
Coconut milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	227
Low fat 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"/>	6-8 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	228
Regular 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"/>	6-8 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	229
Other dairy products, whipping cream, sour cream that you eat at least once weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	230
Meal replacement drinks, such as Slimfast, Instant Breakfast, Ensure, protein 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"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	231



BEEF, CHICKEN, LAMB, OR PORK
(Include use in mixed dishes) - See picture sheet for help with serving sizes

	HOW OFTEN?									If you eat this food, then CHOOSE YOUR SERVING SIZE				
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more			
Hamburger, ground beef (in casserole, meatballs, 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"/>	1 patty or 3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	232
Processed beef, lamb (e.g. sausage, salami, bologna)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice or dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	233
Beef or lamb as a main dish- e.g. steak, roast, stew, pot pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	234
Processed chicken or turkey (turkey bologna, turkey ham)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice or dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	235
Chicken or turkey (roasted, stewed, broiled, fried, in casserole, burrito, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 sml, 1 lg. piece or 4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	236
Pork (bacon, sausage, ham, chops, ribs, lunch-meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 chops, or 4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	237

FISH - See picture sheet for help with serving sizes	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
White fish (cod, salt-fish, sole, haddock or halibut, snapper, catfish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	238
Salmon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	239
Canned tuna, tuna salad, tuna casserole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	240
Other fish - e.g. herring, sardines, fish cakes that you eat? (please write it in - use CAPITAL letters): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	241

BEVERAGES	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Drinking water (including sparkling, but not counting coffee or tea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	242
Diet Coke, Pepsi, or other soft drinks, caffeine free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	243
Regular Coke, Pepsi, other soft drinks or fruit punch, caffeine free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	244
Diet Coke, Pepsi, or other soft drinks with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	245
Regular Coke, Pepsi, or other soft drinks with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	246
Coffee (decaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	247
Coffee (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"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	248
Herbal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	249
Ovaltine or hot chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	250
Other hot drinks that you drink (e.g. Postum, black tea, green tea)? (please write it in - use CAPITAL letters): 1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	251

B10

PLEASE DO NOT WRITE IN THIS AREA



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ALCOHOLIC BEVERAGES	HOW OFTEN? (choose only one column)									If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Beer (12 oz.), wine coolers (12 oz.), wine (3 1/2 oz), liquor (1 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"/>	12 oz., 3 1/2 oz., 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	252

SWEETS AND DESSERTS - See picture sheet for help with serving sizes

Doughnuts, cinnamon rolls, pastries, sweet pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium/ 1 med. slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	253
Cookies, store-bought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large or 2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	254
Cookies, home-made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large or 2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	255
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"/>	<input type="radio"/>	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	256
Ice cream, 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"/>	<input type="radio"/>	2 scoops 12 oz. shake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	257
Ice milk, 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"/>	2 scoops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	258
Other sweets and desserts? (please write it in - use CAPITAL letters):														
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size: _____				259
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size: _____				260

SNACKS	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Popcorn - air popped or 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"/>	2 cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	261
Popcorn with butter or other 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"/>	2 cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	262
Potato chips, other snack chips, pretzels? (please write it in - use CAPITAL letters):														
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	263

SEASONINGS & ADDITIVES ADDED AT TABLE OR IN COOKING

Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	264
Brewer's or Nutritional Yeast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	265

HOW OFTEN?
(choose only one column)

OTHER QUESTIONS

	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
On average, how often do you eat fruit of any kind? Include raw, canned, cooked, and dried fruit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On average, how often do you eat vegetarian protein foods of any type (Worthington, Loma Linda, Cedar Lake, etc.)? Include canned and 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"/>
How often do you eat ethnic foods (e.g., Mexican, Chinese 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"/>

OTHER FOODS THAT YOU USE AT LEAST ONCE EACH WEEK

(please write it in - use CAPITAL letters):	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
4. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
5. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____

HOW OFTEN DO YOU EAT OUT?

	Never or rarely	1-3 per month	1 per week	2-3 per week	4-6 per week	7+ per week
Fast Food/Take out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potluck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you live in an institutional setting (e.g. nursing home, village for the elderly, military) or elsewhere, where you have at least your main meal prepared for you?

Yes No

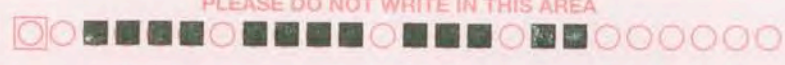
Have you lost or gained 10 pounds or more in weight during the last year that was **not** due to illness or pregnancy?

Yes No



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B12



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YOUR USE OF FATS



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In the following section, please fill in the circles that indicate the amount and type of fat you use in food preparation.

1. If you use fats for **cooking or baking** less than once per month fill this circle and Go to Question 2.

279

How often do you use the following fats for **cooking or baking** (do not include frying) at home? Please mark circles, but **only** for each fat that you use.

	1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable shortening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olive oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1-3 per month	1-3 per week	4-5 per week	6+ per week
Sunflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canola oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetable oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2. If you eat fried or sauteed foods at home less than once per month, fill this circle and Go to Question 3.

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How often do you use the following fats for **frying and sauteing** at home? Please mark circles, but **only** for each fat that you use.

	1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable shortening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olive oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1-3 per month	1-3 per week	4-5 per week	6+ per week
Sunflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canola oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetable oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3. How often do you eat fried food (aside from french fries) **away from home** (e.g., fried chicken, fish, shrimp, etc.)?
- Never Once per week 5-6 times per week
 Less than once a week 2-4 times per week Daily

300

4. If you never eat beef, lamb, or pork, fill this circle and Skip to Question 7 on the next page. Otherwise, continue with Question 5.

301

5. How much of the visible fat on your beef, lamb, or pork do you remove before eating?
- Remove all visible fat Remove most Remove small part of fat Remove none

302

6. Please fill in one circle for each line below indicating how you like your red meat prepared and how 'well-done' it is.

Is your red meat usually:	Never cook red meat this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roasted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stewed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



7. If you never eat chicken, fill this circle and Go to Question 8.

Otherwise, please fill in one circle for each line below indicating how you like your chicken prepared.

When preparing or eating chicken, do you usually remove the skin?

Yes No

Is your chicken usually:	Never cook chicken this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roasted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stewed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you never eat fish, fill this circle and Skip to Question 9, next page.

Otherwise, please fill in one circle for each line below indicating how you like your fish prepared.

Is your fish usually:	Never cook fish this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

B14



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9a. Do you use margarine for cooking, baking or frying?

- No → Go to Question 9b.
- Yes → Is it usually a reduced fat brand?
 - Yes
 - No

9b. Do you use margarine on bread?

