Please use pencil if available! Thank you

1. Current Weight (lbs.)

2. What is the difference between your highest and lowest weight during the last two years?
○ 50 or more lbs. ○ 30–49 lbs. ○ 15–29 lbs. ○ 10–14 lbs. ○ 5–9 lbs. ○ 2–4 lbs. ○ No change

3. Current Marital Status: ○ Married ○ Divorced/Separated ○ Widowed ○ Never Married

4. Living Arrangement: ○ Alone ○ With Wife ○ With Other Family ○ Nursing Home ○ Other

5. Work Status: ○ Full-time ○ Part-time ○ Retired ○ Disabled

6. Do you currently smoke cigarettes?
○ No ○ Yes ➡ Please mark your average number of cigarettes per day:
○ 1–4 cigarettes ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45 or more

7. Do you currently smoke a pipe or cigars daily? ○ Neither ○ Pipe ○ Cigars

8. In the past 2 years, have you had . . .

. . . a physical exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screenings
. . . a blood cholesterol check?	○ No	○ Yes, for symptoms	○ Yes, for routine screenings
. . . a rectal exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screenings
. . . an eye exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screenings

9. Did you have a colonoscopy or sigmoidoscopy since January 1, 1992?
○ No ○ Yes ➡ Why did you have the colonoscopy or sigmoidoscopy *(mark all that apply)*?
○ Bleeding in stool ○ Family history of colon cancer ○ Positive test for occult fecal blood
○ Abdominal pain ○ Diarrhea or constipation ○ Routine screening (no symptoms) or follow-up

10. During the past month, please indicate how frequently you had these urinary symptoms and how large of a problem they were to you:

	% OF TIME EXPERIENCED SYMPTOMS							HOW LARGE A PROBLEM?				
	0%	10%	25%	50%	75%	Almost 100%		None	Very Small	Small	Medium	Big
Sensation of incomplete bladder emptying	○	○	○	○	○	○	➡	○	○	○	○	○
Having to urinate again after less than 2 hours	○	○	○	○	○	○	➡	○	○	○	○	○
Stopping and starting several times during urination	○	○	○	○	○	○	➡	○	○	○	○	○
Found it difficult to postpone urinating	○	○	○	○	○	○	➡	○	○	○	○	○
Weak urinary stream	○	○	○	○	○	○	➡	○	○	○	○	○
Had to push or strain to begin urination	○	○	○	○	○	○	➡	○	○	○	○	○

11. a. Over the past month, how many times per night did you typically get up to urinate?
○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more times per night
b. How large of a problem was this to you? ○ None ○ Very small ○ Small ○ Medium ○ Large

12. Have you ever had a PSA blood test for prostate cancer screening?
○ No ○ Unknown ○ Yes ➡ a. When was your most recent test?
○ Before 1988 ○ '88–'89 ○ '90–'91 ○ '92 ○ '93 ○ '94
b. Was your PSA elevated? ○ No ○ Unknown ○ Yes

13. Have you ever had a prostate biopsy or rectal ultrasound (for prostate examination)? ○ No ○ Unknown ○ Yes

14. How many teeth have you lost since January 1, 1992? ○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5–9 ○ 10+

15. What is your normal walking pace? ○ Easy (<2mph) ○ Normal, average (2 to 2.9 mph) ○ Brisk pace (3 to 3.9 mph) ○ Very brisk, striding (4 mph or faster)

16. Do you have difficulty with your balance? ○ No ○ Yes

17. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment? ○ No ○ Yes

18. How many flights of stairs (not steps) do you climb daily?
○ No flights ○ 1–2 flights ○ 3–4 flights ○ 5–9 flights ○ 10–14 flights ○ 15 or more flights

