

RESPONDENT ID NUMBER

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TODAY'S DATE

<input type="checkbox"/> Jan	DAY	YEAR
<input type="checkbox"/> Feb		
<input type="checkbox"/> Mar	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Apr	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> May	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Jun	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Jul	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Aug	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sep	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Oct	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nov	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Dec	<input type="text"/>	<input type="text"/>

BRIEF FOOD QUESTIONNAIRE



This form is about the foods you usually eat. It will take about 15 - 25 minutes to complete.

- Please answer each question as best you can. Estimate if you aren't sure.
- Use only a No. 2 pencil.
- Fill in the circles completely, and erase completely if you make any changes.

Please print your name in this box.

This form is about your usual eating habits in the past year or so. There are no right or wrong answers, and it is very important that we learn what you actually eat, not what you think you should eat. Please include all meals or snacks, at home or in a restaurant or carry-out.

There are two kinds of questions for each food:

HOW OFTEN, on average, did you eat the food during the past year?

*Please BE CAREFUL which column you put your answer in.

*Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

HOW MUCH did you usually eat of the food?

*Sometimes we ask how many you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.

*Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES, and choose the one closest to the amount you usually eat of that food. (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D= 2 cups.)

*Sometimes we made the "D" column a darker color. This is just to remind you to make sure you really eat that large a serving.

EXAMPLE: This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C"-sized bowl of rice.

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR									HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
	NEVER	A FEW TIMES PER YEAR	ONCE PER MONTH	2-3 TIMES PER MONTH	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY					
Apple juice	<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"/>	How many glasses each time	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Rice	<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"/>	<input type="radio"/>	How much each time	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D

PLEASE DO NOT WRITE IN THIS AREA



DTBOOKNO 8559

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR								HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D
	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	

How often do you eat each of the following foods all year round?

Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	<input checked="" type="radio"/> DTEGGSF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many eggs each time	<input checked="" type="radio"/> DTEGGSS
Bacon or breakfast sausage, including sausage biscuit	<input checked="" type="radio"/> DTBSAUSF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces	<input checked="" type="radio"/> DTBSAUS
Pancakes, waffles, or French toast	<input checked="" type="radio"/> DTWAFPNF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces	<input checked="" type="radio"/> DTWAFPNS
Cooked cereals like oatmeal, cream of wheat or grits	<input checked="" type="radio"/> DTGKGERF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much (bowl)	<input checked="" type="radio"/> DTCKCERS
Cold cereals like Corn Flakes, Cheerios, Special K, fiber cereals	<input checked="" type="radio"/> DTGDCERF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much (bowl)	<input checked="" type="radio"/> DTCDERS

Which cereal do you eat most often? **MARK ONLY ONE:** Bran Buds, Raisin Bran, Fruit & Fiber, other fiber cereals
 Product 19, Just Right, Total Other cold cereal, like Corn Flakes, Cheerios, Special K

Cheese, sliced cheese or cheese spread, including on sandwiches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices	<input checked="" type="radio"/> DTCHES
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When you eat cheese, is it Usually low-fat Sometimes Rarely or never low-fat N/A

Yogurt or frozen yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input checked="" type="radio"/> DTYOGRTS
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How often do you eat each of the following fruits?

Bananas	<input checked="" type="radio"/> DTBANANF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time	<input checked="" type="radio"/> DTBANANS
Fresh apples or pears	<input checked="" type="radio"/> DTAPPPRF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many	<input checked="" type="radio"/> DTAPPPRS
Oranges, tangerines, not including juice	<input checked="" type="radio"/> DTORANGF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many	<input checked="" type="radio"/> DTORANGS
Applesauce, fruit cocktail, or any canned fruit	<input checked="" type="radio"/> DTCANFRF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input checked="" type="radio"/> DTCANFRS
Any other fruit, like grapes, honeydew, pineapple, strawberries	<input checked="" type="radio"/> DTFFRUTF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input checked="" type="radio"/> DTFFRUTS