- No → Go to Question 10.
- Yes → Is it usually a reduced fat brand?
 - Yes
 - No

10. If you use margarine, what main brand do you use for each of:

Brand	Cooking, Baking or Frying?	On Bread?
I Can't Believe It's Not Butter	<input type="radio"/>	<input type="radio"/>
Country Crock	<input type="radio"/>	<input type="radio"/>
Imperial	<input type="radio"/>	<input type="radio"/>
Earth Balance	<input type="radio"/>	<input type="radio"/>
Smart Balance	<input type="radio"/>	<input type="radio"/>
Canola Harvest	<input type="radio"/>	<input type="radio"/>
Fleishmann's	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>
(Other margarine - please write-in)		
_____	<input type="radio"/>	<input type="radio"/>
(Other margarine - please write-in)		

I do not use margarine.



C. YOUR PHYSICAL ACTIVITY



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INSTRUCTIONS: Please answer the questions below concerning your usual physical activity during the **LAST TWELVE MONTHS**.

1. Do you usually have a regular exercise program?

- No (Skip to Question 3a)
- Yes

2. During your regular exercise, how **hard** does it feel most of the time?

- Very light
- Fairly light
- Somewhat hard
- Hard
- Very hard
- Very very hard

3a. How many times per week do you usually engage in regular **vigorous** activities, such as brisk walking, jogging, bicycling, etc., long enough or with enough intensity to work up a **sweat**, get your **heart thumping** or get **out of breath**?

- Never engage in activities this vigorous
- Less than once per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 or more times per week

3b. On average, how many **minutes** do you exercise **each session**? Choose the best answer.

- Never
- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- more than 1 hour



4a. Do you **walk, run, or jog** as part of a physical activity program? (include these same activities when they are performed on exercise machines)

- No (Skip to Question 5 on the next page)
- Yes (continue)

4b. How many of these "walk" or "run" or "jog" workouts do you usually do per week?

- Less than once/week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 or more times per week

4c. How many miles do you average per "walk" or "run" or "jog" workout? Please mark the nearest category below.

- 1/4 mile or less
- 1/2 mile
- 1 mile
- 1 1/2 miles
- 2 miles
- 3 miles
- 4 or more miles

4d. What is your average time spent in each "walk" or "run" or "jog" exercise session (excluding rest stages)?

- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- more than 1 hour

C1

PLEASE DO NOT WRITE IN THIS AREA



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5. The following questions will help us understand how active you are during your **usual week**. Please fill in the circle that best fits the **total** time you spend in each type of activity during a **normal day**. Include activities at work, at home, and elsewhere.

AVERAGE TIME SPENT

	Never Do	Less than 20 min.	20-39 min.	40-59 min.	At least 1 but less than 2 hrs.	At least 2 but less than 3 hrs.	At least 3 but less than 6 hrs.	More than 6 hours	For office use only
a) NAPPING (do not include regular night's sleep):									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	943
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	944
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	945
b) LYING DOWN - (watching TV or reading while <u>lying down</u>, etc.)									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	946
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	947
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	948
c) LIGHT ACTIVITIES - are <u>intentionally</u> not included as they are hard to measure accurately. These would have been activities such as: Leisure: Watching TV while sitting, hobbies working at a desk or standing still, slow walking At work: Desk work, driving House/Yard work: Cooking, washing dishes, hand-watering									
d) MODERATE ACTIVITY - such as Leisure: Fast walking, golfing, sailing, calisthenics (moderate), casual cycling, swimming leisurely At work: Fast walking, repeated lifting of objects up to 15 lbs., carpentry, patient care. House/Yard work: Vacuuming/mopping, active child care, house painting, cleaning windows, mowing lawn (power mower), gardening, repeated lifting of objects up to 15 lbs., carpentry									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	949
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	950
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	951
e) VIGOROUS ACTIVITY - such as Leisure: Moderate running/jogging, faster/harder cycling, team sports, tennis, aerobics, skiing, calisthenics (vigorous), vigorous lap swimming. At work: Patient lifting, repeated lifting of heavy objects 20-35 lbs. House/Yard work: Hoeing, scrubbing floors, repeated lifting of objects 20-35 lbs.									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	952
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	953
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	954
f) EXTREMELY VIGOROUS ACTIVITY - such as Leisure: Fast running, heavy weight lifting, marathon, racquet ball. At work: Digging, working with heavy tools, repeatedly lifting or carrying 40 lbs. or more. House/Yard work: Continuous digging, chopping with heavy tools, carrying 40 lbs. or more.									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	955
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	956
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	957

D. FEMALE HISTORY

MEN - Skip to Census Questions, page E1

For office use only

358
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369

1. At what age did your menstrual periods begin?

- Never had a menstrual period → Skip to Question 6 next column.
- 9 years or less
- 10 years of age
- 11 years of age
- 12 years of age
- 13 years of age
- 14 years of age
- 15 years of age
- 16 years of age
- 17 years or older

2. After you started having periods, how many years did it take for the time between periods to become regular?

- Never became regular → Skip to Question 5 next column.
- less than 1 Year
- 1-2 Years
- 3-4 Years
- 5 Years or longer
- Uncertain or variable

3. When your periods became regular, how long was it usually between the start of one period and the start of the next?

- less than 21 days
- 21-25 days
- 26-28 days
- 29-31 days
- 32-39 days
- 40 days or more

4. During the last year, how long was it usually between the start of one period and the start of the next?

- I have not had periods in the last 12 months
- less than 21 days
- 21-25 days
- 26-28 days
- 29-31 days
- 32-39 days
- 40-49 days
- 50-59 days
- 2-3 months or more



5. Have your periods ever had much reduced flow, become irregular or stopped completely for at least six months? Do not count during or after menopause, or when you were pregnant, or nursing a child.

- No, Go to Question 6
- Yes → If Yes, at what age period of your life did this occur? **Mark all that apply**
 - Less than 20 years old
 - 20-24 years old
 - 25-29 years old
 - 30-34 years old
 - 35-39 years old
 - 40-44 years old
 - 45 years or older

6. Did you ever try for one straight year or more to become pregnant and, during that time, not become pregnant?

- No → Skip to Question 8 below
- Yes → If Yes, shade the circle(s) for the approximate age(s) when this occurred. **Mark all that apply.**
 - Less than 20 years old
 - 20-24 years old
 - 25-29 years old
 - 30-34 years old
 - 35-39 years old
 - 40-44 years old
 - 45 years or older

7. What did the physician tell you was the reason you had a problem getting pregnant? **Mark all that apply.**

- Problems with ovaries
- Problem with fallopian tubes
- Problem with uterus/cervix
- Husband had fertility problem
- Other fertility problem
- No reason was found

8. Have you ever been pregnant? (Mark "Yes" even if your pregnancy did not result in a live baby)

- No → Skip to Question 15, page D3
- Yes

9. Are you pregnant now?

- No
- Yes
- Maybe

10. How many times have you been pregnant (all pregnancies, including those that ended with a miscarriage, still birth, or abortion)?

