

A. MEDICAL HISTORY

For office use only



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

Health

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

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

FLU

- 1 Yes
- 2 No

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

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

URI

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

Gastroenteritis (stomach flu, food poisoning)

GASTRO

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

Bronchitis

BRONCHIT

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

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

CANCER

- 1 No ➤ Go to Question 5, on the next page
- 2 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	
<p>Write ➤</p> <p>Site of cancer: CANCERA / CANCERAT</p> <p>Year first diagnosed: CANCERAL CANCERAYT</p> <p>Write ➤</p> <p>CANCERAY (2 2)</p> <p>Fill in circles matching the numbers that you wrote above.</p>	<p>Site of cancer: CANCERB / CANCERBT</p> <p>Year first diagnosed: CANCERBL CANCERBYT</p> <p>CANCERBY (2 2)</p>	<p>Site of cancer: CANCERC / CANCERCT</p> <p>Year first diagnosed: CANCERCL CANCERCYT</p> <p>CANCERCY (2 2)</p>		
	<input type="radio"/> 1 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9	

5. If you have no close relatives who have had cancer, please fill this circle **1**, and skip to Question 6 below. Otherwise, please fill the circles to indicate which close relatives (children, parents, brothers, sisters only) have had cancer.

A02Q5

	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	COLONC <input type="text" value="1"/>	COLONM <input type="text" value="1"/>	COLONF <input type="text" value="1"/>	COLONS1 <input type="text" value="1"/>	COLONS2 <input type="text" value="1"/>
Prostate cancer	PROSTC <input type="text" value="1"/>	PROSTM <input type="text" value="1"/>	PROSTF <input type="text" value="1"/>	PROSTS1 <input type="text" value="1"/>	PROSTS2 <input type="text" value="1"/>
Breast cancer	BREASTC <input type="text" value="1"/>	BREASTM <input type="text" value="1"/>	BREASTF <input type="text" value="1"/>	BREASTS1 <input type="text" value="1"/>	BREASTS2 <input type="text" value="1"/>
Pancreas cancer	PANCRC <input type="text" value="1"/>	PANCRM <input type="text" value="1"/>	PANCRF <input type="text" value="1"/>	PANCRS1 <input type="text" value="1"/>	PANCRS2 <input type="text" value="1"/>
Ovary cancer	OVARYC <input type="text" value="1"/>	OVARYM <input type="text" value="1"/>	OVARYF <input type="text" value="1"/>	OVARYS1 <input type="text" value="1"/>	OVARYS2 <input type="text" value="1"/>
Any other cancers. Please write-in the places in the body where these other cancers started (e.g. stomach, lung, etc.)	CANCEROA A02521T	CANCEROB A02522T	CANCEROC A02523T	CANCEROD A02524T	CANCEROE A02525T
	CANCEROF A02531T	CANCEROG A02532T	CANCEROH A02533T	CANCEROI A02534T	CANCEROJ A02535T

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

SURGERY

- 1 No ➔ Please go to Question 7, on the next page
- 2 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	TONSILSY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Appendix	APPENDY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Coronary bypass	BYPASSY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Angioplasty/stent	STENTY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Carotid arteries (arteries in neck)	CAROTIDY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Thyroid or goiter surgery	GOITERY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Joint replacement	JOINTY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
WOMEN ONLY						
Tubal ligation	TUBALY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Removal of ovaries	OVARIESY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Hysterectomy (removal of uterus)	UTERUSY	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Breast (non-cancer) - include biopsies	BRST2	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

PLEASE DO NOT WRITE IN THIS AREA



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

Number of years since first operated on for this condition

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MEN ONLY

Surgery on the prostate gland **PROSTY**

Vasectomy **VASECTY**

Less than 1 year ago	1-4 years ago	5-9 years ago	10-19 years ago	20+ years ago
①	②	③	④	⑤
①	②	③	④	⑤

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

Angina pectoris **ANGINAY**

Heart attack (myocardial infarction) **MIY**

High blood pressure **HBPY**

High cholesterol **HICHOLY**

Stroke lasting at least 24 hours **STROKEKY**

Small stroke (TIA), less than 24 hours **TIAY**

Congestive heart failure **CONGESTY**

RESPIRATORY SYSTEM

Chronic bronchitis **BRONCHY**

Emphysema **EMPHYSY**

Asthma **ASTHMAY**

DIGESTIVE SYSTEM

Ulcer of stomach or duodenum **ULCERY**

Gallstones **STONESY**

Ulcerative colitis/Crohn's disease **COLITISY**

Rectal/colon polyps **POLYPSY**

Less than 5 years ago	5-9 years ago	10-14 years ago	15-19 years ago	20+ years ago
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤

NO YES

ANGINA
① ②

MI
① ②

HBP
① ②

HICHOL
① ②

STROKE
① ②

TIA
① ②

CONGEST
① ②

BRONCH
① ②

EMPHYS
① ②

ASTHMA
① ②

ULCER
① ②

STONES
① ②

COLITIS
① ②

POLYPS
① ②

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A03Q7

① I have never been told by a doctor that I have had any of the conditions listed above.

A3

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, Norgesic, etc. (This question does not include Tylenol.)

A05Q11A

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 ASPIRN05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago: Dose was ASPIRN10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago: Dose was ASPIRN15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago: Dose was ASPIRN20	<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.)

A05Q11B

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	CHOL05	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago	CHOL10	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago	CHOL15	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago	CHOL20	<input type="radio"/>	<input type="radio"/>

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

A05Q11C

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	HBP05	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago	HBP10	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago	HBP15	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago	HBP20	<input type="radio"/>	<input type="radio"/>

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

A05Q11D

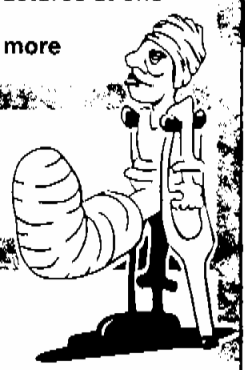
I never used these medicines, or for less than two years at a time.

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 CONSTP05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6-10 years ago: Dose was CONSTP10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 11-15 years ago: Dose was CONSTP15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 16-20 years ago: Dose was CONSTP20	<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. **FRACT12**
 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.) **FRACT13**
 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.)? **FRACT14**
 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	HIP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Leg, above knee	THIGH	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Leg, below knee	LEG	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Ankle	ANKLE	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Upper arm/Elbow	ARMELBOW	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Wrist	WRIST	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Fingers or toes	FINGERS	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
Other, please specify: OTHERFRL / OTHERFRT	OTHERFRY	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

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 **FRACT15**

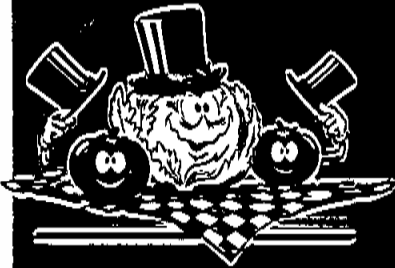
16. How long has it been since you've had any of the following tests:	Never had	5 or more years ago	3-4 years ago	0-2 years ago
Test on feces (bowel movement) for blood? TESTFECE	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Colonoscopy or Sigmoidoscopy (tube placed in the rectum to check for cancer)? TESTCOLN	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
MEN ONLY				
PSA Blood Test? TESTPSA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Digital Rectal Exam for enlarged prostate (the physician places a gloved finger in the rectum)? TESTDRE	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
WOMEN ONLY				
Mammogram? TESTMAM	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Pap Smear? TESTPAP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

PLEASE DO NOT WRITE IN THIS AREA

A6



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, 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"/>	106
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