19. During the past year what was your average total time per week at each activity?

	AVERAGE TOTAL TIME PER WEEK												
	NONE	1–4 Min.	5–19 Min.	20–39 Min.	40–89 Min.	1.5 Hrs.	2–3 Hrs.	4–6 Hrs.	7–10 Hrs.	11–20 Hrs.	21–30 Hrs.	31–40 Hrs.	40+ Hrs.
Sitting at work	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or driving in a car, bus or train	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or lying watching TV or VCR	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting at home reading	○	○	○	○	○	○	○	○	○	○	○	○	○
Other sitting at home (e.g., at desk or eating)	○	○	○	○	○	○	○	○	○	○	○	○	○
Walking or hiking outdoors (including walking at golf)	○	○	○	○	○	○	○	○	○	○	○	○	○
Jogging (slower than 10 minutes/mile)	○	○	○	○	○	○	○	○	○	○	○	○	○
Running (10 minutes/mile or faster)	○	○	○	○	○	○	○	○	○	○	○	○	○
Bicycling (including stationary machine)	○	○	○	○	○	○	○	○	○	○	○	○	○
Lap swimming	○	○	○	○	○	○	○	○	○	○	○	○	○
Tennis	○	○	○	○	○	○	○	○	○	○	○	○	○
Squash or Racquetball	○	○	○	○	○	○	○	○	○	○	○	○	○
Calisthenics, Rowing or other Aerobics	○	○	○	○	○	○	○	○	○	○	○	○	○
Weightlifting or Nautilus	○	○	○	○	○	○	○	○	○	○	○	○	○
Heavy outdoor work (e.g., digging, chopping)	○	○	○	○	○	○	○	○	○	○	○	○	○

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Please continue on page 2 ➡

20. Since January 1, 1992, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES →

		YEAR OF DIAGNOSIS			
		Before 1992	1992	1993	1994
High blood pressure	Y				
Diabetes mellitus	Y				
Elevated cholesterol	Y				
Elevated triglycerides	Y				
Myocardial infarction (heart attack)	Y				
Hospitalized for this MI?	No	Yes			
Angina pectoris	Y				
Confirmed by angiogram?	No	Yes			
Coronary artery bypass or angioplasty	Y				
Peripheral venous thrombosis	Y				
TIA (Transient Ischemic Attack)	Y				
Stroke (CVA)	Y				
Carotid artery surgery	Y				
Intermittent claudication	Y				
Surgery for arterial disease of the leg (e.g., femoral artery)	Y				
Pulmonary embolus	Y				
Aortic aneurysm	Y				
Heart-rhythm disturbance	Y				
Gout	Y				
Rheumatoid arthritis	Y				
Other arthritis (e.g., osteoarthritis)	Y				
Vasectomy	Y				
Diverticulitis or Diverticulosis	Y				
Colon or rectal polyp	Y				
Cancer of colon or rectum	Y				
Basal cell skin cancer	Y				
Squamous cell skin cancer	Y				
Melanoma	Y				
Solar or actinic keratosis	Y				
Prostatic enlargement, surgically treated (e.g., TURP)	Y				
Prostate cancer	Y				
Lymphoma or leukemia	Y				
Other cancer	Y				
Please specify site and year: →					
Glaucoma	Y				
Cataract	Y				
Cataract extraction	Y				
Macular degeneration	Y				
Osteoporosis	Y				
Hip replacement	Y				
Gallstones	Y				
a. How was diagnosis made?	X-ray/ultrasound	Other			
b. Gallstone symptoms?	No	Yes			
Gall bladder removal	Y				
Kidney stones	Y				
Gastric or duodenal ulcer	Y				
Ulcerative colitis	Y				
Periodontal disease with bone loss	Y				
Parkinson's disease	Y				
Pneumonia (X-ray confirmed)	Y				
Other major illness?	Y				

Diagnosis: Date

THIS IS YOUR ID →

21. IS THIS YOUR DATE OF BIRTH?

No → IF NO, please indicate your date of birth.