NUMBER OF PREGNANCIES

- 1 2 3 4 5 6 7 8 9 10 11 or more

In the table below, please mark how many of your pregnancies were miscarriages/stillbirths, ectopic pregnancies, elective (induced) abortions or live births. **The total number should add up to what you have just answered above.**

NUMBER OF PREGNANCIES WITH THIS OUTCOME

	1	2	3	4	5	6	7	8	9	10	11	or more
Miscarriage/Stillbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ectopic pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elective (induced) abortion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live births	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the table below, for each pregnancy that resulted in a live birth, please fill in all information. If any of your children were twins or triplets please complete a separate line for each child. Then also fill in the circle under twin/triplets for each of the twins/triplets. **If you never gave birth to a live child, please go to Question 15, next page.**

Example: The first pregnancy lasted 8 months and resulted in twins born in 1954, a boy and a girl.

	Birth Year	Number of months you were pregnant			Pregnancy Outcome		Sex of Child		Birth Weight	
		Less than 7	7-8	9+	Single birth	Twins/triplets	M	F	lbs	oz
First child	1954	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	4	10
Second child	1954	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4	0

	Birth Year	Number of months you were pregnant			Pregnancy Outcome		Sex of Child		Birth Weight	
		Less than 7	7-8	9+	Single birth	Twins/triplets	M	F	lbs	oz
First child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Second child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Third child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Fourth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Fifth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Sixth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Seventh child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Eighth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Ninth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Tenth child	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____

I have had more than 10 live births

1 kg = 2.2 lbs.

12. Did you ever breast-feed? (Mark "Yes" even if you also bottle-fed the child during the same period.)

- Yes No Skip to Question 15, next page.

13. Are you breast feeding now? No Yes

D2

PLEASE DO NOT WRITE IN THIS AREA



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14. In the table below, please shade the circle that best describes how long you breast-fed each child. (Include up to six of those children who you actually breast-fed.)

Birth Year	NUMBER OF MONTHS YOU BREAST-FED (Include months where you breast-fed and bottle-fed at the same time)						
	Less than 1 month	1-3 months	4-6 months	7-9 months	10-12 months	13-15 months	16+ months
First child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fifth child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sixth child you breast-fed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Have you had a hysterectomy (removal of the womb or uterus)?

- No
- Not Sure
- Yes → If **Yes**, how old were you at the time of your hysterectomy?

AGE

--	--

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

Write in your age at hysterectomy

also

Shade circles matching the numbers that you wrote above

17. Have you ever had **at least 3** urinary tract (bladder) infections that needed medical treatment, **each year**, for three years in a row?

- No
- Yes

↓
Were most of these infections before or after menopause ("change of life") or both? **Please mark one.**

- Before menopause.
- After menopause.
- Both before and after menopause.

16. Have you had **both** ovaries removed (either together or at separate surgeries)?

- No
- Not Sure
- Yes → If **Yes**, how old were you at the time when you had **no** ovary remaining?

AGE

--	--

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

Write in this age

also

Shade circles matching the numbers that you wrote above

18. Have you **ever** used birth control pills (oral contraceptives) for **any** reason, including birth-control, acne ("pimples"), irregular periods, etc.?

- No → Please skip to Question 20, next page
- Yes, but only around the "change of life" (menopause), or after this → Please skip to Question 20, next page
- Yes, taking now.
- Yes, but not taking them at this time.

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19. In the table below, please mark how long you took birth control pills (oral contraceptives) during each of the stated ages? Please mark one circle in each row, but only for ages before menopause ("change of life") started.

How long did you use birth control pills when you were:	Length of use during this age period				
	Did not use	Less than 1 year	1-3 years	4-6 years	7 years or more
Aged less than 16 years old?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged 16-19 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged 20-29 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged 30-39 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged 40-49 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged 50 years or older?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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20. Have your natural menstrual periods stopped completely (not had a natural period during the last 12 months)?

- No, but my doctor says that my "change of life" (menopause) is probably beginning (periods come less often, 'hot flashes', sometimes heavy periods, etc.) → Please skip to Question 23, below
- No → Please skip to Census Questions, page E1
- Yes I have had menopause ("change of life"), and I now take hormones.
- Yes I have had menopause, and do not now take hormones.
- Yes, my periods have stopped, but not because of menopause.

406

21. How old were you when your natural menstrual periods stopped completely?

Write in your age in years

<input type="text"/>	<input type="text"/>
----------------------	----------------------

also

Fill in circles matching the numbers that you wrote above

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

22. For what reason did your natural periods stop completely?

- Surgery
- Radiation or Chemotherapy
- Natural menopause
- Don't know

407
408

Many women use the hormones estrogen and/or progesterone for symptoms around or after the "change of life". Some use either hormone alone. Others take both together, either as two separate pills or as one combination pill. Sometimes birth-control pills are used for the same purpose.

23. Have you ever used an estrogen pill or patch around the time that your natural periods were stopping or after they stopped (menopause)? Do not include combination estrogen and progesterone medicines here.

- No, I have never taken → Please skip to Question 27, page D7.
- Yes, I am using estrogens now
- Yes, I used them in the past, but not now

409

24. In the table below, please ● mark how long you took an **estrogen pill or patch** during each age period of your life **after your natural periods started to stop** or stopped. ● Mark whether the medicine was given as pills or patches (right-hand column below). (Please fill at least one circle for **each** row that matches an age **after** your natural periods began to stop or stopped, up to your present age.)

• Do not include combination estrogen and progesterone medicines here.

Fill circles to show how long you used estrogens after your periods started to stop or stopped:	Estrogen Pill or Patch Length of use during this age period					Type of estrogen (Mark all that apply)	
	Did not use	Less than 1 year	1-2 years	3-6 years	7 or more years	Pills	Patches
Before age 40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 40-49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 50-59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 60-69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 70-79	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At age 80 or older	<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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Great Job.
The end is just in sight.

25. a) Please write in the **name** of the **estrogen** medicine that you used **last of all**, in the left hand box below. Again, only include those used after your periods **began to stop** or stopped completely. Please check the list of such medicines at the top of the next page to find your medicine.
- b) From the **list** write the **hormone code number** that is next to your medicine. If you don't remember the name of your medicine use code number 57 for an unknown estrogen pill, and 58 for an unknown estrogen patch. Also write approximately how old you were when you **started** and **stopped** this pill.
- c) Do **not** include combination estrogen & progesterone medicines here.