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	1/2 or more	
OTHER FRESH (RAW) FRUIT (CONTINUED)													
Fruit salad (fresh)	FRTSALDF ①	②	③	④	⑤	⑥	⑦	⑧	1 cup	FRTSALDA ②	①	③	127
Other fresh fruit? (please write them in - use CAPITAL letters):													
1. <u>FRUITAL / FRUITAT</u>	FRUITAF ①	②	③	④	⑤	⑥	⑦	⑧	1 cup	FRUITAA ②	①	③	128
2. <u>FRUITBL / FRUITBT</u>	FRUITBF ①	②	③	④	⑤	⑥	⑦	⑧	1 cup	FRUITBA ②	①	③	129
Extra space for write-ins on page B12													
CANNED OR COOKED FRUIT													
Please write them in - use CAPITAL letters:													
1. <u>FRUITCL / FRUITCT</u>	FRUITCF ①	②	③	④	⑤	⑥	⑦	⑧	1/2 cup	FRUITCA ②	①	③	130
2. <u>FRUITDL / FRUITDT</u>	FRUITDF ①	②	③	④	⑤	⑥	⑦	⑧	1/2 cup	FRUITDA ②	①	③	131
DRIED FRUIT													
Raisins	RAISINSF ①	②	③	④	⑤	⑥	⑦	⑧	2 Tbsp	RAISINSA ②	①	③	132
Prunes	PRUNESF ①	②	③	④	⑤	⑥	⑦	⑧	3-4 prunes	PRUNESA ②	①	③	133
Dates	DATESEF ①	②	③	④	⑤	⑥	⑦	⑧	3-4 dates	DATESA ②	①	③	134
Other dried fruit (e.g. figs, apricots, etc.)? (please write them in - use CAPITAL letters):													
1. <u>FRUITEL / FRUITET</u>	FRUITEF ①	②	③	④	⑤	⑥	⑦	⑧	1/4 cup	FRUITEA ②	①	③	135
2. <u>FRUITFL / FRUITFT</u>	FRUITFF ①	②	③	④	⑤	⑥	⑦	⑧	1/4 cup	FRUITFA ②	①	③	136
FRUIT & VEGETABLE JUICES													
Orange juice, fresh or frozen	JUICORGF ①	②	③	④	⑤	⑥	⑦	⑧	8 oz. glass	JUICORGA ②	①	③	137
Apple juice/cider	JUICAPPF ①	②	③	④	⑤	⑥	⑦	⑧	8 oz. glass	JUICAPPA ②	①	③	138
Carrot juice	JUICCARF ①	②	③	④	⑤	⑥	⑦	⑧	8 oz. glass	JUICCARA ②	①	③	139
Tomato-based vegetable juice	JUICTOMF ①	②	③	④	⑤	⑥	⑦	⑧	8 oz. glass	JUICTOMA ②	①	③	140
Another fruit juice that you drink? (please write it in - use CAPITAL letters):													
<u>FRUITGL / FRUITGT</u>	FRUITGF ①	②	③	④	⑤	⑥	⑦	⑧	8 oz. glass	FRUITGA ②	①	③	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	DARKGRV1 ①	DARKGRV2 ②	DARKGRV3 ③	DARKGRV4 ④	DARKGRV5 ⑤	DARKGRV6 ⑥	DARKGRV7 ⑦	1 cup	DARKGRVA ②	DARKGRVB ①	DARKGRVC ③	<input type="radio"/>
Iceberg lettuce	ICEBERGF1 ①	ICEBERGF2 ②	ICEBERGF3 ③	ICEBERGF4 ④	ICEBERGF5 ⑤	ICEBERGF6 ⑥	ICEBERGF7 ⑦	1 cup	ICEBERGA ②	ICEBERGB ①	ICEBERGC ③	<input type="radio"/>
Raw Tomatoes	TOMATOSF1 ①	TOMATOSF2 ②	TOMATOSF3 ③	TOMATOSF4 ④	TOMATOSF5 ⑤	TOMATOSF6 ⑥	TOMATOSF7 ⑦	1 medium	TOMATOSA ②	TOMATOSB ①	TOMATOSC ③	<input type="radio"/>
Red or Yellow Bell Peppers	PEPPERSF1 ①	PEPPERSF2 ②	PEPPERSF3 ③	PEPPERSF4 ④	PEPPERSF5 ⑤	PEPPERSF6 ⑥	PEPPERSF7 ⑦	1/2 cup	PEPPERSA ②	PEPPERSB ①	PEPPERSC ③	<input type="radio"/>
Raw carrots	CARROTSEF1 ①	CARROTSEF2 ②	CARROTSEF3 ③	CARROTSEF4 ④	CARROTSEF5 ⑤	CARROTSEF6 ⑥	CARROTSEF7 ⑦	1 medium	CARROESA ②	CARROESB ①	CARROESC ③	<input type="radio"/>
Raw onions	ONIONSF1 ①	ONIONSF2 ②	ONIONSF3 ③	ONIONSF4 ④	ONIONSF5 ⑤	ONIONSF6 ⑥	ONIONSF7 ⑦	3 slices	ONIONSA ②	ONIONSB ①	ONIONSC ③	<input type="radio"/>
Avocado, guacamole	AVACADOF1 ①	AVACADOF2 ②	AVACADOF3 ③	AVACADOF4 ④	AVACADOF5 ⑤	AVACADOF6 ⑥	AVACADOF7 ⑦	1/4 med. or 1/4 cup	AVACADOA ②	AVACADOB ①	AVACADOC ③	<input type="radio"/>
Potato salad with mayonnaise	POTSALDF1 ①	POTSALDF2 ②	POTSALDF3 ③	POTSALDF4 ④	POTSALDF5 ⑤	POTSALDF6 ⑥	POTSALDF7 ⑦	1/2 cup	POTSALDA ②	POTSALDB ①	POTSALDC ③	<input type="radio"/>
Other salad vegetables? (please write them in - use CAPITAL letters):												
1. _____	OTHSVG1F1 ①	OTHSVG1F2 ②	OTHSVG1F3 ③	OTHSVG1F4 ④	OTHSVG1F5 ⑤	OTHSVG1F6 ⑥	OTHSVG1F7 ⑦	1/2 cup	OTHSVG1A ②	OTHSVG1B ①	OTHSVG1C ③	<input type="radio"/>
2. _____	OTHSVG2F1 ①	OTHSVG2F2 ②	OTHSVG2F3 ③	OTHSVG2F4 ④	OTHSVG2F5 ⑤	OTHSVG2F6 ⑥	OTHSVG2F7 ⑦	1/2 cup	OTHSVG2A ②	OTHSVG2B ①	OTHSVG2C ③	<input type="radio"/>

LEGUMES (include use in mixed dishes) - 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	
Refried beans (include use in burritos, tostadas, etc.)	REFRIEDF1 ①	REFRIEDF2 ②	REFRIEDF3 ③	REFRIEDF4 ④	REFRIEDF5 ⑤	REFRIEDF6 ⑥	REFRIEDF7 ⑦	1/2 cup	REFRIEDA ②	REFRIEDB ①	REFRIEDC ③	<input type="radio"/>
Bean or lentil soup	BEANSUFF1 ①	BEANSUFF2 ②	BEANSUFF3 ③	BEANSUFF4 ④	BEANSUFF5 ⑤	BEANSUFF6 ⑥	BEANSUFF7 ⑦	1 cup	BEANSUPA ②	BEANSUPB ①	BEANSUPC ③	<input type="radio"/>
Navy, red kidney, other red beans	NAVYF1 ①	NAVYF2 ②	NAVYF3 ③	NAVYF4 ④	NAVYF5 ⑤	NAVYF6 ⑥	NAVYF7 ⑦	1/2 cup	NAVYA ②	NAVYB ①	NAVYC ③	<input type="radio"/>
Chick peas (garbanzos); pigeon, cow, black-eyed, or field peas	GARBANZF1 ①	GARBANZF2 ②	GARBANZF3 ③	GARBANZF4 ④	GARBANZF5 ⑤	GARBANZF6 ⑥	GARBANZF7 ⑦	1/2 cup	GARBANZA ②	GARBANZB ①	GARBANZC ③	<input type="radio"/>
Pinto, black, or great northern beans	PINTOF1 ①	PINTOF2 ②	PINTOF3 ③	PINTOF4 ④	PINTOF5 ⑤	PINTOF6 ⑥	PINTOF7 ⑦	1/2 cup	PINTOA ②	PINTOB ①	PINTOC ③	<input type="radio"/>
Lima, white, fava, or butter beans	LIMAF1 ①	LIMAF2 ②	LIMAF3 ③	LIMAF4 ④	LIMAF5 ⑤	LIMAF6 ⑥	LIMAF7 ⑦	1/2 cup	LIMAA ②	LIMAB ①	LIMAC ③	<input type="radio"/>
Lentils, split peas, gungo peas	LENTILSF1 ①	LENTILSF2 ②	LENTILSF3 ③	LENTILSF4 ④	LENTILSF5 ⑤	LENTILSF6 ⑥	LENTILSF7 ⑦	1/2 cup	LENTILSA ②	LENTILSB ①	LENTILSC ③	<input type="radio"/>
Soybeans, tofu, soybean curd	SOYBEANF1 ①	SOYBEANF2 ②	SOYBEANF3 ③	SOYBEANF4 ④	SOYBEANF5 ⑤	SOYBEANF6 ⑥	SOYBEANF7 ⑦	1/2 cup	SOYBEANA ②	SOYBEANB ①	SOYBEANC ③	<input type="radio"/>
Other beans, baked beans? (please write it in - use CAPITAL letters):												
_____	OTHLEGF1 ①	OTHLEGF2 ②	OTHLEGF3 ③	OTHLEGF4 ④	OTHLEGF5 ⑤	OTHLEGF6 ⑥	OTHLEGF7 ⑦	1/2 cup	OTHLEGA ②	OTHLEGB ①	OTHLEGC ③	<input type="radio"/>

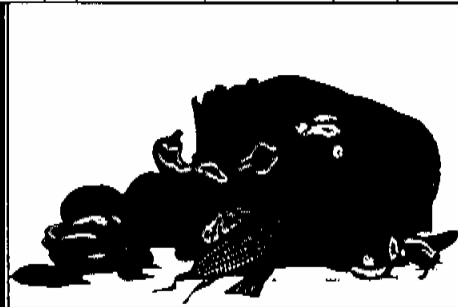
PLEASE DO NOT WRITE IN THIS AREA



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	CABBAGEF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	CABBAGEA ②	①	③	<input type="radio"/>
Kale, collards, mustard greens, turnip greens, poke salad	KALEF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	KALEA ②	①	③	<input type="radio"/>
Broccoli	BROCCOLF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	BROCCOLA ②	①	③	<input type="radio"/>
Cauliflower	CAULIFF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	CAULIFA ②	①	③	<input type="radio"/>
Spinach or chard (cooked)	SPINICHF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	SPINICHA ②	①	③	<input type="radio"/>
Peas	PEASF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	PEASA ②	①	③	<input type="radio"/>
Carrots (cooked)	CARRTCKF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	CARRTCKA ②	①	③	<input type="radio"/>
Onions (cooked)	ONIONCKF ① ② ③ ④ ⑤ ⑥ ⑦							1/4 cup or 4 slices	ONIONCKA ②	①	③	<input type="radio"/>
Corn	CORNF ① ② ③ ④ ⑤ ⑥ ⑦							1 cob or 3/4 cup	CORNA ②	①	③	<input type="radio"/>
Okra	OKRAF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	OKRAA ②	①	③	<input type="radio"/>
Tomatoes (canned, cooked)	TOMATCKF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	TOMATCKA ②	①	③	<input type="radio"/>
Winter squash	SQUASHF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	SQUASHA ②	①	③	<input type="radio"/>
Sweet potatoes, yams	YAMSF ① ② ③ ④ ⑤ ⑥ ⑦							1 small or 1/2 cup	YAMSA ②	①	③	<input type="radio"/>
Green beans	GRNBEANF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	GRNBEANA ②	①	③	<input type="radio"/>
White or red potatoes (baked, boiled)	POTBAKF ① ② ③ ④ ⑤ ⑥ ⑦							1 medium or 1/2 cup	POTBAKA ②	①	③	<input type="radio"/>
French fries, hash browns, fried potatoes	HASHBRNF ① ② ③ ④ ⑤ ⑥ ⑦							3/4 cup	HASHBRNA ②	①	③	<input type="radio"/>
Other raw or cooked vegetables you eat? (please write them in - use CAPITAL letters):												<input type="radio"/>
1. <u>RAWCKVIL / RAWCKVIT</u>	RAWCKVIF ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	RAWCKVIA ②	①	③	<input type="radio"/>
2. <u>RAWCKV2L / RAWCKV2T</u>	RAWCKV2F ① ② ③ ④ ⑤ ⑥ ⑦							1/2 cup	RAWCKV2A ②	①	③	<input type="radio"/>
Extra space for write-ins on page B12												

When you eat cooked vegetables, do you prefer them
VEGCKTYP

- ① Well-cooked or soft?
- ② Cooked medium?
- ③ Lightly cooked and firm?



