



HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II

1995



HARVARD
SCHOOL of
PUBLIC HEALTH

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Dear Colleague:

On behalf of our research group, I thank you for your participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide are truly impressive, and that information will enable the study to answer many critical questions about the health effects of lifestyle factors, diet, and oral contraceptive use. Analyses of these factors in relation to breast cancer and several other diagnoses are currently underway. We have already analyzed information on several common conditions, such as gallstones, and have included findings in the 1995 newsletter.

The enclosed questionnaire continues our every-other-year follow-up. You will note that we ask many of the same questions about your current status that we posed earlier. We also inquire about your diet during the past year, which was last assessed in 1991. In addition, we ask about new medical diagnoses and conditions.

We hope that you give this questionnaire the same attention and care that you have given to the earlier forms. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. This is the largest study of women's health of its kind, and the main aim is to find ways to maintain good health and prevent serious illness in women. Your continued participation is critical whether or not you are currently employed as a nurse. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Many thanks for your valuable participation. We will be sending you the next edition of our Nurses' Health Study newsletter in June 1996 to update you on our progress.

Sincerely,

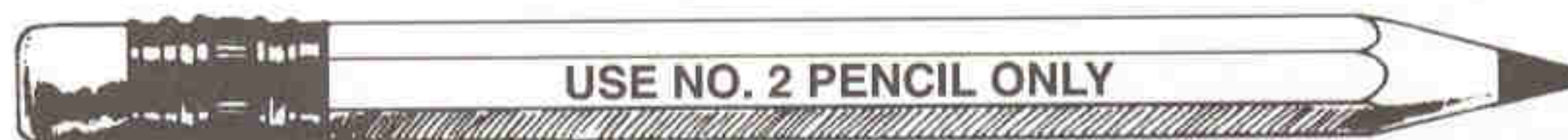
Walter Willett

Walter Willett, M.D.
Professor of Epidemiology and Nutrition

P.S. Your updated questionnaire information is needed to maintain the validity of this study. Your reply within the next two weeks would be greatly appreciated.

INSTRUCTIONS

Please use an ordinary No. 2 pencil to fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1993, some ask for **current status**, and some ask about events over **longer periods**. The form is designed to be read by optical-scanning equipment, so make **NO STRAY MARKS** and keep write-in responses **within** the spaces provided. If you change a response, erase the incorrect mark completely, and write any comments on a separate page.



EXAMPLE 1: Write in your weight in the boxes...

...and fill in the circle corresponding to the figure at the head of each column. Please fill in the circle completely, do not mark this way:



1. Current Weight

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

NOTE: Be sure to write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been darkened.

EXAMPLE 2: Mark "Yes" circle and Year of Diagnosis circle for each illness you have had diagnosed.

13. Since June 1993, have you had any of these physician-diagnosed illnesses?

LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS		
	BEFORE JUNE 1 1993	JUNE 93 TO MAY 95	AFTER JUNE 1 1995
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Melanoma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basal cell skin cancer	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Thank you for completing the 1995 Nurses' Health Study II Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

If you need to make changes or corrections to your name/address, please note them on the cover letter and enclose it with your completed questionnaire.

1. PLEASE USE PENCIL! 2. a. SINCE JUNE 1993, have you been pregnant?

No - go to question 3 Yes

b. Are you currently pregnant?

No Yes-Continue with part c, but do NOT fill in a bubble in part c for your current pregnancy.

c. For each pregnancy ending after JUNE 1, 1993, fill in a response bubble for the year during which each pregnancy ended.

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

Calendar Year	Pregnancies lasting 6 months or more		Pregnancies lasting less than 6 months	
	Single Births	Twins/Triplets	Miscarriages	Induced Abortions
6/1/93 - 12/31/93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1994	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1995	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1996+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)

- None
- Oral contraceptive
- Condom
- Diaphragm/Cervical cap
- Vasectomy
- Foam/Jelly/Sponge
- Rhythm/NFP
- Norplant
- Tubal Ligation
- Intrauterine Device
- Depo Provera
- Other

4. SINCE JUNE 1993, have you used oral contraceptives (OC's)?

Yes No

a. How many months did you use OC's during the 24-month period between June 1993 and June 1995?