Print name of the **last** estrogen pill/patch you used (or "unknown" if necessary)

Hormone Code	Age Began	Age Stopped
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
0 0	0	0
1 1	1	1
2 2	2	2
3 3	3	3
4 4	4	4
5 5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Write in the estrogen code number and ages you started and stopped this medicine

also

Fill in circles matching the numbers that you wrote above

Not yet stopped

d) Is this either the **only** estrogen pill or patch you **ever** used, or the one you used for the **longest time** since your periods began to stop?

- Yes, skip to Question 27, next page
- No → Go to top of next column



26. a) In the same way as in Question 25, write in the box below the name of the **estrogen pill** or patch that you used for the **longest time** after your periods began to stop.

Print name of the pill/patch you used for the **longest time** (or "unknown" if necessary)

- b) Also write the code number and the ages you **started** and **stopped** this medicine

Hormone Code	Age Began	Age Stopped
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
0 0	0	0
1 1	1	1
2 2	2	2
3 3	3	3
4 4	4	4
5 5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Write in the estrogen code number and ages you started and stopped this medicine

also

Fill in circles matching the numbers that you wrote above

Not yet stopped

416
417
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423
424

PLEASE DO NOT WRITE IN THIS AREA



Where there are several dosages available for the same medicine (e.g. Estrace 0.5, 1, 2 mg) and you don't know which **dose** you used, select just the **bolded** name (e.g. **Estrace**, unknown strength).

ESTROGENS

CODE	PRODUCT NAME	CODE	PRODUCT NAME
01	Alora patch	30	Estratest (unknown strength)
02	Cenestin tablets 0.625 (red)	31	Menest 0.3 mg (yellow)
03	Cenestin 0.9 (white)	32	Menest 0.625 mg (orange)
04	Cenestin (unknown strength)	33	Menest 1.25 mg (green)
05	Climara Transdermal patch 3.9 mg (small patch)	34	Menest 2.5 mg (pink)
06	Climara Transdermal patch 7.8 mg (large patch)	35	Menest (unknown strength)
07	Climara patch (unknown strength)	36	Ogen 0.75 mg (yellow)
08	Esclim patch	37	Ogen 1.5 mg (peach colored)
09	Estinyl 0.02 (beige)	38	Ogen 3.0 mg (blue)
10	Estinyl 0.05 (pink)	39	Ogen 6.0 mg (light green)
11	Estinyl (unknown strength)	40	Ogen (unknown strength)
12	Estrace Tablets 0.5 mg (white)	41	Ortho-Est 0.625 (white)
13	Estrace Tablets 1 mg (lavender)	42	Ortho-Est 1.25 (lavender)
14	Estrace Tablets 2 mg (green)	43	Ortho-Est (unknown strength)
15	Estrace (unknown strength)	44	PMB 200 (green)
16	Estraderm Transdermal patch 0.05 mg (round patch)	45	PMB 400 (pink)
17	Estraderm Transdermal patch 0.1 mg (oval patch)	46	PMB (unknown strength)
18	Estraderm patch (unknown strength)	47	Premarin 0.3 mg (green)
19	Estradiol 0.5 mg	48	Premarin 0.625 mg (maroon)
20	Estradiol 1.0 mg	49	Premarin 0.9 mg (white)
21	Estradiol 2.0 mg	50	Premarin 1.25 mg (yellow)
22	Estradiol (unknown strength)	51	Premarin 2.5 mg (purple)
23	Estratab 0.3 mg (blue)	52	Premarin (unknown strength)
24	Estratab 0.625 mg (yellow)	53	Vivelle patch
25	Estratab 1.25 mg (red)	54	Vivelle dot patch
26	Estratab 2.5 mg (purple)	55	Vivelle patch (unknown strength)
27	Estratab (unknown strength)	56	Other Estrogen (Print)
28	Estratest HS (pale green)	57	Estrogen pill (name unknown)
29	Estratest full strength (dark green)	58	Estrogen patch (name unknown)

27. After your periods started to stop, or stopped have you ever used either a **progesterone** medicine or a **combination** progesterone and estrogen medicine for at least 4 courses in one year? Sometimes birth control pills are used for symptoms at this time, and if so, you should also include them here.

- No, I did not take these, or not this often Yes, I am using them now.
 Yes, I have used them in the past, but not now.

Skip to Census Questions, page E1

28. In the table below, please ● mark how long you took any **progesterone-type medicine** either by itself, or in a combination pill with estrogen. ● Fill one circle for each age period of your life after your natural periods began to stop or stopped, up to your present age.

Fill circles to show how long you used progesterone or combination medicines:

	Length of use during this age period				
	Did not use	Less than 1 year	1-2 years	3-6 years	7 or more years
Before age 40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 40-49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 50-59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 60-69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between ages 70-79	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At age 80 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. CENSUS AND OTHER QUESTIONS

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441
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445

1. Write your date of birth below in the squares and fill the matching circles under the month, day and year. Fill in only one circle in each column.

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Write in

also

Fill in matching circles

2. Where were you, your birth father, and birth mother, born?

	Yourself	Birth-Father	Birth-Mother
United States (incl. Hawaii)/Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediterranean Countries (include former Yugoslavia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Europe (other former communist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom/Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Western Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexico/Central America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian subcontinent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the table below, select the group(s) that best describes the racial origin or ethnicity of:

	Yourself	Birth-Father	Birth-Mother
White non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black			
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Indian/Caribbean area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Black _____ (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic			
Latino/Mexican/Mexican-American/Chicano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Hispanic (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian			
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use only

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4. Where did you live the most while growing up? (If more than one place, the place you lived most between ages 6-16 years).

- United States or Canada
- Europe/UK
- Central America
- Australasia
- South America
- Elsewhere, but where I was born
- Asia
- Any other country

5. What is your sex? Female Male

6. What is your marital status?

- Never married
- First marriage
- Remarried
- Common Law marriage
- Separated
- Divorced
- Widowed

7. If separated, divorced or widowed, how long have you been living without a spouse/partner?

- Less than one year
- 1-5 years
- 6-10 years
- More than 10 years
- Not applicable

8. Up through age 16 years, were you mostly raised with

- Your two birth parents → Skip to Question 10
- Two parents, but one or both were not your birth parent
- A female birthparent only
- A male birthparent only
- Other (specify) _____

9. Why didn't you live with your two birth parents? (Mark all that apply.)

- Mother died
- Father died
- Parents separated/divorced
- Parents never lived together
- You were adopted
- You went to boarding school
- You grew up in foster care
- You left home before age 16 years
- Other (specify) _____

10. How many full brothers and sisters did you have in your family?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more

11. What is the highest grade of school or year of college that you, your father, and mother completed? Fill one circle in each column. (Use foster parents if necessary.)