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	1/2 or more	
Tomato soup	TOMSOUPF ① ② ③ ④ ⑤ ⑥ ⑦							1 cup	TOMSOUPA ②	①	③	<input type="radio"/>
Another soup you eat? Do not include bean soup here again. (please write it in - use CAPITAL letters): <u>OTHSOUPL / OTHSOUP</u>	OTHSOUPF ① ② ③ ④ ⑤ ⑥ ⑦							1 cup	OTHSOUPA ②	①	③	<input type="radio"/>

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	Standard Serving Size	Standard	1/2 or less	1/2 or more	For office use only	
White bread, rolls, buns, or French bread	WHITBRDF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨										2 slices or 1 bun/roll	WHITBRDA ②	①	③	<input type="radio"/>
Whole grain bread, rolls, buns, or oatmeal bread	WHOLBRDF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨										2 slices or 1 bun/roll	WHOLBRDA ②	①	③	<input type="radio"/>
Corn bread, Johnnycake	CORNBDF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨										2 slices or pieces	CORNBDA ②	①	③	<input type="radio"/>
Other breads, bagels, biscuits you eat? (please write them in - use CAPITAL letters): <u>1. OTHBRDAL / OTHBRDAT</u>	OTHBRDAF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨										2 slices or pieces	OTHBRDAA ②	①	③	<input type="radio"/>

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	Standard Serving Size	Standard	1/2 or less	1/2 or more	For office use only
Oatmeal	OATMEALF ① ② ③ ④ ⑤ ⑥ ⑦							1 cup	OATMEALA ②	①	③	<input type="radio"/>
Cream of Wheat	CREAMWHF ① ② ③ ④ ⑤ ⑥ ⑦							1 cup	CREAMWHA ②	①	③	<input type="radio"/>
Grits or corn porridge	GRITSF ① ② ③ ④ ⑤ ⑥ ⑦							1 cup	GRITSA ②	①	③	<input type="radio"/>
Cooked brown rice, millet	BRNRICEF ① ② ③ ④ ⑤ ⑥ ⑦							3/4 cup	BRNRICEA ②	①	③	<input type="radio"/>
White rice	WHTRICEF ① ② ③ ④ ⑤ ⑥ ⑦							3/4 cup	WHTRICEA ②	①	③	<input type="radio"/>
Homemade gluten steaks	GLUTENF ① ② ③ ④ ⑤ ⑥ ⑦							1 medium	GLUTGENA ②	①	③	<input type="radio"/>

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



PLEASE DO NOT WRITE IN THIS AREA



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)	SEEDSF ①	②	③	④	⑤	⑥	⑦	⑧	2 Tbsp	SEEDSA ②	①	③	186
Peanut butter (smooth, chunky, natural)	PEANTBTF ①	②	③	④	⑤	⑥	⑦	⑧	1 Tbsp	PEANTBTA ②	①	③	187
All standard servings for nuts are on average a small handful													
Mixed nuts	NUTSMXDF ①	②	③	④	⑤	⑥	⑦	⑧	14 nuts	NUTSMXDA ②	①	③	188
Peanuts	PEANUTSF ①	②	③	④	⑤	⑥	⑦	⑧	35 halves	PEANUTSA ②	①	③	189
Walnuts	WALNUTSF ①	②	③	④	⑤	⑥	⑦	⑧	8 halves	WALNUTSA ②	①	③	190
Almonds	ALMONDSF ①	②	③	④	⑤	⑥	⑦	⑧	16 whole nuts	ALMONDSA ②	①	③	191
Cashews	CASHEWSF ①	②	③	④	⑤	⑥	⑦	⑧	6 whole nuts	CASHEWSA ②	①	③	192
Other nuts that you eat? (please write it in - use CAPITAL letters):	OTHNUTAF ①	②	③	④	⑤	⑥	⑦	⑧	12 nuts	OTHNUTAA ②	①	③	193
<u>OTHNUTAL / OTHNUTAT</u>	①	②	③	④	⑤	⑥	⑦	⑧					
<u>OTHNUTBL / OTHNUTBT</u>	①	②	③	④	⑤	⑥	⑦	⑧	12 nuts	OTHNUTBA ②	①	③	194

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	MACHESEF ①	②	③	④	⑤	⑥	⑦	1 cup	MACHESEA ②	①	③	195
Pasta (noodles, spaghetti, lasagna, etc.)	PASTAF ①	②	③	④	⑤	⑥	⑦	1 cup	PASTAA ②	①	③	196
Tomato sauce used in pasta	TOMPASTF ①	②	③	④	⑤	⑥	⑦	1/4 cup	TOMPASTA ②	①	③	197
Pizza	PIZZAF ①	②	③	④	⑤	⑥	⑦	2 medium slices	PIZZAA ②	①	③	198

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)	WHIPLWF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	WHIPLWA ②	①	③	199
Regular mayonnaise or Miracle Whip (include use on sandwiches or salads)	WHIPREGF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	WHIPREGA ②	①	③	200
Low-calorie salad dressing (any)	DRESLOWF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	DRESLOWA ②	①	③	201
Olive oil as salad dressing	OLIVOLIF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	OLIVOLIA ②	①	③	202

B7

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	1/2 or more	
Other oil salad dressings (e.g. regular Italian, etc.)	SALDOILF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	SALDOILA ②	①	③	203
Regular creamy salad dressing (Ranch, Thousand Island, etc.)	RANCHF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	RANCHA ②	①	③	204
Catsup or tomato sauce (exclude use in pasta)	CATSUPF ①	②	③	④	⑤	⑥	⑦	1 Tbsp	CATSUPA ②	①	③	205
Other gravies, sauces, or dressings that you eat? (please write a name in CAPITAL letters): <u>OTHGRVYL / OTHGRVYT</u>	OTHGRVYF ①	②	③	④	⑤	⑥	⑦	2 Tbsp	OTHGRVYA ②	①	③	206

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	1/2 or more	For office use only
	Eggs (fried, boiled, scrambled, deviled, plain omelet, egg salad but not Egg-Beaters)	EGGBETF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 large egg 2 halves	EGGBETRA ②	①	
Cottage cheese	COTTAGEF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1/2 cup	COTTAGEA ②	①	③	208
Cream cheese, cheese spreads	CHECREMF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp.	CHECREMA ②	①	③	209
Soy or other imitation cheese (in sandwiches, salads, or mixed dishes)	CHESSOYF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 slices or 1 oz.	CHESSOYA ②	①	③	210
American processed, cheddar cheese (in sandwiches, salads, or mixed dishes)	CHEAMERF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 slices or 1 oz.	CHEAMERA ②	①	③	211
Low fat cheese, Mozzarella, Ricotta (in sandwiches, salads, or mixed dishes)	CHELOWFF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 slices or 1 oz.	CHELOWFA ②	①	③	212
Reduced calorie margarine (soft, tub, spread - added to foods or bread)	MARGLOWF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp. (1/2 oz.)	MARGLOWA ②	①	③	213
Regular Margarine (soft, tub, spread - added to foods or bread)	MARGSFTEF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp. (1/2 oz.)	MARGSFTA ②	①	③	214
Margarine (hard, stick- added to foods or bread)	MARGHRDF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp. (1/2 oz.)	MARGHRDA ②	①	③	215
Butter (added to foods or bread)	BUTTERF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp.	BUTTERA ②	①	③	216
Olive oil (added to bread or foods aside from salads)	OLIVOL2F ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp.	OLIVOL2A ②	①	③	217

PLEASE DO NOT WRITE IN THIS AREA



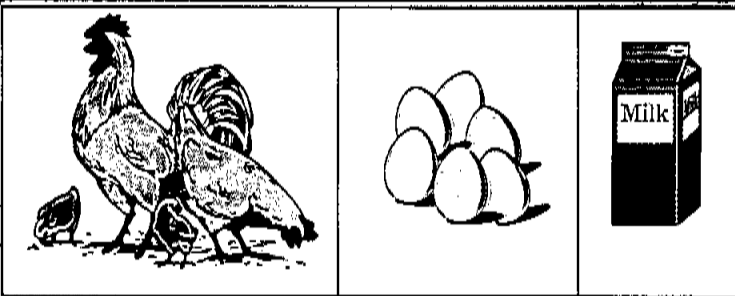
EGGS, DAIRY PRODUCTS AND OILS
continued (Include use in mixed dishes)

HOW OFTEN?
(choose only one column)

If you eat this food, then CHOOSE YOUR SERVING SIZE

For office use only

	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)	MLKWHOLF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									8 oz. glass	MLKWHOLA ②	①	③	218
Low fat milk (1% or skim)	MLKLOWFF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									8 oz. glass	MLKLOWFA ②	①	③	219
Evaporated milk	EVAPMLKF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									4 Tbsp or 1/4 cup	EVAPMLKA ②	①	③	220
Coconut milk	COCONTMF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									4 Tbsp or 1/4 cup	COCONTMA ②	①	③	221
Low fat yogurt	YOGURTLF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									6-8 oz. cup	YOGURTLA ②	①	③	220
Regular yogurt	YOGURTRF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									6-8 oz. cup	YOGURTRA ②	①	③	221
Other dairy products, whipping cream, sour cream that you eat at least once weekly	OTHDAIRF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									4 Tbsp or 1/4 cup	OTHDAIRA ②	①	③	222
Meal replacement drinks, such as Slimfast, Instant Breakfast, Ensure, protein drinks	ENSUREF ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨									8 oz. glass	ENSUREA ②	①	③	223