Yes

MONTH	DAY	YEAR

22. Current Medication *(mark if used regularly):*

- No regular medication
- Acetaminophen, 2+ times/week (e.g., Tylenol)
- Aspirin, 2+ times/week (e.g., Anacin, Bufferin, Alka-Seltzer)
- Other anti-inflammatory (e.g., Advil, Motrin, Indocin)
- Furosemide-like diuretics (e.g., Lasix, Bumex)
- Thiazide diuretic
- Minor Tranquilizers (e.g., Valium, Xanax, Ativan, Librium, Klonopin)
- Major Tranquilizers (e.g., Stelazine, Thorazine, Haldol, Prolixin, Mellaril, Trilafon)
- Calcium blocker (e.g., Calan, Procardia, Cardizem)
- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- Other antihypertensive (e.g., Aldomet, Capoten, Apresoline)
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Antiarrhythmic (e.g., Quinaglute, Procan, Tonocard, Norpace)
- Cholesterol-lowering drug (e.g., Questran, Mevacor, Lopid)
- Cimetidine, Ranitidine (e.g., Tagamet, Zantac)
- Antidepressants

23. On average, how many aspirin tablets do you take per week? Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol. (4 baby aspirin = 1 tablet)

0 | 0.5–2/week | 3–5 | 6–14 | 15+/week

24. On average, how frequently do you take aspirin?

< 1 day/month | 1–3 days/month | 1–2 days/week | 3–4 days/week | 5–6 days/week | Daily

25. Have your parents or siblings ever had a kidney stone?

No | Yes

26. Have you ever been diagnosed with multiple sclerosis (MS)?

No | Yes → 1985 or earlier | 1986 or later

27. Since January 1, 1992, have you had any of these fractures?

None | Hip (exclude pelvis) | Wrist (Colles or forearm) | Other

If hip or wrist, please specify month, year and circumstances on a separate sheet of paper. If a fall, include cause, impact surface and height of fall.

28. If you drink alcoholic beverages, what proportion is consumed with meals?

Don't drink | < 25% | 25–49% | 50–74% | 75% +

29. What was your birthweight in pounds?

Unknown | < 5.5 lbs. | 5.5–6.9 lbs. | 7–8.4 lbs. | 8.5–9.9 lbs. | 10+ lbs.

30. In this study, it will be important to maintain contact for a number of years:

Please indicate the name of someone at a different address that we might write to in the event we are unable to contact you:

Name: _____

Address: _____

Please go to page 3 and begin by writing in your ID Number

Please copy your ID from page 2 to here.

ID: ☐☐☐☐☐☐ – ☐☐

31. Do you currently take multi-vitamins? (Please report other individual vitamins in question 32.)

○ 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

32. Not counting multi-vitamins, do you take any of the following preparations:

a) Vitamin A	○ No	○ Yes, seasonal only ○ Yes, most months →	If Yes, Dose per day:	○ Less than 8,000 IU	○ 8,000 to 12,000 IU	○ 13,000 to 22,000 IU	○ 23,000 IU or more	○ Don't know
b) Beta-Carotene	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 8,000 IU	○ 8,000 to 12,000 IU	○ 13,000 to 22,000 IU	○ 23,000 IU or more	○ Don't know
c) Vitamin C	○ No	○ Yes, seasonal only ○ Yes, most months →	If Yes, Dose per day:	○ Less than 400 mg.	○ 400 to 700 mg.	○ 750 to 1250 mg.	○ 1300 mg. or more	○ Don't know
d) Vitamin B_6	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 10 mg.	○ 10 to 39 mg.	○ 40 to 79 mg.	○ 80 mg. or more	○ Don't know
e) Vitamin E	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know
f) Calcium (Include Calcium in Dolomite and Tums, etc.) (mg of elemental calcium)	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 400 mg.	○ 400 to 900 mg.	○ 901 to 1300 mg.	○ 1301 mg. or more	○ Don't know
g) Selenium	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 80 mcg.	○ 80 to 130 mcg.	○ 140 to 250 mcg.	○ 260 mcg. or more	○ Don't know
h) Iron	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 51 mg.	○ 51 to 200 mg.	○ 201 to 400 mg.	○ 401 mg. or more	○ Don't know
i) Zinc	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 25 mg.	○ 25 to 74 mg.	○ 75 to 100 mg.	○ 101 mg. or more	○ Don't know
j) Fish Oil (Omega-3 Fatty Acids)	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 2500 mg.	○ 2500 to 4999 mg.	○ 5000 to 9999 mg.	○ 10,000 mg. or more	○ Don't know

k) Are there other supplements that you take on a regular basis? ○ Metamucil ○ B-Complex vitamins ○ Cod liver oil ○ Brewer's Yeast ○ Other (Please specify) ○ Vitamin D ○ Folic acid ○ Niacin ○ Potassium ○ Magnesium

33. How many teaspoons of sugar do you add to your beverages or food each day? → tsp.

34. What kind of cold breakfast cereal do you usually eat? → Specify brand & type

○ Don't eat cold breakfast cereal.