	Yourself	Mother who raised you	Father who raised you
Grade School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some High School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School diploma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trade school diploma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associate degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bachelors degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masters degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctoral degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

And let us not grow weary while doing good, for in due season we shall reap if we do not lose heart.

Galatians 6:9

PLEASE DO NOT WRITE IN THIS AREA

E2



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12. Which of the following categories describe your employment situation during the **last one year** (respond to **as many as apply**)?

Work for pay and total hours worked each week:

- 20 hours or less
- 21-50 hours
- More than 50 hours

I do not work for pay

- Homemaker
- Student
- Fully Retired
- Volunteer
- Unemployed
- Disabled/Other

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13. Please give the zip code of your workplace (if applicable).

Work

--	--	--	--	--	--

14. If you are fully retired, please write-in how many years ago you stopped any regularly paid work

Years

--	--

Not yet fully retired

458
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15. What is your main (present or most recent) occupation? What sort of work do you or did you do? (e.g. registered nurse, or accounts clerk; note that health care worker, or office worker is not clear enough)

460

16. What do they make or do at the place of your present or most recent occupation? (What kind of place is it)? (e.g. retail grocery store, or insurance company; note that oil business or shoe business is not clear enough)

461

17. Think about **all possible sources** of income (wages, social security payments, pensions, rent, dividends, unemployment or disability compensation, child support, government housing assistance, etc.). Mark the response below that comes closest to your **personal total income** (before tax), **during the last year**, and the total income of **all family members** who live in your home.

During past 12 months	Less than \$10,000	\$11,000-\$20,000	\$21,000-\$30,000	\$31,000-\$50,000	\$51,000-\$75,000	\$76,000-\$100,000	\$101,000-\$200,000	More than \$200,000
Your income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All family members in your home	<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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18. How many people usually lived in your household during the last 12 months (include yourself)?

Number of People ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ or more

464

19. Which of the following categories **best** describes the religious belief of:

	SDA	Other Protestant	Catholic	Jewish	Other	No formal religion	Don't know
Yourself now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yourself at age 15-25 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mother who raised you (Her religion when you were 0-15 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The father who raised you (His religion when you were 0-15 years)	<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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20. If you are a SDA, at what age were you first baptized into the Adventist church?

Age at baptism

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

Write the age

also

Fill in matching circles



21. What is your **current** height and weight? (write in boxes, also fill the circles below the boxes)

Height (without shoes)	
ft.	in.
4	0 0
5	1 1
6	2
7	3
	4
	5
	6
	7
	8
	9

Weight (in light clothes)
lbs.
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

Write

also

Fill in matching circles

22. What was your weight (in pounds) at each of the following ages (answer for each age before your present age):

At Age 20
lbs.

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

At Age 30
lbs.

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

At Age 40
lbs.

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

At Age 50
lbs.

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

At Age 60
lbs.

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

At Age 70
lbs.

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

Write in your weight

also

Fill in matching circles

1 kg = 2.2 lbs

23. What was your approximate birth weight?

lbs.	oz.
0	0 0
1	1 1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

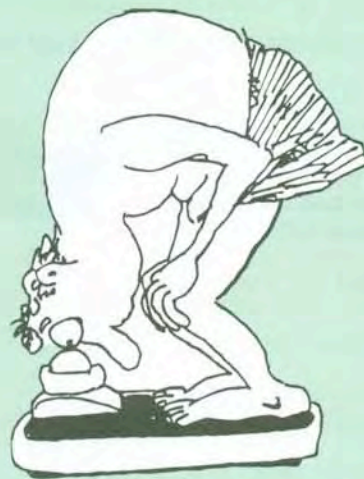
Don't know

Write in your weight

also

Fill in matching circles

10 lbs or more



PLEASE DO NOT WRITE IN THIS AREA



OUTDOORS EXPOSURE



24. Thinking over the last 12 months

- a) Write in how many **hours each day** you usually spent outdoors between 9 am and 5 pm? Then fill in one circle in each of the four columns. →
- b) Did you take a vacation during the **last 12 months** to a sunnier place than where you usually live?
- Yes No

If Yes, please fill a circle indicating how many days the vacation lasted and during which season.

<input type="radio"/> Less than 7 days	<input type="radio"/> Summer
<input type="radio"/> 7-14 days	<input type="radio"/> Fall
<input type="radio"/> 15-21 days	<input type="radio"/> Winter
<input type="radio"/> 22-28 days	<input type="radio"/> Spring
<input type="radio"/> More than 28 days	

Warmer Months (April - Sept)		Cooler Months (Oct - March)	
Weekdays (9a.m. - 5p.m.) hours	Weekends (9a.m. - 5p.m.) hours	Weekdays (9a.m. - 5p.m.) hours	Weekends (9a.m. - 5p.m.) hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8

- c) When you were outdoors during the **last summer**, how often did you wear sunscreen to cover most exposed skin?
- Always More than half the time Half the time Less than half the time Hardly ever
- d) If you used sunscreen, what sunblock number (SPF) did you usually use?
- 5 or less 6-10 11-15 More than 15 I did not use sunscreen

25. Now think back about 10 years, to around 1992. Please recall **where you were living** at that time, and what your **family and job** situation was. This may help you give correct answers to the following questions.

- a) Please write in how many **hours each day** you usually spent outdoors between 9 am and 5 pm, about 10 years ago? Then fill in one circle in each of the four columns. →
- b) About 10 years ago, did you usually take a vacation to a sunnier place than where you usually live?
- Yes No

If Yes, fill a circle indicating how many days the vacation usually lasted and during which season.

<input type="radio"/> Less than 7 days	<input type="radio"/> Summer
<input type="radio"/> 7-14 days	<input type="radio"/> Fall
<input type="radio"/> 15-21 days	<input type="radio"/> Winter
<input type="radio"/> 22-28 days	<input type="radio"/> Spring
<input type="radio"/> More than 28 days	

Warmer Months (April - Sept)		Cooler Months (Oct - March)	
Weekdays (9a.m. - 5p.m.) hours	Weekends (9a.m. - 5p.m.) hours	Weekdays (9a.m. - 5p.m.) hours	Weekends (9a.m. - 5p.m.) hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8

- c) About ten years ago when you were outdoors during the sunnier months, how often did you wear sunscreen to cover most exposed skin?
- Always More than half the time Half the time Less than half the time Hardly ever
- d) If you used sunscreen that year, what sunblock number (SPF) did you usually use?
- 5 or less 6-10 11-15 More than 15 I did not use sunscreen

26. What happens to your skin if it is exposed many times to bright sunlight in the summer without protection?

- Gets very brown and deeply tanned Gets mildly or occasionally tanned No change. My skin is naturally brown or black.
- Gets moderately tanned Gets no suntan at all or only gets freckled

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27. Sun exposure is greater in Southern states and less in Northern states. Please use the table below to tell us where you lived during the years 1993-97 and 1998-2002. We only need to know about places where you lived for at least one year. You can fill in several circles for each time period if you moved from one area to another, or outside the U.S. Notice that California is divided to North/Central and Southern.