1 month or less 2-4 5-9 10-14 15-19 20-24 months

b. Please indicate the brand and type of OC used longest during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

5. SINCE JUNE 1993, have you tried to become pregnant for more than one year without success?

Yes No

What was the cause? (Mark all that apply.) Tubal blockage Ovulatory disorder Endometriosis Cervical mucous factors Spouse/Partner Not investigated Not found Other

6. SINCE JUNE 1993, have you taken Clomid (Clomiphene) or Pergonal/Metrodin to induce ovulation?

Yes No

a. In how many months was Clomid used: 0 months 1 2-3 4-5 6-11 12+ months

b. In how many months was Pergonal/Metrodin used: 0 months 1 2-3 4-5 6-11 12+ months

7. Have your menstrual periods ceased PERMANENTLY?

- No: Premenopausal
- Yes: No menstrual periods
- Yes: Had menopause but now have periods induced by hormones
- Not sure

a. AGE natural periods ceased:

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

b. For what reason did your periods cease?

- Natural
- Surgical
- Radiation or chemotherapy

8. Have you EVER had surgery to remove your uterus or ovaries? (Mark all that apply.)

- No surgery
- Uterus removed
- Both ovaries removed
- One ovary removed

9. SINCE JUNE 1993, have you used female replacement hormones (other than oral contraceptives)?

No Yes

a. How many months did you use them during the 24-month period between JUNE 1993 and JUNE 1995?

1-4 mo. 5-9 10-14 15-19 20-24 mo.

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

b. Are you currently using them (within the last month)? Yes, currently No, not currently

c. Mark the types of hormones you have used the longest during this period.

- Estrogen: Oral Premarin Estrace Ogen Vaginal Estrogen Patch Estrogen Other Estrogen
- Progesterone/Progestin (e.g., Provera): Oral Vaginal Other (specify below)

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

Other type of hormones used, please specify:

d. If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less (Green)
- .625 mg/day (Brown)
- .9 mg/day (White)
- 1.25 mg/day (Yellow)
- More than 1.25 mg/day
- Dose unknown
- Did not take oral conjugated estrogen

e. If you used oral medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?

- <5 mg
- 5-9 mg
- 10 mg
- More than 10 mg
- Dose unknown
- Not used

f. What was your pattern of hormone use (Days per Month)?

- Oral or Patch Estrogen: Days/Month Not used <1 day/mo 1-8 days 9-18 19-26 27+ days/mo
- Progesterone: Days/Month Not used <1 day/mo 1-8 days 9-18 19-26 27+ days/mo

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

10. How many times per week do you engage in physical activity long enough to perspire heavily (including swimming)?

- Less than once/week
- Once/week
- 2-3 times/week
- 4-6 times/week
- 7 or more times/week

11. What is the difference between your highest and lowest weight in the last two years (excluding pregnancy-related changes)?

- No change
- 2-4 lbs.
- 5-9 lbs.
- 10-14 lbs.
- 15-29 lbs.
- 30-49 lbs.
- 50+ lbs.