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

DAIRY FOODS	AVERAGE USE LAST YEAR: 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
Skim or 1% milk (8 oz. glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
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	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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

What form of margarine do you usually use? → What specific brand and type (e.g., Parkay Corn Oil Spread)?

○ None **Form?** ○ Stick ○ Tub ○ Squeeze (liquid)

Type? ○ Regular ○ Light ○ Extra Light

PLEASE TURN TO PAGE 4

35. (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.

FRUITS	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
Raisins (1 oz. or small pack) or grapes	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Prunes (7 prunes or 1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Bananas (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cantaloupe (1/4 melon)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Avocado (1/2 fruit or 1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Fresh apples or pears (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Apple juice or cider (small glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Oranges (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Orange juice (small glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Grapefruit (1/2)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Grapefruit juice (small glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other fruit juices (small glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Strawberries, fresh, frozen or canned (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Blueberries, fresh, frozen or canned (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

VEGETABLES	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
Tomatoes (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Tomato juice (small glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Tomato sauce (1/2 cup) e.g., spaghetti sauce	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Salsa, picante or taco sauce (1/4 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Tofu or soybeans (3–4 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
String beans (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Broccoli (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cabbage or cole slaw (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cauliflower (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Brussels sprouts (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Carrots, raw (1/2 carrot or 2–4 sticks)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Carrots, cooked (1/2 cup) or carrot juice (2–3 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Corn (1 ear or 1/2 cup frozen or canned)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Peas or lima beans (1/2 cup fresh, frozen, canned)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Mixed vegetables (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Beans or lentils, baked or dried (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Dark orange (winter) squash (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Eggplant, zucchini or other summer squash (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Yams or sweet potatoes (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Spinach, cooked (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Spinach, raw as in salad	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Kale, mustard or chard greens (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Iceberg or head lettuce (serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Romaine or leaf lettuce (serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Celery (4" stick)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Green peppers (3 slices or 1/4 pepper)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Onions as a garnish or in salad (1 slice)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Onions as a vegetable, rings or soup (1 onion)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

EGGS, MEAT, ETC.	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 (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Chicken or turkey, with skin (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Chicken or turkey, without skin (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Bacon (2 slices)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Hot dogs (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Chicken or turkey dogs (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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35. (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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Hamburger, regular (1 patty)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Hamburger, lean or extra lean (1 patty)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pork as a main dish, e.g., ham or chops (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Canned tuna fish (3–4 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other fish (3–5 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Shrimp, lobster, scallops as a main dish	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cooked oatmeal/cooked oat bran (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other cooked breakfast cereal (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
White bread (slice), including pita bread	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Dark bread (slice), including wheat pita bread	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Bagels, English muffins, or rolls (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Muffins or biscuits (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Brown rice (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
White rice (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pasta, e.g., spaghetti, noodles, etc. (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Tortillas (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pancakes or waffles (serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
French fried potatoes (4 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Potatoes, baked, boiled (1) or mashed (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Potato chips or corn chips (small bag or 1 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Crackers, Triscuits, Wheat Thins (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pizza (2 slices)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

		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) types	Low-calorie cola, e.g., Diet Coke with caffeine	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Low-calorie caffeine-free cola	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Other low-calorie carbonated beverage, e.g., Diet 7-Up, Fresca, diet ginger ale	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	Regular types (not sugar-free)	Coke, Pepsi, or other cola with sugar	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Caffeine Free Coke, Pepsi, or other cola with sugar	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Other carbonated beverage with sugar, e.g., 7-Up	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	OTHER BEVERAGES	Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Beer, regular (1 glass, bottle, can)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Light beer, e.g., Bud Light (1 glass, bottle, can)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Red wine (4 oz. glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		White wine (4 oz. glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Liquor, e.g., whiskey, gin, etc. (1 drink or shot)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Plain water, bottled or tap (1 cup or glass)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Tea (1 cup), not herbal teas	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Decaffeinated coffee (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Coffee with caffeine (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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