Fill in at least one circle in each row below.

	Outside the U.S.	Northern States (check table below)	Middle States (check table below)	Southern States
1993 - 1997	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1998 - 2002	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Northern States	
Alaska	New Jersey
Connecticut	New York
Idaho	North Dakota
Illinois	Oregon
Iowa	Pennsylvania
Maine	Rhode Island
Massachusetts	South Dakota
Michigan	Vermont
Minnesota	Washington
Montana	Wisconsin
Nebraska	Wyoming
New Hampshire	

Middle States	
California (North & Central)	New Mexico
	North Carolina
	Ohio
Colorado	Oklahoma
Delaware	Tennessee
Indiana	Utah
Kansas	Virginia
Kentucky	Washington DC
Maryland	West Virginia
Missouri	
Nevada	

Southern States	
Alabama	Georgia
Arizona	Hawaii
Arkansas	Louisiana
California (Southern)	Mississippi
	South Carolina
	Texas
Florida	

28. How long have you lived at your present address, or within 10 miles of it?

Number of Years

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

Write

also

Fill in circles matching the numbers that you wrote above

29. How many hours do you usually sleep each night (please mark the circle that is closest to the average number of hours you sleep)?

- 3 hours or less
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- More than 10 hours

30. On an average day how many hours do you spend watching TV?

- None
- Less than 1 hour
- 1 hour
- 2 hours
- 3-4 hours
- 5+ hours



31. Have you ever smoked regularly?

- No → Skip to Question 34, next page
- Yes, cigars → Skip to Question 34, next page
- Yes, pipe → Skip to Question 34, next page
- Yes, cigarettes

32. If you have ever smoked cigarettes regularly, at what age did you first start and last stop smoking?

Age Started	Age Stopped
<input type="text"/>	<input type="text"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write in your age

also

Fill in matching circles



I am still smoking

498
499
500
501
502
503

PLEASE DO NOT WRITE IN THIS AREA



33. If you have ever smoked cigarettes regularly, please mark the **usual** number you smoke(d) per day or per week during each of the given time periods. (Please mark one response for each line)

	Number of Cigarettes Smoked Per Day					
	None or less than one	1-3	4-6	7-10	11-19	20+
Past 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-5 years ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-10 years ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11-15 years ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 or more years ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average during all smoking years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Have you ever used alcoholic beverages even if only occasionally?
 No → Go to the Section F on the next page
 Yes

35. At what age did you first start and last stop drinking alcohol?

Age Started	Age Stopped
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Write in your age

also

Fill in matching circles

I still drink alcoholic beverages.

36. Total time that you used alcoholic beverages:
 Less than 1 year
 1-5 years
 6-9 years
 10-19 years
 20 or more years

37. Average alcohol intake during the time period(s) when you used alcohol. Use either the 'per month' or 'per week' section below.

	Drinks Per Month			OR	Drinks Per Week						
	less than 1	1-2	3		1	2	3	4	5	6	7+
Wine (6 oz. glasses)	<input type="radio"/>	<input type="radio"/>	<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 or wine coolers (12 oz. bottles/cans)	<input type="radio"/>	<input type="radio"/>	<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 (1 oz. 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"/>

38. If you have consumed alcohol during the past 12 months, please mark the amount you drank per week or month during this period (mark one response for each line).
 I did not use alcohol during the last 12 months. Go to the next page.

	Drinks Per Month			OR	Drinks Per Week						
	less than 1	1-2	3		1	2	3	4	5	6	7+
Wine (6 oz. glasses)	<input type="radio"/>	<input type="radio"/>	<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 or wine coolers (12 oz. bottles/cans)	<input type="radio"/>	<input type="radio"/>	<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 (1 oz. 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"/>

F. "LOOK AT THE LABEL" Section

This section is for 'VITAMINS AND MINERALS', 'COLD BREAKFAST CEREALS', and the 'VEGETARIAN PROTEIN FOODS'.

You will be asked to:

- Find these products in your **cupboards**, if possible.
- Look at the **labels** on the pill bottles; look at the **labels** on cans or packets
- Find the **doses** of your 'vitamins and mineral' supplements
- Find the exact **product name** (e.g. Corn Flakes, Fri-Chick, etc.)
- Find the exact **brand name** (e.g. Kelloggs, Worthington Foods)



For office use only

BE CAREFUL. MANY PRODUCTS HAVE SIMILAR NAMES, YET MAY BE QUITE DIFFERENT.

VITAMINS AND MINERAL SUPPLEMENTS

Please fill in the circles that indicate a) **how long** you have used these vitamins and minerals, and b) the **number** taken each week.

Please copy names and doses from the bottle

1. This question is about your use of **multivitamin pills**. (We will ask about pills that contain only one vitamin or mineral in Question 2 on the next page.)

a. Have you taken multivitamins regularly during all, or parts, of the last 10 years?

- No → Go to Question 2.
 Yes

i. For how many years in total?

- 0 - 1 year 2 - 4 years 5 - 9 years 10 years

ii. While taking multivitamins, how many pills did, or do, you usually take each week?

- 2 or less 3 - 5 6 - 9 10 or more

b. Do you **currently** take multivitamins?

- No → Go to Question 2.
 Yes

i. Write Exact Name

Write Exact Brand Name

ii. For how many years have you taken **this** pill?

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

iii. How many of these pills do you usually take each week?

- 2 or less 3 - 5 6 - 9 10 or more

PLEASE DO NOT WRITE IN THIS AREA

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2. Do you take any of the following supplements that mainly contain **just one** vitamin or mineral? If **YES**, please indicate the number of years and dose each day. If **NO**, only fill the last circle on this page.

a) **Soy or Isoflavone supplements** - Write its exact name (e.g. Soy Super Complex), also manufacturer name (e.g. Twin Labs).