12. What was the result of your TB skin test since June 1993?

- Positive
- Negative
- Not done
- Had BCG vaccination

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

13. Since June 1993, have you had any of these physician-diagnosed illnesses?

LEAVE BLANK FOR "NO", MARK HERE FOR "YES" →

		YEAR OF DIAGNOSIS			
		Before June 1 1993	June 93 to May 95	After June 1 1995	
Myocardial infarction (heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Confirmed by angiogram?	<input type="radio"/> No <input type="radio"/> Yes				a
Stroke (CVA) or TIA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Deep vein thrombosis/Pul. embolism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Melanoma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Basal cell skin cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Squamous cell skin cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Fibrocystic/other benign breast disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Confirmed by breast biopsy?	<input type="radio"/> No <input type="radio"/> Yes				a
Confirmed by aspiration?	<input type="radio"/> No <input type="radio"/> Yes				b
Breast cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Other cancer:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Specify site of other cancer: →					
Colon or rectal polyp (benign)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Ulcerative colitis/Crohn's disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Gastric or duodenal ulcer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Gallstones	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Did you have symptoms?	<input type="radio"/> No <input type="radio"/> Yes				a
How diagnosed?	<input type="radio"/> X-ray or ultrasound <input type="radio"/> Other				b
Cholecystectomy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
High blood pressure (not pregnancy related)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Pregnancy-related high blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Toxemia/Pre-eclampsia of pregnancy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Diabetes: Not pregnancy-related	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Diabetes: Gestational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Hydatidiform mole of pregnancy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Ectopic pregnancy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Endometriosis - 1st diagnosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Confirmed by laparoscopy?	<input type="radio"/> No <input type="radio"/> Yes				a
Uterine fibroids - 1st diagnosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Confirmed by pelvic exam?	<input type="radio"/> No <input type="radio"/> Yes				a
Confirmed by ultrasound or hysterectomy?	<input type="radio"/> No <input type="radio"/> Yes				b
Premenstrual syndrome (PMS)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Kidney stones	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Multiple sclerosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Migraine headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Asthma, physician diagnosed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Active TB (X-ray or culture confirmed)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Graves' Disease/Hyperthyroidism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Hypothyroidism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Thyroid nodule (benign)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Other major illness or surgery since June 1993 →					35

1	1	1	1	1	1	1	1	2	3	4	
2	2	2	2	2	2	2	2	5	6	7	8
4	4	4	4	4	4	4	4	9	10	11	12
8	8	8	8	8	8	8	8	95	96	97	
P	P	P	P	P	P	P	P	A	B	C	

← THIS IS YOUR ID

15. Is this your correct date of birth? →

Yes No → If no, please write correct date. Month / Day / Year

16. Have you EVER had any of these physician-diagnosed illnesses?

LEAVE BLANK FOR "NO", MARK HERE FOR "YES" →

		YEAR OF DIAGNOSIS				
		Before Sept 1989	Sept 89 to May 91	June 91 to May 95	After June 1 1995	
Interstitial cystitis (not UTI)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Coronary bypass/angioplasty	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Polycystic ovarian syndrome	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

17. On average, how many days each month do you take any of the following medications?

	DAYS PER MONTH					
	None	1-4 days	5-14 days	15-21 days	22+ days	
Acetaminophen (e.g., Tylenol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non-steroidal anti-inflammatory (e.g., Ibuprofen, Naprosyn, Advil, Midol, Aleve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

18. Regular Medication (mark if used regularly in past 2 years)

No regular medications

- Thiazide diuretic (e.g., Dyazide, HCTZ, Hygroton, Diuril)
- Any other medication to treat hypertension
- Thyroid hormone replacement (e.g., Synthroid, Levothroid)
- Cimetidine (Tagamet)
- Other H2 blocker (e.g., Zantac, Pepcid, Axid)
- Tamoxifen
- In Tamoxifen study (Randomized trial)
- Other regular medications, no need to specify

19. Do you currently smoke cigarettes?

Yes → How many/ day? 1-4 5-14 15-24 25-34 35-44 45+

No

20. Since June 1993, have you had:

	No	Yes, For Screening	Yes, For Symptoms	
Colonoscopy/Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breast exam by clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bimanual pelvic exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ovarian ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

21. In how many months did you practice breast self-examination in the past year?

None 1 month 2-3 months 4-6 months 7-11 months 12 months

22. Whether or not you are currently sexually active, what is your sexual orientation or identity? (Please choose one answer.)

Heterosexual Lesbian, gay, or homosexual Bisexual None of these Prefer not to answer

23. How often do you think about your race?

Never Once/year Once/month Once/week Once/day Once/hour Constantly

PLEASE GO TO PAGE 3 AND BEGIN BY WRITING YOUR ID NUMBER

14. Have you ever had your appendix removed (appendectomy)?

Yes → a. At what age: 10 or less 11-13 14-17 If 18+, specify age: _____

No

b. Was this confirmed appendicitis? Yes No Unknown

14	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	13
a	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
b	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	

Please copy your ID from page 2 to here.