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR								HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D						
	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	How much	A	B	C	D	
How often do you eat each of the following vegetables, including fresh, frozen, canned or in stir fry, at home or in a restaurant?															
French fries, fried potatoes or hash browns	<i>DTFRIESF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTFRIES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White potatoes not fried, incl. boiled, baked, mashed & potato salad	<i>DTPOTATF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTPOTATS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potatoes, yams	<i>DTSWPOTF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTSWPOTS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice, or dishes made with rice	<i>DTRICEF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTRICES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked beans, chili with beans, blackeye peas, any other dried beans	<i>DTBEANSF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTBEANSS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<i>DTCORNF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DRCORNS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green beans or green peas	<i>DTPEASF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTPEASS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	<i>DTBROCF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTBROCS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, or stews or mixed vegetables containing carrots	<i>DTCARRTF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTCARRTS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach, or greens like collards	<i>DTSPNCHF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTSPNCHS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cole slaw, cabbage	<i>DTCABGEF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTCABGES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green salad	<i>DTSALADF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTSALADS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw tomatoes, including in salad	<i>DTRWTOMF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTRWTOMS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad dressing	<i>DTSDRESF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many TBSP.	<i>DTSDRESS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you use salad dressing, is it <input type="checkbox"/> Always low-fat <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely low-fat <input type="checkbox"/> N/A															
Any other vegetable, like okra, cooked green peppers, cooked onions	<i>DTVEGTAF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTVEGTAS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tofu, bean curd	<i>DTTOFU</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<i>DTTOFUS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable soup, vegetable beef, chicken-vegetable, or tomato soup	<i>DTVSOUPF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much (bowl)	<i>DTVSOUPS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soups, like chicken noodle, chowder, mushroom, instant soups	<i>DTOSOUF</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much (bowl)	<i>DTOSOUPS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8559

PLEASE DO NOT WRITE IN THIS AREA



TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR								HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D			
	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY			

MEATS

Do you ever eat chicken, meat or fish? **DTMETMEAT** IF NO, SKIP TO NEXT PAGE

Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<input checked="" type="checkbox"/> DTHMBRGF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much meat	<input type="checkbox"/> 1/8 lb.	<input type="checkbox"/> 1/4 lb.	<input type="checkbox"/> 1/2 lb.	<input type="checkbox"/> 3/4 lb.	DTHMBRGS
Beef steaks, roasts, pot roast, or in frozen dinners or sandwiches	<input checked="" type="checkbox"/> DTBEEFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTBEEFS
Liver, including chicken livers or liverwurst	<input checked="" type="checkbox"/> DTLIVERF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTLIVERS
Pork, including chops, roasts, or dinner ham	<input checked="" type="checkbox"/> DTPORKF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTPORKS

When you eat beef or pork, do you Avoid eating the fat Sometimes eat the fat Often eat the fat I don't eat meat **DTFTMEAT**

Mixed dishes with meat or chicken, like stew, corned beef hash, chicken & dumplings, or in frozen meals	<input checked="" type="checkbox"/> DTMIXMEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTMIXMES
Fried chicken, at home or in a restaurant	<input checked="" type="checkbox"/> DTFCHICF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# medium pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTFCHICS
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	<input checked="" type="checkbox"/> DTCHICKF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTCHICKS

When you eat chicken, do you Avoid eating the skin Sometimes eat the skin Often eat the skin N/A **DTSKNCHX**

Shellfish like shrimp, scallops, crabs	<input checked="" type="checkbox"/> DTSFISHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTSFISHS
Fish or fish sandwich, at home or in a restaurant	<input checked="" type="checkbox"/> DTFISHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	DTFISHS
Hot dogs, or sausage like Polish, Italian or Chorizo	<input checked="" type="checkbox"/> DTHTDOGF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTHTDOGS
Bologna, sliced ham, turkey lunch meat, other lunch meat	<input checked="" type="checkbox"/> DTLCHMIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTLCHMITS

When you eat lunch meats, are they Usually low-fat Sometimes Rarely low-fat N/A **DTFTLMEF**