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
Chocolate (bar or packet) e.g., Hershey's, M & M's	○	○	○	○	○	○	○	○	○
Candy bars, e.g., Snickers, Milky Way, Reeses	○	○	○	○	○	○	○	○	○
Candy without chocolate (1 oz.)	○	○	○	○	○	○	○	○	○
Cookies, home baked (1)	○	○	○	○	○	○	○	○	○
Cookies, ready made (1)	○	○	○	○	○	○	○	○	○
Brownies (1)	○	○	○	○	○	○	○	○	○
Doughnuts (1)	○	○	○	○	○	○	○	○	○
Cake, home baked (slice)	○	○	○	○	○	○	○	○	○
Cake, ready made (slice)	○	○	○	○	○	○	○	○	○
Pie, homemade (slice)	○	○	○	○	○	○	○	○	○
Pie, ready made (slice)	○	○	○	○	○	○	○	○	○
Sweet roll, coffee cake or other pastry, home baked (serving)	○	○	○	○	○	○	○	○	○
Sweet roll, coffee cake or other pastry, ready made (serving)	○	○	○	○	○	○	○	○	○
Jams, jellies, preserves, syrup, or honey (1 Tbs)	○	○	○	○	○	○	○	○	○
Peanut butter (1 Tbs)	○	○	○	○	○	○	○	○	○
Popcorn (1 cup)	○	○	○	○	○	○	○	○	○
Peanuts (small packet or 1 oz.)	○	○	○	○	○	○	○	○	○
Other nuts (small packet or 1 oz.)	○	○	○	○	○	○	○	○	○
Oat bran, added to food (1 Tbs)	○	○	○	○	○	○	○	○	○
Other bran, added to food (1 Tbs)	○	○	○	○	○	○	○	○	○
Wheat germ, (1 Tbs)	○	○	○	○	○	○	○	○	○
Chowder or cream soup (1 cup)	○	○	○	○	○	○	○	○	○
Ketchup or red chili sauce (1 Tbs)	○	○	○	○	○	○	○	○	○
Salt added at table (1 shake)	○	○	○	○	○	○	○	○	○
Nutrasweet (1 packet)	○	○	○	○	○	○	○	○	○
Garlic (1 clove or 4 shakes)	○	○	○	○	○	○	○	○	○
Mayonnaise (1 Tbs)	○	○	○	○	○	○	○	○	○
Low-fat mayonnaise (1 Tbs)	○	○	○	○	○	○	○	○	○
Olive oil added to food or bread (1 Tbs)	○	○	○	○	○	○	○	○	○
Salad dressing (1 Tbs)	○	○	○	○	○	○	○	○	○

→ Type of salad dressing: ○ Low fat ○ Olive oil dressing ○ Other

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36. Liver: beef, calf or pork (4 oz.) ○ Never ○ Less than 1/mo ○ 1/mo ○ 2-3/mo ○ 1/week or more

Liver: chicken or turkey (1 oz.) ○ Never ○ Less than 1/mo ○ 1/mo ○ 2-3/mo ○ 1/week or more

37. 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

38. What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)

○ Real butter ○ Margarine ○ Vegetable oil ○ Vegetable shortening ○ Lard

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

○ Real butter ○ Margarine ○ Vegetable oil ○ Vegetable shortening ○ Lard

40. How often do you eat fried food at home? (Exclude "Pam"-type spray)

○ Less than once a week ○ 1-3 times per week ○ 4-6 times per week ○ Daily

41. How often do you eat fried food away from home? (e.g., french fries, fried chicken, fried fish)

○ Less than once a week ○ 1-3 times per week ○ 4-6 times per week ○ Daily

42. What type of cooking oil is usually used at home? (e.g., Mazola Corn Oil) → Specify brand and type

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

Include for example: Paté, yeast, cream sauce, custard, radishes, fava beans, pretzels, 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.)

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

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