Yes →

Exact Name

Manufacturer Name

• How many of these pills do you take each week? 1 - 5 6 - 9 10 or more

• For how many years (this or a similar pill)? 0-2 years 3 - 5 years 6 or more

b) **Vitamin A**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 8,000 IU 13,000 to 22,000 IU
 8,000 to 12,000 IU 23,000 IU or more

c) **Beta-Carotene**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 8,000 IU 13,000 to 22,000 IU
 8,000 to 12,000 IU 23,000 IU or more

d) **Vitamin C**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 400 mg 750 to 1,250 mg
 400 to 700 mg 1300 mg or more

e) **Vitamin B₆ (Pyridoxine)**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 10 mg 40 to 79 mg
 10 to 39 mg 80 mg or more

f) **Vitamin D or Calcitrol (Rocaltrol)** (Include here Vitamin D combined with calcium or Vitamin A)

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

200 IU 50,000 IU or more, or any dose of **calcitrol (rocaltrol)**
 200 TO 900 IU
 1000 TO 49,000 IU

g) **Vitamin E**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 100 IU 300 to 500 IU
 100 to 250 IU 600 IU or more

h) **Calcium** (Include Dolomite and Turns, etc.) (mg of elemental calcium)

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 400 mg 901-1300 mg
 400 to 900 mg 1301 mg or more

i) **Selenium**

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 80 mcg 200 to 250 mcg (.20 to .25 mg)
 80 to 130 mcg 260 mcg (0.26mg) or more

j) **Iron** (Do **not** include here iron in multivitamins, but **do** include iron taken with vitamin C)

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

Less than 51 mg 201 to 400 mg
 51 to 200 mg 401 mg or more

k) **Folic Acid** (Do **not** include here folic acid which is part of a multivitamin pill, but **do** include if combined only with iron)

Yes →

For how many years?

0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

0.4 mg (400 mcg) or less
 0.5 (500 mcg) to 0.9 mg (900 mcg)
 1 mg
 More than 1 mg

I have never taken any of the above products regularly.

l) **Fish Oil** (Omega - 3 fatty acids)

- Yes →
 No
↓

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 2500 mg (2.5 grams)
 2500 to 4999 mg (2.5 to 4.9 grams)
 5000 to 9999 mg (5.0 to 9.9 grams)
 10,000 mg (10 grams) or more

m) Are there **other supplements** that you take on a regular basis?

Yes → (Fill circles for as many as apply)

- No
- Cod Liver Oil Niacin Vitamin B₁₂
 Magnesium Zinc B-Complex vitamins (including injections)
 Metamucil Potassium
- Other (please write-in): _____

(More space on page F9)

COLD BREAKFAST CEREALS (See picture sheet for help with serving sizes)

A. Home-made granola/muesli.

For your information: - Granola = hard clusters, usually fat added and baked - Muesli = raw grains, nuts, dried fruit (no fat added)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE			
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more
3. Granola (home-made only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Muesli (home-made only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Commercial Cold Cereals bought at the store (Include commercial granola and muesli here)

5. Do you eat commercial store-bought cold cereals at least **once each month**?

- Never or less than once per month → Skip to Question 8, page F5
 Yes

6. • If possible, take your usual cereals from the cupboard, so that you can read their labels.
• Below we have listed some of the most popular cereals. Do you find some that you eat on this list (even if they are not presently in your cupboard)?
• If so, fill in circles for **only those cereals that you eat**. Please double check that the product and brand names truly match your cereals.

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
PRODUCT	BRAND	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more
Grape Nuts	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grape Nut Flakes	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shredded Wheat	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raisin Bran	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raisin Bran	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheerios	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn Flakes	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

F3



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CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
PRODUCT	BRAND											
Frosted Flakes	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	579
Toasted Oat Meal	Quaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	580
100% Natural Oats, or Oats & Honey	Quaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	581
Frosted Mini Wheats	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	582
Wheaties	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	583
Wheat Chex	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	584
Honey Bunches of Oats	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	585
Special K	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	586
Cinnamon Toast Crunch	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	587

7. • If some of the cereals that you eat frequently are not in the list above, there is space below for you to write-in one or two of these other cereals. Choose those that you eat most often.
- Please print the cereal name, and the brand name in the spaces below. (If possible, copy this information from the packet.)
 - Fill circles as usual to show how often and how much you eat.

EXAMPLE - 2 cups of Post Great Grains 5-6 times/wk

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
Cereal Name	G R E A T G R A I N S										
Brand Name	P O S T	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
Cereal Name											
Brand Name		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

space for another cereal on next page

F4

WT=Worthington; MS=Morning Star; LL=Loma Linda; CL=Cedar Lakes; VL=Vibrant Life;
 NT=Natural Touch; *drained

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PRODUCT	BRAND	HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Canned:												
Nuteena	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2" slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	606
Linkettes	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	607
Little Links	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	608
Swiss Steak	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	609
Prime Stakes	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	610
Dinner Cuts	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 cuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	611
Choplets	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	612
Chops	CL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	613
Frozen												
Breakfast Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 patties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	614
Garden Vege Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	615
Okara Patti	NT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	616
Breakfast Links	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	617
Breakfast Strips	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 strips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	618
Grillers	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	619
Chik-Nuggets	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	620
Chick Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	621
Harvest Burger	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	622
Better'n Burgers	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	623
Vegan Burger (fat-free)	NT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	624
Spicy Black Bean Burger	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	625
Burger Style Recipe Crumbles	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	626
Ground Meatless	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	627
Meatless Chicken Style slices	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	628

F6

LIST OF VEGETARIAN PROTEIN FOODS, alphabetic within type (Canned)

Manufacturer: CL=Cedar Lake *drained LL=Loma Linda MS=Morning Star NT=Natural Touch WT=Worthington

Code Number	CANNED ITEMS	Standard Serv Size	Code Number	CANNED ITEMS	Standard Serv Size
01.	3 Grain Burger - CL	1 burger	18.	Quick Burger - CL	1/2" slice
02.	Breakfast Sausage - CL	2 pieces	19.	Saucettes - WT	2 links
03.	Chicken Supreme - LL	1/3 cup*	20.	Sizzle Franks - LL	1 link
04.	Chili - CL	2/3 cup	21.	Sliced Chick - WT	2 slices
05.	Chipettes - CL	4 pieces	22.	Super Links - WT	1 link
06.	Cutlets - WT	1 slice	23.	Tender Bits - LL	4 pieces
07.	Diced Chick - WT	1/2 cup*	24.	Tender Rounds - LL	6 balls
08.	Dinner Steak - CL	1 piece	25.	Terkettes - CL	4 pieces
09.	Hostess Cuts - CL	2 cuts	26.	Turkee Slices - WT	2 slices
10.	Low Fat Chile - WT	1 cup	27.	Veja-Links - WT	2 links
11.	Low Fat Big Franks - LL	1 link	28.	Vegeburger - CL	1 burger
12.	Low Fat FriChik - WT	2 pieces	29.	Vegetable Steaks - WT	2 1/2 pieces
13.	Low-fat Veja Links - WT	1 link	30.	Vegetarian Chili - NT	2/3 cup
14.	Multigrain Cutlets - WT	2 slices	31.	Vegi-Frank - CL	2 pieces
15.	Ocean Platter - LL	1/3 cup*	32.	Vegi-Scallops - CL	2 pieces
16.	Patty Mix - LL	1/3 cup*	33.	Tuno - WT	1/3 cup*
17.	Protose - WT	1/2" slice	34.	Tuno - NT	1/3 cup*