BEEF, CHICKEN, LAMB, OR PORK
(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	
Hamburger, ground beef (in casserole, meatballs, etc.)	BEEFHAMF ① ② ③ ④ ⑤ ⑥ ⑦							1 patty or 3 oz.	BEEFHAMA ②	①	③	224
Processed beef, lamb (e.g. sausage, salami, bologna)	BEEFPROF ① ② ③ ④ ⑤ ⑥ ⑦							1 slice or dog	BEEFPROA ②	①	③	225
Beef or lamb as a main dish - e.g. steak, roast, stew, pot pies	LAMBF ① ② ③ ④ ⑤ ⑥ ⑦							4 oz.	LAMBA ②	①	③	226
Processed chicken or turkey (turkey bologna, turkey ham)	POULPROF ① ② ③ ④ ⑤ ⑥ ⑦							1 slice or dog	POULPROA ②	①	③	227
Chicken or turkey (roasted, stewed, broiled, fried, in casserole, burrito, etc.)	POULTRYF ① ② ③ ④ ⑤ ⑥ ⑦							2 sml, 1 lg. piece or 4 oz.	POULTRYA ②	①	③	228
Pork (bacon, sausage, ham, chops, ribs, lunch-meat)	PORKF ① ② ③ ④ ⑤ ⑥ ⑦							2 chops, or 4 oz.	PORKA ②	①	③	229

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	1/2 or more	
White fish (cod, salt-fish, sole, haddock or halibut, snapper, catfish)	FISHWHTF ①	②	③	④	⑤	⑥	⑦	3 oz.	FISHWHTA ②	①	③	<input type="radio"/>
Salmon	FISHSALF ①	②	③	④	⑤	⑥	⑦	3 oz.	FISHSALA ②	①	③	<input type="radio"/>
Canned tuna, tuna salad, tuna casserole	FISHTUNF ①	②	③	④	⑤	⑥	⑦	3 oz.	FISHTUNA ②	①	③	<input type="radio"/>
Other fish - e.g. herring, sardines, fish cakes that you eat? (please write it in - use CAPITAL letters): FISHOTHL / FISHOTHT	FISHOTHF ①	②	③	④	⑤	⑥	⑦	4 oz.	FISHOTHA ②	①	③	<input type="radio"/>

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	1/2 or more	For office use only
Drinking water (including sparkling, but not counting coffee or tea)	WATERF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	8 oz. glass	WATERA ②	①	③	<input type="radio"/>
Diet Coke, Pepsi, or other soft drinks, caffeine free	COKLWNCF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	12 oz. can	COKLWNCA ②	①	③	<input type="radio"/>
Regular Coke, Pepsi, other soft drinks or fruit punch, caffeine free	COKRGNCF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	12 oz. can	COKRGNCA ②	①	③	<input type="radio"/>
Diet Coke, Pepsi, or other soft drinks with caffeine	COKLWWCF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	12 oz. can	COKLWWCA ②	①	③	<input type="radio"/>
Regular Coke, Pepsi, or other soft drinks with caffeine	COKRGWCF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	12 oz. can	COKRGWCA ②	①	③	<input type="radio"/>
Coffee (decaf)	COFFDECF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	6 oz. cup	COFFDECA ②	①	③	<input type="radio"/>
Coffee (regular)	COFFREGF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	6 oz. cup	COFFREGA ②	①	③	<input type="radio"/>
Herbal teas	HERBALTF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	6 oz. cup	HERBALTA ②	①	③	<input type="radio"/>
Ovaltine or hot chocolate	OVALTINF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	6 oz. cup	OVALTINA ②	①	③	<input type="radio"/>
Other hot drinks that you drink (e.g. Postum, black tea, green tea)? (please write it in - use CAPITAL letters): 1. OTHHOTIL / OTHHOTIT	OTHHOTIF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	6 oz. cup	OTHHOTIA ②	①	③	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA

B10



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.)	BEERF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	12 oz., 3 1/2 oz., 1 oz.	BEERA ②	①	③	244

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

Doughnuts, cinnamon rolls, pastries, sweet pies	DONUTSF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 medium/ 1 med. slice	DONUTSA ②	①	③	245
Cookies, store-bought	COOKYSBF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 large or 2 medium	COOKYSBA ②	①	③	246
Cookies, home-made	COOKYHMF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 large or 2 medium	COOKYEMA ②	①	③	247
Cake	CAKEF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 medium piece	CAKEA ②	①	③	248
Ice cream, milk shakes	ICECREMF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 scoops 12 oz. shake	ICECREMA ②	①	③	249
Ice milk, frozen yogurt	ICEMILKF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 scoops	ICEMILKA ②	①	③	250
Other sweets and desserts? (please write it in - use CAPITAL letters):	OTHSWT1F ①	②	③	④	⑤	⑥	⑦	⑧	⑨	Write in usual serving size: _____	OTHSWT1A ②	①	③	251
1. OTHSWT1L / OTHSWT1T	①	②	③	④	⑤	⑥	⑦	⑧	⑨		Write in usual serving size: _____	OTHSWT2A ②	①	③
2. OTHSWT2L / OTHSWT2T	①	②	③	④	⑤	⑥	⑦	⑧	⑨					

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	POPCRNLF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 cups	POPCRNLA ②	①	③	253
Popcorn with butter or other fat	POPCRNBF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	2 cups	POPCRNBA ②	①	③	254
Potato chips, other snack chips, pretzels? (please write it in - use CAPITAL letters):	OTHSNAKF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 small bag	OTHSNAKA ②	①	③	255

SEASONINGS & ADDITIVES ADDED AT TABLE OR IN COOKING

Salt	SALTF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	3 shakes	SALTA ②	①	③	256
Brewer's or Nutritional Yeast	YEASTF ①	②	③	④	⑤	⑥	⑦	⑧	⑨	1 Tbsp	YEASTA ②	①	③	257

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.	EATFRUIT ①	②	③	④	⑤	⑥	⑦	⑧
On average, how often do you eat vegetarian protein foods of any type (Worthington, Loma Linda, Cedar Lake, etc.)? Include canned and frozen.	EATVEGPR ①	②	③	④	⑤	⑥	⑦	⑧
How often do you eat ethnic foods (e.g., Mexican, Chinese etc.) ?	EATETHNC ①	②	③	④	⑤	⑥	⑦	⑧

OTHER FOODS THAT YOU USE AT LEAST ONCE EACH WEEK	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	
(please write it in - use CAPITAL letters):								
1. <u> OTHFOD1L / OTHFOD1T </u>	OTHFOD1F ①	②	③	④	⑤	⑥	⑦	Write in usual serving size OTHFOD1A
2. <u> OTHFOD2L / OTHFOD2T </u>	OTHFOD2F ①	②	③	④	⑤	⑥	⑦	Write in usual serving size OTHFOD2A
3. <u> OTHFOD3L / OTHFOD3T </u>	OTHFOD3F ①	②	③	④	⑤	⑥	⑦	Write in usual serving size OTHFOD3A
4. <u> OTHFOD4L / OTHFOD4T </u>	OTHFOD4F ①	②	③	④	⑤	⑥	⑦	Write in usual serving size OTHFOD4A
5. <u> OTHFOD5L / OTHFOD5T </u>	OTHFOD5F ①	②	③	④	⑤	⑥	⑦	Write in usual serving size OTHFOD5A

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	FASTFOOD ①	②	③	④	⑤	⑥
Restaurant	RESTAURN ①	②	③	④	⑤	⑥
Potluck	POTLUCK ①	②	③	④		

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?

INSTITUN
① Yes ② No

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

POUNDS10
① Yes ② No



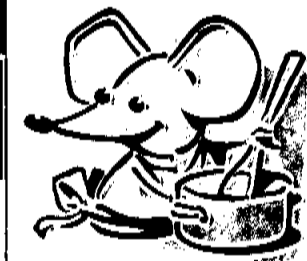
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YOUR USE OF FATS

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



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1. If you use fats for **cooking** or **baking** less than once per month fill this circle 1 and Go to Question 2. **B13Q1**

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		1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Sunflower oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Vegetable shortening	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Safflower oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Margarine	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Canola oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Olive oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Other vegetable oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Corn oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4					

2. If you eat fried or sauteed foods at home less than once per month, fill this circle 1 and Go to Question 3. **B13Q2**

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		1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Sunflower oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Vegetable shortening	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Safflower oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Margarine	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Canola oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Olive oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Other vegetable oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Corn oil	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	PAM	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

3. How often do you eat fried food (aside from french fries) **away from home** (e.g., fried chicken, fish, shrimp, etc.)? **FRYFOODS**

- 1 Never 3 Once per week 5 5-6 times per week
 2 Less than once a week 4 2-4 times per week 6 Daily

4. If you never eat beef, lamb, or pork, fill this circle 1 and Skip to Question 7 on the next page. **B13Q4**

Otherwise, continue with Question 5.

5. How much of the visible fat on your beef, lamb, or pork do you remove before eating? **REMOVFAT**

- 4 Remove all visible fat 3 Remove most 2 Remove small part of fat 1 Remove none

B13

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

- ① No → Go to Question 9b.
- ② Yes → Is it usually a reduced fat brand?

USEMRGCK ① Yes ② No
 MRGCTYPE

9b. Do you use margarine on bread?

- ① No → Go to Question 10.
- ② Yes → Is it usually a reduced fat brand?