ID: [] [] [] [] [] [] [] []

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 FOR OFFICE USE ONLY

24. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 25.)

- No Yes -> If Yes, a) How many do you take per week? 2 or less 3-5 6-9 10 or more

b) What specific brand do you usually use? Specify exact brand and type

25. Do you take the following separate preparations? DO NOT COUNT CONTENTS OF MULTI-VITAMINS REPORTED ABOVE.

- a) Vitamin A b) Beta-Carotene c) Vitamin C d) Vitamin B6 e) Vitamin E f) Calcium g) Iron h) Zinc

i) Do you take any other supplements regularly? Selenium B-Complex vitamin Cod liver oil Fish oil Other (please specify) Garlic pills Brewer's yeast Vitamin D Magnesium Niacin Potassium Folic acid

26. What brand and type of cold breakfast cereal do you usually eat?

Don't eat cold breakfast cereal. Specify brand & type (e.g., "Ralston Rice Chex")

27. What kind of fat is usually used for frying and sautéing at home?

- Real butter Margarine Olive oil Vegetable oil Vegetable shortening Lard "Pam"-type spray

28. What kind of fat is usually used for baking at home?

- Real butter Margarine Olive oil Vegetable oil Vegetable shortening Lard "Pam"-type spray

29. What type of oil is usually used for cooking at home?

(e.g., Wesson Corn Oil) Specify brand and type

30. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

AVERAGE USE LAST YEAR

Table with 9 columns: Never, or less than once per month; 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

DAIRY FOODS

Table listing dairy foods: Skim milk (8 oz. glass), 1% or 2% milk (8 oz. glass), Whole milk (8 oz. glass), Cream, e.g., coffee, whipped or sour cream (1 Tbs), Non-dairy coffee whitener (tsp), Frozen yogurt, sherbet or non-fat ice cream (1/2 cup), Ice cream (1/2 cup), Flavored yogurt, without Nutrasweet (1 cup), Yogurt, plain or with Nutrasweet (1 cup), Cottage or ricotta cheese (1/2 cup), Cream cheese (1 oz.), Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving), Margarine (pat), added to food or bread; exclude use in cooking, Butter (pat), added to food or bread; exclude use in cooking

a) What type of cheese do you usually eat? Regular Low fat None

b) What form of margarine do you usually use?

- None Form? Stick Tub Squeeze (liquid)

- Type? Regular Light spread Extra Light spread

What specific brand and type of margarine (e.g., Land O' Lakes Country Morning Blend Light)?

PLEASE TURN TO PAGE 4

30. (Continued) Please fill in your average use, during the past year, of each specified food.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

	Never, or less than once per month	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	
FRUITS										
Raisins (1 oz. or small pack) or grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes (7 prunes or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never, or less than once per month	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	
VEGETABLES										
Tomatoes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu or soybeans (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or cole slaw (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frozen, canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard or chard greens (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (4" stick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green peppers (3 slices or 1/4 pepper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a vegetable, rings or soup (1 onion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never, or less than once per month	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	
EGGS, MEAT, ETC.										
Eggs, including yolk (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, with skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, without skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey dogs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. (Continued) Please fill in your average use, during the past year, of each specified food.