LIST OF VEGETARIAN PROTEIN FOODS, alphabetic by type (Frozen)

Manufacturer: CL=Cedar Lake *drained LL=Loma Linda MS=Morning Star NT=Natural Touch WT=Worthington

Code Number	FROZEN LUNCHEON SLICES	Standard Serv Size	Code Number	OTHER FROZEN FOODS	Standard Serv Size
35.	Bolono - WT	2 slices	53.	Fried Chicken - LL	1 piece
36.	Corned Beef - WT	4 slices	54.	Garden Patty - NT	1 patty
37.	Meatless Chicken Style - WT	2 slices	55.	Golden Croquettes - WT	5 pieces
38.	Meatless Smoked Turkey - WT	3 slices	56.	Griddle Steaks - LL	1 steak
39.	Salami - WT	2 slices	57.	Hard Rock Café Veggie Burger - MS	1 patty
40.	Smoked Beef - WT	6 slices	58.	Leanies - WT	1 link
41.	Wham - WT	3 slices	59.	Lentil Rice Loaf - NT	2 1/2" slice
			60.	Mini Corn Dogs - MS	4 pieces
			61.	Oven Roasted Veggie Burger - MS	1 pattie
			62.	Prosage Links - WT	2 links
			63.	Prosage Patties - WT	2 pieces
			64.	Prosage Roll - WT	1/2" slice
			65.	Sausage Style Recipe Crumbles - MS	2/3 cup
			66.	Spicy Black Bean Burger - NT	1 patty
			67.	Stakelets - WT	1 piece
			68.	Stripples - WT	4 strips
			69.	Tomato & Basil Pizza Burger - MS	1 patty
			70.	Tuno - WT	1/2 cup*
			71.	Vege Burger - NT	1 patty
			72.	Vegetarian Fillets - WT	2 fillets
			73.	Veggie Dogs - NT	1 link
			74.	Veja Links - WT	1 link

75. Other, not listed above

SOY OR RICE DRINKS

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11. Do you drink **soy or rice milks** at least once each month?

- No → Skip to the next section, page G1.
- Yes

642

12. • If possible, take your usual **soy and rice milks** from the cupboard so that you can read their labels. Note whether it is **regular, low-fat or 'lite'**.

- Please write-in one or two milks that you use at least once each month in the spaces below.
- Please print the **brand-names**. If possible, copy this from the labels. Be sure to write 'low fat' if this applies.
- **Fill circles** as usual to show how often you drink these.

	HOW OFTEN?						CHOOSE YOUR SERVING SIZE		
	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard 8 oz. cup	1/2 or less	1/2 or more
Brand Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand Name	<input type="radio"/>	<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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Space to write-in additional dietary supplements that you use at least once per week.

Name	Brand
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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G. YOUR PERSONAL INFORMATION

If you wish, detach this page and return it separately in the smaller addressed, postage-paid envelope. You may wish to review our confidentiality procedures that are listed in the following box. Then please go to Questions below:

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CONFIDENTIALITY PROCEDURES

- We are very aware that you provide us information that is **private**. We are proud that over 30 years of similar research we have never had a security lapse.
- This last page is the **only place** that records your name and address. If you wish, you can **separate it** from the questionnaire and **mail** it back to us **separately** in the envelope provided.
- If you do not separate it, **we will** do so as **soon** as your questionnaire is received.
- Your personal information is **never** stored with other parts of the questionnaire, either on shelves, or in the computer.
- All questionnaires are kept in a **locked room**.
- Analyses or publications **never** identify individuals, or churches, or conferences.
- UNFORTUNATELY, **without** this last page and your **signature**, you **cannot be enrolled** in the study. This is because we do need your personal information, and your **permission** to trace your future health experience.

1. Your full name, address and phone number (Please PRINT)

Name _____ (First, Middle, Last) () _____
 Area Code Phone Number

Street Address _____

City _____ State _____ Zip _____

2. Today's Date

Month Day Year

3. Women, please write your maiden name: _____

4. Please write in your social security number in the boxes at the right, and fill in the appropriate matching circles.

We know that some of you may feel uncomfortable giving us this information and it is optional. It is however extremely useful as it helps us trace you if you change your address in the future.

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

Write

also

Fill in matching circles

5. Please write the name, address and phone number of someone who would usually know how to contact you, and who is not living with you.

Name _____ (First, Middle, Last) () _____
 Area Code Phone Number

Street Address _____

City _____ State _____ Zip _____

6. Did you take part in the California Adventist Health Study research 1974-82?

No Yes → What was your last name in 1982? _____

G1

PLEASE TURN OVER

651
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THE STUDY

I understand that this research is conducted by Loma Linda University, and is funded by the National Institutes of Health.

WHY WE NEED INFORMATION ABOUT YOUR FUTURE HEALTH EXPERIENCE

You have told us about your diet and exercise patterns, and now we need to link these to your future experience with chronic diseases such as cancer and heart attack. Only then can we meet the goal of this research, which is to clearly decide whether dietary choices and other habits change a person's risk of developing these problems.

YOUR PERMISSIONS TO A HOSPITAL OR CANCER REGISTRY

As a voluntary participant in the Adventist Health Study:

1. "I give permission for the Adventist Health Study to look for my name each year on **lists of cancer patients** (tumor registries) held by each state."
2. "In the event that I die during the next ten years, I give permission for the Adventist Health Study physician to review records of my hospital admissions that occur **after today's date.**"
3. "Therefore I direct any hospital that provided me with medical care to fully cooperate with such a request from the Adventist Health Study after my death."



Signature

PLEASE DO NOT FORGET TO SIGN AND DATE

Date

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662

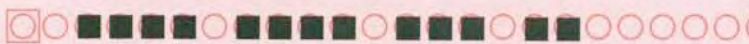
663



WE FULLY RECOGNIZE THE PRIVATE NATURE OF YOUR MEDICAL RECORDS. THEY WILL NEVER BE SHARED WITH ANY OTHER ORGANIZATION.

PLEASE DO NOT WRITE IN THIS AREA

G2



* 2 2 7 2 6 0 *