USEMRGBR ① Yes ② No
 MRGBTYPE

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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	NOTBUTRC ①	NOTBUTRB ①
Country Crock	CNTRYCRC ①	CNTRYCRB ①
Imperial	IMPERLC ①	IMPERLB ①
Earth Balance	ERTHBALC ①	ERTHBALB ①
Smart Balance	SMRTBALC ①	SMRTBALB ①
Canola Harvest	CANHRVSC ①	CANHRVSB ①
Fleishmann's	FLEISHMC ①	FLEISHMB ①
<u>OTHMRG1L / OTHMRG1T</u> (Other margarine - please write-in)	OTHMRG1C ①	OTHMRG1B ①
<u>OTHMRG2L / OTHMRG2T</u> (Other margarine - please write-in)	OTHMRG2C ①	OTHMRG2B ①

NOMARGN
 ① I do not use margarine.

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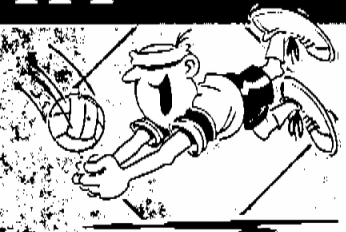
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C. YOUR PHYSICAL ACTIVITY



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

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1. Do you usually have a regular exercise program?

EXERPROG

- ① No (Skip to Question 3a)
- ② Yes

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

EXERHARD

- ① Very light
- ② Fairly light
- ③ Somewhat hard
- ④ Hard
- ⑤ Very hard
- ⑥ 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**?

EXERFREQ

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

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

EXERAMT

- ① Never
- ② 10 minutes or less
- ③ 11-20 minutes
- ④ 21-30 minutes
- ⑤ 31-40 minutes
- ⑥ 41-50 minutes
- ⑦ 51-60 minutes
- ⑧ 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)

WALKRUN

- ① No (Skip to Question 5 on the next page)
- ② Yes (continue)

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

WALKRUNT

- ① Less than once/week
- ② 1 time per week
- ③ 2 times per week
- ④ 3 times per week
- ⑤ 4 times per week
- ⑥ 5 times per week
- ⑦ 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.

WALKRUND

- ① 1/4 mile or less
- ② 1/2 mile
- ③ 1 mile
- ④ 1 1/2 miles
- ⑤ 2 miles
- ⑥ 3 miles
- ⑦ 4 or more miles

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

WALKRUNA

- ① 10 minutes or less
- ② 11-20 minutes
- ③ 21-30 minutes
- ④ 31-40 minutes
- ⑤ 41-50 minutes
- ⑥ 51-60 minutes
- ⑦ more than 1 hour

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C1

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							For office use only	
		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
a) NAPPING (do not include regular night's sleep):										
On a usual week day	NAPWEEK	1	2	3	4	5	6	7	8	\$35
On a usual Saturday	NAPSAT	1	2	3	4	5	6	7	8	\$36
On a usual Sunday	NAPSUN	1	2	3	4	5	6	7	8	\$37
b) LYING DOWN - (watching TV or reading while lying down, etc.)										
On a usual week day	LAYWEEK	1	2	3	4	5	6	7	8	\$38
On a usual Saturday	LAYSAT	1	2	3	4	5	6	7	8	\$39
On a usual Sunday	LAYSUN	1	2	3	4	5	6	7	8	\$40
c) LIGHT ACTIVITIES - are intentionally 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 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	MODAWEEK	1	2	3	4	5	6	7	8	\$41
On a usual Saturday	MODASAT	1	2	3	4	5	6	7	8	\$42
On a usual Sunday	MODASUN	1	2	3	4	5	6	7	8	\$43
e) VIGOROUS ACTIVITY - such as Leisure: Moderate running/jogging, faster/harder cycling, team sports, tennis, aerobics, skiing, calisthenics (vigorous). 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	VIGAWEEK	1	2	3	4	5	6	7	8	\$44
On a usual Saturday	VIGASAT	1	2	3	4	5	6	7	8	\$45
On a usual Sunday	VIGASUN	1	2	3	4	5	6	7	8	\$46
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	EXTMWEEK	1	2	3	4	5	6	7	8	\$47
On a usual Saturday	EXTMSAT	1	2	3	4	5	6	7	8	\$48
On a usual Sunday	EXTMSUN	1	2	3	4	5	6	7	8	\$49

1. At what age did your menstrual periods begin?

AGEMENSE

- Never had a menstrual period Skip to Question 6 next column.
- | | |
|---------------------------------------|---|
| <input type="radio"/> 9 years or less | <input type="radio"/> 14 years of age |
| <input type="radio"/> 10 years of age | <input type="radio"/> 15 years of age |
| <input type="radio"/> 11 years of age | <input type="radio"/> 16 years of age |
| <input type="radio"/> 12 years of age | <input type="radio"/> 17 years or older |
| <input type="radio"/> 13 years of age | |

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

AGEREGM

- Never became regular Skip to Question 5 next column.
- | | |
|--|---|
| <input type="radio"/> less than 1 Year | <input type="radio"/> 5 Years or longer |
| <input type="radio"/> 1-2 Years | <input type="radio"/> Uncertain or variable |
| <input type="radio"/> 3-4 Years | |

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

PERIOD1

- | | |
|---|---------------------------------------|
| <input type="radio"/> less than 21 days | <input type="radio"/> 29-31 days |
| <input type="radio"/> 21-25 days | <input type="radio"/> 32-39 days |
| <input type="radio"/> 26-28 days | <input type="radio"/> 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?

PERIOD2

- | | |
|--|--|
| <input type="radio"/> I have not had periods in the last 12 months | <input type="radio"/> 32-39 days |
| <input type="radio"/> less than 21 days | <input type="radio"/> 40-49 days |
| <input type="radio"/> 21-25 days | <input type="radio"/> 50-59 days |
| <input type="radio"/> 26-28 days | <input type="radio"/> 2-3 months or more |
| <input type="radio"/> 29-31 days | |



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.

IRREGNY

- No, Go to Question 6
- Yes If Yes, at what age period of your life did this occur? **Mark all that apply**
- | | |
|--|----------------|
| <input type="radio"/> Less than 20 years old | IRREG19 |
| <input type="radio"/> 20-24 years old | IRREG20 |
| <input type="radio"/> 25-29 years old | IRREG25 |
| <input type="radio"/> 30-34 years old | IRREG30 |
| <input type="radio"/> 35-39 years old | IRREG35 |
| <input type="radio"/> 40-44 years old | IRREG40 |
| <input type="radio"/> 45 years or older | IRREG45 |

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

TRYPRGNY

- 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.**

- | | | | |
|-----------------|--|---|-----------------|
| TRYPRG19 | <input type="radio"/> Less than 20 years old | <input type="radio"/> 35-39 years old | TRYPRG35 |
| TRYPRG20 | <input type="radio"/> 20-24 years old | <input type="radio"/> 40-44 years old | TRYPRG40 |
| TRYPRG25 | <input type="radio"/> 25-29 years old | <input type="radio"/> 45 years or older | TRYPRG45 |
| TRYPRG30 | <input type="radio"/> 30-34 years old | | |

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

- | | |
|---|----------------|
| <input type="radio"/> Problems with ovaries | PGPROB1 |
| <input type="radio"/> Problem with fallopian tubes | PGPROB2 |
| <input type="radio"/> Problem with uterus/cervix | PGPROB3 |
| <input type="radio"/> Husband had fertility problem | PGPROB4 |
| <input type="radio"/> Other fertility problem | PGPROB5 |
| <input type="radio"/> No reason was found | PGPROB6 |

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

PREGNANT

- No Skip to Question 15, page D3
- Yes

9. Are you pregnant now? **PREGNOW**

- | | | |
|--------------------------|---------------------------|-----------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Maybe |
|--------------------------|---------------------------|-----------------------------|

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.)

NUMBER OF MONTHS YOU BREAST-FED
(Include months where you breast-fed and bottle-fed at the same time)

	BIRTH YEAR	NUMBER OF MONTHS YOU BREAST-FED							
		<1 MO	1-3 MO	4-6 MO	7-9 MO	10-12 MO	13-15 MO	16+ MO	
First child you breast-fed	BRFEED1L BRFEED1T	BRFEED1M ①	②	③	④	⑤	⑥	⑦	379
Second child you breast-fed	BRFEED2L BRFEED2T	BRFEED2M ①	②	③	④	⑤	⑥	⑦	380
Third child you breast-fed	BRFEED3L BRFEED3T	BRFEED3M ①	②	③	④	⑤	⑥	⑦	381
Fourth child you breast-fed	BRFEED4L BRFEED4T	BRFEED4M ①	②	③	④	⑤	⑥	⑦	382
Fifth child you breast-fed	BRFEED5L BRFEED5T	BRFEED5M ①	②	③	④	⑤	⑥	⑦	383
Sixth child you breast-fed	BRFEED6L BRFEED6T	BRFEED6M ①	②	③	④	⑤	⑥	⑦	384

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

- ① No
- ② Not Sure
- ③ Yes If Yes, how old were you at the time of your hysterectomy?

HISTOREC

HISTOAGE

AGE
HISTOLAB
HISTOLAT

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

also

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

- ① No
- ② Not Sure
- ③ Yes If Yes, how old were you at the time when you had no ovary remaining?

OOPHOREC

AGE
OOPHORL
OOPHORT

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

OOPHORAG

also

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

- UTINY ① No ② Yes

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

- UTITIME ① Before menopause.
② After menopause.
③ Both before and after menopause.

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

- BCP ① No Please skip to Question 20, next page
② Yes, but only around the "change of life" (menopause), or after this Please skip to Question 20, next page
③ Yes, taking now.
④ Yes, but not taking them at this time.