EGGS, MEATS, ETC. (continued)		Never, or less than once per month	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	
	Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hamburger, regular (1 patty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hamburger, lean or extra lean (1 patty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pork as a main dish, e.g., ham or chops (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Canned tuna fish (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Breaded fish cakes, pieces, or fish sticks (store bought)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other fish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shrimp, lobster, scallops as a main dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREADS, CEREALS, STARCHES		Never, or less than once per month	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	
	Cold breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cooked oatmeal/cooked oat bran (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other cooked breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White bread (slice), including pita bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Dark bread (slice), including wheat pita bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bagels, English muffins, soft pretzels or rolls (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Muffins or biscuits (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Brown rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White rice (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pasta, e.g., spaghetti, noodles, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tortillas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pancakes or waffles (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	French fried potatoes (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Potatoes, baked, boiled (1) or mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Potato chips or corn chips (small bag or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pretzels (small bag or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Crackers, Triscuits, Wheat Thins (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		BEVERAGES		Never, or less than once per month	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	
CARBONATED BEVERAGES Consider the serving size as 1 glass, bottle or can for these carbonated beverages.	Low-Calorie (sugar-free)	Low-calorie cola, e.g., Diet Coke with caffeine		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Low-calorie caffeine-free cola		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other low-cal carbonated beverage, e.g., Diet 7-Up		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not sugar-free)	Coke, Pepsi, or other cola with sugar		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Caffeine Free Coke, Pepsi, or other cola with sugar		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other carbonated beverage with sugar, e.g., 7-Up		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES	Hawaiian Punch, KoolAid, lemonade or other noncarbonated fruit drink (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beer, regular (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Light beer, e.g., Bud Light (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Red wine (4 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White wine (4 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Liquor, e.g., whiskey, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Plain water, bottled, sparkling, or tap (1 cup or glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tea with caffeine (1 cup or glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tea without caffeine (1 cup or glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Coffee with caffeine (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Decaffeinated coffee (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE TURN TO PAGE 6

30. (Continued) Please fill in your average use, during the past year:

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	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	0 1 2 3 4 5 6 7 8 9											
			W			D															
Chocolate (bar or packet) e.g., Hershey's, M & M's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Candy bars, e.g., Snickers, Milky Way, Reeses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Cookies, home baked (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Cookies, ready made (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Cake, home baked (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Cake, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Pie, with homemade crust (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Pie, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Sweet roll, coffee cake or other pastry, home baked (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Sweet roll, coffee cake or other pastry, ready made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Peanuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Other nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Oat bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Other bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Metamucil (1 Tbs powder or equivalent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Other fiber supplement (1 Tbs powder or equivalent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Wheat germ (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Ketchup or red chili sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Salt added at table (1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Nutrasweet or Equal (1 packet) NOT Sweet 'N Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Garlic (1 clove or 4 shakes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Low-fat mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Mayonnaise (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Olive oil added to food or bread (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Salad dressing (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
Type of salad dressing:	<input type="radio"/> Non-fat <input type="radio"/> Low fat <input type="radio"/> Olive oil dressing <input type="radio"/> Other																				

31. Liver: beef, calf or pork (4 oz.) Never 1-5/yr 6-10/yr 1/mo 2-3/mo 1/wk or more
 Liver: chicken or turkey (1 oz.) Never 1-5/yr 6-10/yr 1/mo 2-3/mo 1/wk or more

32. How much of the visible fat on your beef, pork or lamb do you remove before eating?
 Remove all visible fat Remove most Remove small part of fat Remove none Don't eat meat

33. How often do you eat food fried, stir-fried, or sautéed at home?
 Never Less than once a week Once per week 2-4 times per week 5-6 times per week Daily

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

35. How many teaspoons of sugar do you add to your beverages or food each day? → tsp. 0 1 2 3 4 5 6 7 8 9

36. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?
 No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

37. How likely are you to select low calorie foods for yourself?
 Unlikely Slightly unlikely Slightly likely Very likely

38. Do these apply to you:
 a. "I eat anything I want, anytime I want." Yes No
 b. "I pay a great deal of attention to changes in my figure." Yes No

39. Are there any other important foods that you usually eat at least once per week?

	Other foods that you usually eat at least once per week	Usual serving size	Servings per week
(a)			
(b)			
(c)			

Include for example: egg whites, paté, yeast, cream sauce, custard, fava beans, coconut, mango, horseradish, parsnips, rhubarb, papaya, dried apricots, dates, figs.
 (Do not include dry spices and do not list something that has been listed in the previous sections.)

Thank you! Please return forms in prepaid return envelope to: Dr. Walter Willett, 677 Huntington Ave., Boston, MA 02115.