8559

PLEASE DO NOT WRITE IN THIS AREA



TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR							HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D		
	NEVER	A FEW TIMES PER YEAR	ONCE PER MONTH	2-3 TIMES PER MONTH	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	
Pasta, breads, spreads, snacks										
Spaghetti, lasagna, or other pasta with tomato sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Cheese dishes without tomato sauce, like macaroni and cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Pizza, including carry-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Biscuits, muffins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Rolls, hamburger buns, English muffins, bagels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
White bread or toast, including French, Italian, or in sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Dark bread like rye or whole wheat, including in sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Margarine in cooking, or on bread, potatoes or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pats	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Butter in cooking, or on bread, potatoes or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pats	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Mayonnaise, sandwich spreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Peanut butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Snacks like potato chips, corn chips, popcorn (Not pretzels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Peanuts, other nuts or seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Doughnuts, cake, pastry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8
When you eat cookies, are they	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely low-fat <input type="checkbox"/> N/A									
Ice cream, ice milk, ice cream bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
When you eat ice cream, is it	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely low-fat <input type="checkbox"/> N/A									
Pie or cobbler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Chocolate candy, candy bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bars	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

TYPE OF BEVERAGE	HOW OFTEN IN THE PAST YEAR								HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D					
	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY					
How often do you drink the following beverages?														
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you drink orange juice, how often do you drink a calcium-fortified brand?											<input type="radio"/> Usually calcium-fortified <input type="radio"/> Rarely/never calcium-fortified <input type="radio"/> Sometimes <input type="radio"/> N/A			
Hi-C, Kool-Aid, or other drinks with added vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice or V-8 juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquid supplements like Ensure, instant breakfast milkshakes like Carnation, or diet shakes like SlimFast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses or cans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glasses of milk (any kind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you drink glasses of milk what kind do you usually drink? MARK ONLY ONE:	<input type="radio"/> Whole milk <input type="radio"/> Reduced-fat 2% milk <input type="radio"/> Low-fat 1% milk				<input type="radio"/> Non-fat milk <input type="radio"/> Rice milk <input type="radio"/> Soy milk				<input type="radio"/> I don't drink milk or soy milk					
Soft drinks with caffeine, like colas or Mountain Dew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles or cans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you drink coffee, is it usually	<input type="radio"/> Filtered/caffeinated <input type="radio"/> Instant caffeinated <input type="radio"/> Decaffeinated													
Tea, regular black tea or Chinese tea, not herbal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What do you usually add to coffee?	<input type="radio"/> Cream or half and half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these													
What do you usually add to tea?	<input type="radio"/> Cream or half and half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these													

During the past year, have you taken any vitamins or minerals regularly, at least once a week?

DTVITAMN
 No, not regularly

Yes, fairly regularly

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS					
	DIDNT TAKE	A FEW DAYS PER MONTH	1-3 DAYS PER WEEK	4-5 DAYS PER WEEK	EVERY DAY	LESS THAN 1 YEAR	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YEARS
Multiple Vitamins. Did you take...											
Regular Once-A-Day, Centrum, or Thera type	DTONEDYF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTONEDYY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress-Tabs or B-Complex type	DTSTRSTF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTSTRSTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antioxidant combination type	DTANTIXF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTANTIXY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Vitamins, <u>not</u> part of multiple vitamins											
Vitamin A, not beta-carotene	DTVITAF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTVITAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta-carotene	DTBETACF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTBETACY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C	DTVITCF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTVITCY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	DTVITEF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTVITEY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid, folate	DTFOLATF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTEOLATY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium or Tums, alone or combined with vit. D or magnesium	DTCALCMF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTCALCMY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc	DTZINCF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTZINCY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	DTIRONF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTIRONY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium	DTSELENF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTSELENY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin D, alone or combined with calcium	DTVITDF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTVITDY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy Supplements such as Soy Care, Soy50, or soy protein powder (NOT soy milk)	DTSOYF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DTSOYY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you took Once-a-Day, Centrum, or Thera-type multiple vitamins, did you usually take types that
 contain minerals, iron, zinc, etc. do not contain minerals don't know **DTMINSUP**

If you took vitamin C or vitamin E:

How many milligrams of vitamin C did you usually take, on the days you took it? **DTMGVITC**

100 250 500 750 1000 1500 2000 3000+ don't know

How many IUs of vitamin E did you usually take, on the days you took it?

100 200 300 400 600 **DTREVITE** 1000 2000+ don't know

**Thank you very much for filling out this questionnaire.
Please take a minute to go back and fill in anything you may have skipped.**

PLEASE DO NOT WRITE IN THIS AREA