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	Estrogen Pill or Patch Length of use during this age period					Type of estrogen (Mark all that apply)		
		DIDN'T USE	<1 YR	1-2 YRS	3-6 YRS	7 YRS	PILLS	PATCHES	
Before age 40	HRT39	①	②	③	④	⑤	HRT39PIL ①	HRT39PAT ①	402
Between ages 40-49	HRT40	①	②	③	④	⑤	HRT40PIL ①	HRT40PAT ①	403
Between ages 50-59	HRT50	①	②	③	④	⑤	HRT50PIL ①	HRT50PAT ①	404
Between ages 60-69	HRT60	①	②	③	④	⑤	HRT60PIL ①	HRT60PAT ①	405
Between ages 70-79	HRT70	①	②	③	④	⑤	HRT70PIL ①	HRT70PAT ①	406
At age 80 or older	HRT80	①	②	③	④	⑤	HRT80PIL ①	HRT80PAT ①	407



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).

CODE	PRODUCT NAME
01	Alora patch
02	Cenestin tablets 0.625 (red)
03	Cenestin 0.9 (white)
04	Cenestin (unknown strength)
05	Climara Transdermal patch 3.9 mg (small patch)
06	Climara Transdermal patch 7.8 mg (large patch)
07	Climara patch (unknown strength)
08	Esclim patch
09	Estinyl 0.02 (beige)
10	Estinyl 0.05 (pink)
11	Estinyl (unknown strength)
12	Estrace Tablets 0.5 mg (white)
13	Estrace Tablets 1 mg (lavender)
14	Estrace Tablets 2 mg (green)
15	Estrace (unknown strength)
16	Estraderm Transdermal patch 0.05 mg (round patch)
17	Estraderm Transdermal patch 0.1 mg (oval patch)
18	Estraderm patch (unknown strength)
19	Estradiol 0.5 mg
20	Estradiol 1.0 mg
21	Estradiol 2.0 mg
22	Estradiol (unknown strength)
23	Estratab 0.3 mg (blue)
24	Estratab 0.625 mg (yellow)
25	Estratab 1.25 mg (red)
26	Estratab 2.5 mg (purple)
27	Estratab (unknown strength)
28	Estratest HS (pale green)
29	Estratest full strength (dark green)

CODE	PRODUCT NAME
30	Estratest (unknown strength)
31	Menest 0.3 mg (yellow)
32	Menest 0.625 mg (orange)
33	Menest 1.25 mg (green)
34	Menest 2.5 mg (pink)
35	Menest (unknown strength)
36	Ogen 0.75 mg (yellow)
37	Ogen 1.5 mg (peach colored)
38	Ogen 3.0 mg (blue)
39	Ogen 6.0 mg (light green)
40	Ogen (unknown strength)
41	Ortho-Est 0.625 (white)
42	Ortho-Est 1.25 (lavender)
43	Ortho-Est (unknown strength)
44	PMB 200 (green)
45	PMB 400 (pink)
46	PMB (unknown strength)
47	Pemarin 0.3 mg (green)
48	Pemarin 0.625 mg (maroon)
49	Pemarin 0.9 mg (white)
50	Pemarin 1.25 mg (yellow)
51	Pemarin 2.5 mg (purple)
52	Pemarin (unknown strength)
53	Vivelle patch
54	Vivelle dot patch
55	Vivelle patch (unknown strength)
56	Other Estrogen (Print)
57	Estrogen pill (name unknown)
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.

① No, I did not take these, or not this often ↓

③ Yes, I am using them now.

PROGEST

Skip to Census Questions, page E1

② Yes, I have used them in the past, but not now.

417

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.

Length of use during **this age period**

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

Before age 40	PROGES39	①	②	③	④	⑤	418
Between ages 40-49	PROGES40	①	②	③	④	⑤	419
Between ages 50-59	PROGES50	①	②	③	④	⑤	420
Between ages 60-69	PROGES60	①	②	③	④	⑤	421
Between ages 70-79	PROGES70	①	②	③	④	⑤	422
At age 80 or older	PROGES80	①	②	③	④	⑤	423

D7

E. CENSUS AND OTHER QUESTIONS

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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
MOBL	DOBL	YOBL
MOBT	DOBT	YOBT
MOB	DOB	YOB
0	0	1
1	1	9
2	2	0
3	3	0
4	3	1
5	4	1
6	5	2
7	6	2
8	7	3
9	8	3
	9	4
		4
		5
		5
		6
		6
		7
		7
		8
		8
		9
		9

Write in

also

Fill in matching circles

2. Where were you, your birth father, and birth mother, born? **BPYOU | BPFATHER | BPMOTHER**

	Yoursell	Birth-Father	Birth-Mother
United States (incl. Hawaii)/Canada	1	1	1
Mediterranean Countries (include former Yugoslavia)	2	2	2
Eastern Europe (other former communist)	3	3	3
United Kingdom/Ireland	4	4	4
Other Western Europe	5	5	5
Mexico/Central America	6	6	6
South America	7	7	7
Caribbean Islands	8	8	8
Middle East	9	9	9
Indian subcontinent	10	10	10
Philippines	11	11	11
Other Asia	12	12	12
Pacific Islands	13	13	13
Australasia	14	14	14
South Africa	15	15	15
Other Africa	16	16	16
BRTHPLL / BRTHPLT			
Other (specify)	17	17	17
	*	*	*

3. In the table below **ETHYOU | ETHDAD | ETHMOM** describes the race

	Yoursell	Birth-Father	Birth-Mother
White non-Hispanic	1	1	1
Black African American	2	2	2
West Indian/Caribbean area	3	3	3
African	4	4	4
Other Black (specify)	5	5	5
ETHNIC1L			
ETHNIC1T			
Hispanic Latino/Mexican/Mexican-American/Chicano	6	6	6
Puerto Rican	7	7	7
Cuban	8	8	8
Central American	9	9	9
South American	10	10	10
Other Hispanic (specify)	11	11	11
ETHNIC2L			
ETHNIC2T			
Middle Eastern	12	12	12
Asian			
Asian Indian	13	13	13
Chinese	14	14	14
Filipino	15	15	15
Japanese	16	16	16
Korean	17	17	17
Vietnamese	18	18	18
Other Asian (specify)	19	19	19
ETHNIC3L			
ETHNIC3T			
Native Hawaiian/Other Pacific Islander	20	20	20
American Indian	21	21	21
	*	*	*

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437

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).

LIVE616

- ① United States or Canada
- ② Central America
- ③ South America
- ④ Asia
- ⑤ Europe/UK
- ⑥ Australasia
- ⑦ Elsewhere, but where I was born
- ⑧ Any other country

5. What is your sex? **SEX**
① Female ② Male

6. What is your marital status? **MARITAL**

- ① Never married
- ② First marriage
- ③ Remarried
- ④ Common Law marriage
- ⑤ Separated
- ⑥ Divorced
- ⑦ Widowed

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

LIVALONE

- ① Less than one year
- ② 1-5 years
- ③ 6-10 years
- ④ More than 10 years
- ⑤ Not applicable

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

RAISED

- ① Your two birth parents → Skip to Question 10
- ② Two parents, but one or both were not your birth parent
- ③ A female birthparent only
- ④ A male birthparent only
- ⑤ Other (specify) RAISEDOL / RAISEDOT

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

- ① Mother died **E2Q9R1**
- ② Father died **E2Q9R2**
- ③ Parents separated/divorced **E2Q9R3**
- ④ Parents never lived together **E2Q9R4**
- ⑤ You were adopted **E2Q9R5**
- ⑥ You went to boarding school **E2Q9R6**
- ⑦ You grew up in foster care **E2Q9R7**
- ⑧ You left home before age 16 years **E2Q9R8**
- ⑨ Other (specify) E2Q9OTL / E2Q9OTT

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

- ① None
- 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.)

EDUCYOU | EDUCMOM | EDUCDAD

Grade School

Some High School

High School diploma

Trade school diploma

Some college

Associate degree

Bachelors degree

Masters degree

Doctoral degree

	↓ Yourself	↓ Mother who raised you	↓ Father who raised you
Grade School	①	①	①
Some High School	②	②	②
High School diploma	③	③	③
Trade school diploma	④	④	④
Some college	⑤	⑤	⑤
Associate degree	⑥	⑥	⑥
Bachelors degree	⑦	⑦	⑦
Masters degree	⑧	⑧	⑧
Doctoral degree	⑨	⑨	⑨

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



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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:

- ① 20 hours or less **WORKLE20**
- ① 21-50 hours **WORK2150**
- ① More than 50 hours **WORKGT50**

**WORKHOME
WORKSTUD**

- ① Homemaker
- ① Student

**WORKRETD
WORKVOLU**

- ① Fully Retired
- ① Volunteer

**WORKUNEM
WORKOTHR**

- ① Unemployed
- ① Disabled/Other

448
449

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

Work

ZIPCODE
ZIPCODET

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

Years

RETIREYR
RETIREYT

RETIRENO

- ① Not yet fully retired

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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)

OCCUPL / OCCUPT

453

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)

INDUSTR / INDUSTRT

454

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	INCOMEY ①	②	③	④	⑤	⑥	⑦	⑧
All family members in your home	INCOMEH ①	②	③	④	⑤	⑥	⑦	⑧

455
456

18. How many people usually lived in your household during the last 12 months (include yourself)?

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

457

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	RELYOUNW ①	②	③	④	⑤	⑥	⑦
Yourself at age 15-25 years	RELYOUI5 ①	②	③	④	⑤	⑥	⑦
The mother who raised you (Her religion when you were 0-15 years)	RELMOM ①	②	③	④	⑤	⑥	⑦
The father who raised you (His religion when you were 0-15 years)	RELDAD ①	②	③	④	⑤	⑥	⑦

458
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461

E3

20. If you are a SDA, at what age were you first baptized into the Adventist church?

Age at baptism

AGEBAPL Write the age

AGEBAPT

AGEBAP

0 0

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

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)		Weight (in light clothes)	
ft.	in.	lbs.	
HEIGHTFL	HEIGHTIL	WEIGHTFL	WEIGHTIL
HEIGHTFT	HEIGHTIT	WEIGHTTT	WEIGHTIT
HEIGHTF	HEIGHTI	WEIGHT	
4	0 0	0 0 0	
5	1 1	1 1 1	
6	2 2	2 2 2	
7	3 3	3 3 3	
	4 4	4 4 4	
	5 5	5 5 5	
	6 6	6 6 6	
	7 7	7 7 7	
	8 8	8 8 8	
	9 9	9 9 9	

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	At Age 30	At Age 40	At Age 50	At Age 60	At Age 70
WGHT20L	WGHT30L	WGHT40L	WGHT50L	WGHT60L	WGHT20L
WGHT20T	WGHT30T	WGHT40T	WGHT50T	WGHT60T	WGHT20T
WEIGHT20	WEIGHT30	WEIGHT40	WEIGHT50	WEIGHT60	WEIGHT20
0 0 0	0 0 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 1 1	1 1 1
2 2 2	2 2 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 3 3	3 3 3
4 4 4	4 4 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 5 5	5 5 5
6 6 6	6 6 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 7 7	7 7 7
8 8 8	8 8 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 9 9	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.

BRTHLBL

BRTHLBT

BRTHLB

BRTHOZL

BRTHOZT

BRTHOZ

BRTHUNK ① Don't know

te in your weight

0 0

1 1

2 2

3 3

4 4

5 5

6 6

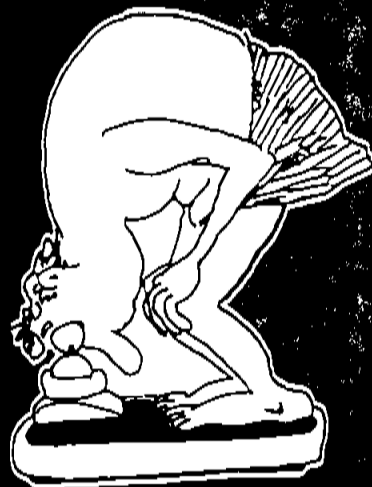
7 7

8 8

9 9

also

Fill in matching circles



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?

① Yes ② No **VACATN1Y**

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

- ① Less than 7 days
- ② 7-14 days
- ③ 15-21 days
- ④ 22-28 days
- ⑤ More than 28 days

- ① Summer
- ② Fall
- ③ Winter
- ④ Spring

VACATN1L

VACATN1T

c) When you were outdoors during the **last summer**, how often did you wear sunscreen to cover most exposed skin?

⑤ Always ④ More than half the time ③ Half the time ② Less than half the time ① Hardly ever

SUNSCRN1

d) If you used sunscreen, what sunblock number (SPF) did you usually use?

① 5 or less ② 6-10 ③ 11-15 ④ More than 15 ⑤ I did not use sunscreen

SPF1

Warmer Months (April - Sept)		Cooler Months (Oct - March)	
Weekdays (9a.m. - 5p.m.)	Weekends (9a.m. - 5p.m.)	Weekdays (9a.m. - 5p.m.)	Weekends (9a.m. - 5p.m.)
hours	hours	hours	hours
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8

WRMWKDH WRMWKEIL COLWKDIL COLWKEIL
 WRMWKD1T WRMWKE1T COLWKD1T COLWKE1T
 WRMWKD1 WRMWKE1 COLWKD1 COLWKE1

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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?

① Yes ② No **VACATN2Y**

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

- ① Less than 7 days
- ② 7-14 days
- ③ 15-21 days
- ④ 22-28 days
- ⑤ More than 28 days

- ① Summer
- ② Fall
- ③ Winter
- ④ Spring

VACATN2L

VACATN2T

c) About ten years ago when you were outdoors during the sunnier months, how often did you wear sunscreen to cover most exposed skin?

⑤ Always ④ More than half the time ③ Half the time ② Less than half the time ① Hardly ever

SUNSCRN2

d) If you used sunscreen that year, what sunblock number (SPF) did you usually use?

① 5 or less ② 6-10 ③ 11-15 ④ More than 15 ⑤ I did not use sunscreen

SPF2

Warmer Months (April - Sept)		Cooler Months (Oct - March)	
Weekdays (9a.m. - 5p.m.)	Weekends (9a.m. - 5p.m.)	Weekdays (9a.m. - 5p.m.)	Weekends (9a.m. - 5p.m.)
hours	hours	hours	hours
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8

WRMWK2H WRMWKE2L COLWKD2L COLWKE2L
 WRMWKD2T WRMWKE2T COLWKD2T COLWKE2T
 WRMWKD2 WRMWKE2 COLWKD2 COLWKE2

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

- ④ Gets very brown and deeply tanned
- ③ Gets moderately tanned
- ② Gets mildly or occasionally tanned
- ① Gets no suntan at all or only gets freckled
- ① No change. My skin is naturally brown or black.

SKINSUN

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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	SMOKE1 ①	②	③	④	⑤	⑥
2-5 years ago	SMOKE2 ①	②	③	④	⑤	⑥
6-10 years ago	SMOKE6 ①	②	③	④	⑤	⑥
11-15 years ago	SMOKE11 ①	②	③	④	⑤	⑥
16 or more years ago	SMOKE16 ①	②	③	④	⑤	⑥
Average during all smoking years		SMOKEAVG ②	③	④	⑤	⑥

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34. Have you ever used alcoholic beverages even if only occasionally?
 ① No → Go to the Section F on the next page
 ② Yes
ALCOHOL

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

Age Started	Age Stopped
ALCSTRT1 ALCSTRTT ALCSTRT	ALCSTOPT1 ALCSTOPTT ALCSTOPT
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

ALCNOW
I still drink alcoholic beverages.
①

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36. Total time that you used alcoholic beverages:
ALCOHOLY
 ① Less than 1 year
 ② 1-5 years
 ③ 6-9 years
 ④ 10-19 years
 ⑤ 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)	WINE1 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩
Beer or wine coolers (12 oz. bottles/cans)	BEER1 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩
Liquor (1 oz. drink)	LIQUOR1 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩

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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).

① I did not use alcohol during the last 12 months. Go to the next page.
NOALC12

	Drinks Per Month			OR	Drinks Per Week						
	less than 1	1-2	3		1	2	3	4	5	6	7+
Wine (6 oz. glasses)	WINE2 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩
Beer or wine coolers (12 oz. bottles/cans)	BEER2 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩
Liquor (1 oz. drink)	LIQUOR2 ①	②	③		④	⑤	⑥	⑦	⑧	⑨	⑩

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F. "LOOK AT THE LABEL" Section

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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)



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?

- ① No → Go to Question 2.
- ② Yes

MULTIAYN

i. For how many years in total?

- ① 0 - 1 year
- ② 2 - 4 years
- ③ 5 - 9 years
- ④ 10 years

MULTIAFR

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

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

MULTIAAM

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

- ② No → Go to Question 2.
- ① Yes

MULTHYN

i. Write Exact Name

Write Exact Brand Name

MULTHNL / MULTHNT

MULTHBL / MULTHBT

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

- ① 0 - 1 year
- ② 2 - 4 years
- ③ 5 - 9 years
- ④ 10 or more

MULTHFR

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

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

MULTHAM

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 →
SOYSUPP

Exact Name
SOYSUPNL / SOYSUPNT

Manufacturer Name
SOYSUPBL / SOYSUPBT

• 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 →
VITA

For how many years?
VITAY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
VITAA
 Less than 8,000 IU 3 13,000 to 22,000 IU
 2 8,000 to 12,000 IU 4 23,000 IU or more

c) **Beta-Carotene**
 Yes →
BETAC

For how many years?
BETACY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
BETACA
 Less than 8,000 IU 3 13,000 to 22,000 IU
 2 8,000 to 12,000 IU 4 23,000 IU or more

d) **Vitamin C**
 Yes →
VITC

For how many years?
VITCY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
VITCA
 Less than 400 mg 3 750 to 1,250 mg
 2 400 to 700 mg 4 1300 mg or more

e) **Vitamin B6 (Pyridoxine)**
VITB6 Yes →

For how many years?
VITB6Y
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
VITB6A
 Less than 10 mg 3 40 to 79 mg
 2 10 to 39 mg 4 80 mg or more

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

For how many years?
VITDY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
VITDA
 200 IU 4 50,000 IU or more, or any dose of calcitrol (rocaltrol)
 2 200 TO 900 IU
 3 1000 TO 49,000 IU

g) **Vitamin E**
 Yes →
VITE

For how many years?
VITEY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
VITEA
 Less than 100 IU 3 300 to 500 IU
 2 100 to 250 IU 4 600 IU or more

h) **Calcium** (Include Dolomite and Tums, etc.) (mg of elemental calcium)
CALCIUM Yes →

For how many years?
CALCIUMY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
CALCIUMA
 Less than 400 mg 3 901-1300 mg
 2 400 to 900 mg 4 1301 mg or more

i) **Selenium**
 Yes →
SELENUM

For how many years?
SELENUMY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
SELENUMA
 Less than 80 mcg 3 200 to 250 mcg (.20 to .25 mg)
 2 80 to 130 mcg 4 260 mcg (0.26mg) or more

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

For how many years?
IRONY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
IRONA
 Less than 51 mg 3 201 to 400 mg
 2 51 to 200 mg 4 401 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 →
FOLATE

For how many years?
FOLATEY
 0 - 1 year 3 5 - 9 years
 2 - 4 years 4 10 + years

Total dose each day?
FOLATEA
 0.4 mg (400 mcg) or less
 2 0.5 (500 mcg) to 0.9 mg (900 mcg)
 3 1 mg
 4 More than 1 mg

F2NEVER

I have never taken any of the above products regularly.

F2

turn the page for some more supplements

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				For c.1.1.1 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	
Frosted Flakes	Kelloggs	FROSTED ①	②	③	④	⑤	⑥	1/2 cup	FROSTEDA ②	①	③	571
Toasted Oat Meal	Quaker	TOATMELF ①	②	③	④	⑤	⑥	1/2 cup	TOATMELA ②	①	③	572
100% Natural Oats, or Oats & Honey	Quaker	OATSHONF ①	②	③	④	⑤	⑥	1/2 cup	OATSHONA ②	①	③	573
Frosted Mini Wheats	Kelloggs	MINIWHTF ①	②	③	④	⑤	⑥	1/2 cup	MINIWHTA ②	①	③	574
Wheaties	General Mills	WHEATIEF ①	②	③	④	⑤	⑥	1/2 cup	WHEATIEA ②	①	③	575
Wheat Chex	Post	WHTCHEXF ①	②	③	④	⑤	⑥	1/2 cup	WHTCHEXA ②	①	③	576
Honey Bunches of Oats	Post	HONYBUNF ①	②	③	④	⑤	⑥	1/2 cup	HONYBUNA ②	①	③	577
Special K	Kelloggs	SPECLKF ①	②	③	④	⑤	⑥	1/2 cup	SPECLKA ②	①	③	578
Cinnamon Toast Crunch	General Mills	CINTOSTF ①	②	③	④	⑤	⑥	1/2 cup	CINTOSTA ②	①	③	579

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	<u>G R E A T G R A I N S</u>							1/2 cup			
Brand Name	<u>P O S T</u>	○	○	○	●	○	○		○	○	●

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	<u>CERELANL / CERELANT</u>							1/2 cup			
Brand Name	<u>CERELABL / CERELABT</u>	CERELAF ①	②	③	④	⑤	⑥		CERELAA ②	①	③

space for another cereal on next page

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 <u>CERELBNL / CERELBNT</u>	CERELBF ②	③	④	⑤	⑥	⑦	1/2 cup	CERELBA ②	①	③
Brand Name <u>CERELBBL / CERELBBT</u>										

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VEGETARIAN PROTEIN FOODS (MEAT SUBSTITUTES)

8. Do you eat **vegetarian protein foods** (e.g. Worthington, Morning Star foods, etc.) **at least once per month?**

VEGPPROD

- ① No → Skip to Question 11, page F9
② Yes

9. • If possible, take your usual **vegetarian protein foods** from the cupboards and/or refrigerator, so that you can read their labels.
• Below are some of the most popular of these products. Do you find foods that you eat on this list (even if they are not presently in your cupboards)?
• If so, **fill in circles** for only foods that you eat. Please double check that the brand and product names truly match your foods.

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

FOOD ITEMS		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
PRODUCT NAME	BRAND NAME	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:											
Fri Chik	WT	ERICHIKF ②	③	④	⑤	⑥	⑦	2 pieces	ERICHIKA ②	①	③
Fried Chicken	LL	FRIEDCHF ②	③	④	⑤	⑥	⑦	2 pieces	FRIEDCHA ②	①	③
Chili	WT	CHILIF ②	③	④	⑤	⑥	⑦	1 cup	CHILIA ②	①	③
Vege-Burger	LL	VEGBURLF ②	③	④	⑤	⑥	⑦	1/4 cup	VEGBURLA ②	①	③
Vegeburgers	VL	VEGBURVF ②	③	④	⑤	⑥	⑦	1 patty	VEGBURVA ②	①	③
Vegetarian Burger	WT	VEGBURWF ②	③	④	⑤	⑥	⑦	1/4 cup	VEGBURWA ②	①	③
Redi-Burger	LL	REDIBURF ②	③	④	⑤	⑥	⑦	1/2" slice	REDIBURA ②	①	③
Big Franks	LL	BIGFRNKF ②	③	④	⑤	⑥	⑦	1 link	BIGFRNKA ②	①	③
Deli Franks	CL	DELIFRNF ②	③	④	⑤	⑥	⑦	1 frank	DELIFRNA ②	①	③
Vege Franks	VL	VEGFRNKF ②	③	④	⑤	⑥	⑦	1 link	VEGFRNKA ②	①	③
Vegetable Skallops	WT	SKALLOPF ②	③	④	⑤	⑥	⑦	1/2 cup*	SKALLOPA ②	①	③

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PLEASE DO NOT WRITE IN THIS AREA



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	2	3	4	5	6	7	1/2" slice	2	1	3	598
Linkettes	LL	2	3	4	5	6	7	2 links	2	1	3	599
Little Links	LL	2	3	4	5	6	7	2 links	2	1	3	600
Swiss Steak	LL	2	3	4	5	6	7	1 slice	2	1	3	601
Prime Stakes	WT	2	3	4	5	6	7	1 piece	2	1	3	602
Dinner Cuts	LL	2	3	4	5	6	7	2 cuts	2	1	3	603
Choplets	WT	2	3	4	5	6	7	2 slices	2	1	3	604
Chops	CL	2	3	4	5	6	7	1 piece	2	1	3	605
Frozen												
Breakfast Patties	MS	2	3	4	5	6	7	2 patties	2	1	3	606
Garden Vege Patties	MS	2	3	4	5	6	7	1 patty	2	1	3	607
Okara Patti	NT	2	3	4	5	6	7	1 patty	2	1	3	608
Breakfast Links	MS	2	3	4	5	6	7	2 links	2	1	3	609
Breakfast Strips	MS	2	3	4	5	6	7	3 strips	2	1	3	610
Grillers	MS	2	3	4	5	6	7	1 patty	2	1	3	611
Chik-Nuggets	MS	2	3	4	5	6	7	4 pieces	2	1	3	612
Chick Patties	MS	2	3	4	5	6	7	1 patty	2	1	3	613
Harvest Burger	MS	2	3	4	5	6	7	1 patty	2	1	3	614
Better'n Burgers	MS	2	3	4	5	6	7	1 patty	2	1	3	615
Vegan Burger (fat-free)	NT	2	3	4	5	6	7	1 patty	2	1	3	616
Spicy Black Bean Burger	MS	2	3	4	5	6	7	1 patty	2	1	3	617
Burger Style Recipe Crumbles	MS	2	3	4	5	6	7	2/3 cup	2	1	3	618
Ground Meatless	MS	2	3	4	5	6	7	1/2 cup	2	1	3	619
Meatless Chicken Style slices	WT	2	3	4	5	6	7	2 slices	2	1	3	620

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
01.	3 Grain Burger - CL	1 burger
02.	Breakfast Sausage - CL	2 pieces
03.	Chicken Supreme - LL	1/3 cup*
04.	Chili - CL	2/3 cup
05.	Chipettes - CL	4 pieces
06.	Cutlets - WT	1 slice
07.	Diced Chick - WT	1/2 cup*
08.	Dinner Steak - CL	1 piece
09.	Hostess Cuts - CL	2 cuts
10.	Low Fat Chile - WT	1 cup
11.	Low Fat Big Franks - LL	1 link
12.	Low Fat FriChik - WT	2 pieces
13.	Low-fat Veja Links - WT	1 link
14.	Multigrain Cutlets - WT	2 slices
15.	Ocean Platter - LL	1/3 cup*
16.	Patty Mix - LL	1/3 cup*
17.	Protose - WT	1/2" slice

Code Number	CANNED ITEMS	Standard Serv Size
18.	Quick Burger - CL	1/2" slice
19.	Saucettes - WT	2 links
20.	Sizzle Franks - LL	1 link
21.	Sliced Chick - WT	2 slices
22.	Super Links - WT	1 link
23.	Tender Bits - LL	4 pieces
24.	Tender Rounds - LL	6 balls
25.	Terkettes - CL	4 pieces
26.	Turkee Slices - WT	2 slices
27.	Vega-Links - WT	2 links
28.	Vegeburger - CL	1 burger
29.	Vegetable Steaks - WT	2 1/2 pieces
30.	Vegetarian Chili - NT	2/3 cup
31.	Vegi-Frank - CL	2 pieces
32.	Vegi-Scallops - CL	2 pieces
33.	Tuno - WT	1/3 cup*
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
35.	Bolono - WT	2 slices
36.	Corned Beef - WT	4 slices
37.	Meatless Chicken Style - WT	3 slices
38.	Meatless Smoked Turkey - WT	3 slices
39.	Salami - WT	2 slices
40.	Smoked Beef - WT	6 slices
41.	Wham - WT	3 slices

Code Number	OTHER FROZEN FOODS	Standard Serv Size
42.	Buffalo Wings - MS	5 nuggets
43.	Chic-Ketts - WT	1/2 cup
44.	Chik - Nuggets - LL	5 pieces
45.	Chick Stiks - WT	2 pieces
46.	Corn Dog - MS	1 link
47.	Corn Dog - NT	1 dog
48.	Corn Dogs - LL	1 dog
49.	Crispy Chick Patty - WT	1 patty
50.	Dinner Entrée - NT	1 patty
51.	Dinner Roast - WT	1 slice
52.	Fri Pats - WT	1 pat

Code Number	OTHER FROZEN FOODS	Standard Serv Size
53.	Fried Chicken - LL	1 piece
54.	Garden Patty - NT	1 patty
55.	Golden Croquettes - WT	5 pieces
56.	Griddle Steaks - LL	1 steak
57.	Hard Rock Café Veggie Burger - MS	1 patty
58.	Leanies - WT	1 link
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

For office use only

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

- ① No → Skip to the next section, page G1
- ② Yes

SOYMILK

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 _____ OTHSOY1L / OTHSOY1T						OTHSOY1A ② ① ③		
Brand Name _____ OTHSOY2L / OTHSOY2T						OTHSOY2A ② ① ③		

Space to write-in additional dietary supplements that you use at least once per week.

Name

Brand

_____ EXTRA1NL / EXTRA1NT

_____ EXTRA1BL / EXTRA1BT

_____ EXTRA2NL / EXTRA2NT

_____ EXTRA2BL / EXTRA2BT

_____ EXTRA3NL / EXTRA3NT

_____ EXTRA3BL / EXTRA3BT

_____ EXTRA4NL / EXTRA4NT

_____ EXTRA4BL / EXTRA4BT

F9

PLEASE DO NOT WRITE IN THIS AREA

