Please use pencil if possible! Thank you

1. Current Weight (lbs.)

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

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 ◯ Unemployed

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 screening
. . . a rectal exam?	◯ No	◯ Yes, for symptoms	◯ Yes, for routine screening
. . . an eye exam?	◯ No	◯ Yes, for symptoms	◯ Yes, for routine screening
. . . screening for PSA	◯ No	◯ Yes, for symptoms	◯ Yes, for routine screening

If "yes" for PSA screening, was your PSA elevated? ◯ No ◯ Unknown ◯ Yes

9. In the past 4 years, have you had a prostate biopsy or rectal ultrasound (for prostate exam)? ◯ No ◯ Unknown ◯ Yes

10. In a typical week, on how many days do you have any form of alcoholic beverage? ◯ None ◯ 1 day/week ◯ 2 days ◯ 3 days ◯ 4 days ◯ 5 days ◯ 6 days ◯ 7 days/week

11a. Over the past month, how many times per night did you typically get up to urinate? ◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5+/Night

11b. During the past month, please indicate how frequently you had these urinary symptoms:

	% OF TIME EXPERIENCED SYMPTOMS					
	0%	10%	25%	50%	75%	Almost 100%
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	◯	◯	◯	◯	◯	◯

12. Have you had a colonoscopy or sigmoidoscopy since January 1, 1996? ◯ No ◯ Yes ➡ **Reason(s)?** ◯ 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

13. How many teeth have you lost since January 1, 1996? ◯ None ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5–9 ◯ 10+

14. Since January 1, 1996, have you had any of these fractures? ◯ None ◯ Hip (exclude pelvis) ◯ Wrist (Colles or distal forearm)

If hip or wrist, please specify date and circumstances. If a fall, include site, surface and height of fall. ➡ Month _____ , 19 _____

15. What is your religious heritage? ◯ Catholic ◯ Protestant ◯ Other Christian ◯ Ashkenazi Jewish ◯ Sephardic Jewish ◯ Eastern (e.g., Buddhist, Hindu) ◯ Muslim ◯ Other

16. What is your normal walking pace? ◯ Easy (<2 mph) ◯ Average (2–2.9 mph) ◯ Brisk (3–3.9 mph) ◯ Fast (4+ mph)

17. Do you have difficulty with your balance? ◯ No ◯ Yes

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

19. 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

20. 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 to work or for exercise (including 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, stair or ski machine, etc.	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Weightlifting or weight machine	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Heavy outdoor work (e.g., digging, chopping)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

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Please continue on page 2 ➡

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THIS IS YOUR ID →

21. IS THIS YOUR DATE OF BIRTH?

○ No → IF NO, please indicate your date of birth: MONTH | DAY | YEAR

○ Yes

22. Since January 1, 1996, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES →

		YEAR OF DIAGNOSIS: Before 1996	1996	1997	1998
High blood pressure	Y	○	○	○	○
Diabetes mellitus	Y	○	○	○	○
Elevated cholesterol	Y	○	○	○	○
Elevated triglycerides	Y	○	○	○	○
Coronary artery bypass or coronary angioplasty	Y	○	○	○	○
Myocardial infarction (heart attack)	Y	○	○	○	○
Hospitalized for this MI?	○ No ○ Yes				
Angina pectoris	Y	○	○	○	○
Confirmed by angiogram?	○ No ○ Yes				
Deep vein thrombosis	Y	○	○	○	○
TIA (Transient Ischemic Attack)	Y	○	○	○	○
Stroke (CVA)	Y	○	○	○	○
Carotid artery surgery	Y	○	○	○	○
Intermittent claudication	Y	○	○	○	○
Surgery or angioplasty for arterial disease of the leg	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	○	○	○	○
Prostatic enlargement, surgically treated (e.g., TURP)	Y	○	○	○	○
Prostate cancer	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	○	○	○	○
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	○	○	○	○
Periodontal disease with bone loss	Y	○	○	○	○
Leukoplakia or other oral precancerous lesion	Y	○	○	○	○

22. (Continued) Since January 1, 1996, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES →

		YEAR OF DIAGNOSIS: Before 1996	1996	1997	1998
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/Crohn's disease	Y	○	○	○	○
Parkinson's disease	Y	○	○	○	○
Multiple sclerosis	Y	○	○	○	○
Chronic renal failure	Y	○	○	○	○
Alcohol dependence problem	Y	○	○	○	○
Pneumonia (X-ray confirmed)	Y	○	○	○	○
Asthma	Y	○	○	○	○
Emphysema or chronic bronchitis (COPD)	Y	○	○	○	○
Other major illness?	Y	○	○	○	○
Diagnosis:		Date			

23. Current Medication *(mark if used 2+ times/week)*:

- ○ No regular medication
- ○ Acetaminophen, 2+ times/week (e.g., Tylenol)
- ○ Ibuprofen (Motrin, Advil)
- ○ Other non-steroidal anti-inflammatory (Naprosyn, Aleve)
- ○ H2 blockers (e.g., Tagamet, Zantac, Axid)
- ○ Proscar (Finasteride)
- ○ Alpha-blockers for BPH (e.g., Hytrin, Minipress)
- ○ Beta-blocker (e.g., Inderal, Metoprolol, Atenolol)
- ○ Furosemide-like diuretics (e.g., Lasix, Bumex)
- ○ Thiazide diuretic
- ○ Calcium blocker (e.g., Calan, Procardia, Cardizem)
- ○ Other antihypertensive (e.g., Vasotec, Captopril)
- ○ Steroids taken orally (e.g., Prednisone, Medrol)
- ○ Cholesterol-lowering drug (e.g., Mevacor, Lopid, Questran)
- ○ Prozac, Zoloft, Paxil
- ○ Tricyclic antidepressants (e.g., Elavil, Sinequan)
- ○ Other antidepressants (e.g., Nardil, Marplan)
- ○ Tranquilizers
- ○ Coumadin (Warfarin)
- ○ Digoxin (e.g., Lanoxin)
- ○ Other prescription medicine(s)

Please give NAME and DOSE

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

○ 0 days/month ○ 1–3 days/month ○ 1–2 days/week
○ 3–4 days/week ○ 5–6 days/week ○ Daily

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

○ 0/wk. ○ 0.5–2/wk. ○ 3–5/wk. ○ 6–14/wk. ○ 15+/wk.

26. Please indicate the name of someone at a *DIFFERENT PERMANENT ADDRESS* to whom we might write 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: ☐☐☐☐☐☐ – ☐☐

27. Do you currently take multi-vitamins? (Please report other individual vitamins in question 28.)

○ 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

28. 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 Tums, etc.) (1 Tum = 200 mg. elemental calcium)	○ No	○ Yes →	If Yes, Dose per day (elemental calcium):	○ 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) Niacin	○ No	○ Yes →	If Yes, Dose per day:	○ Less than 50 mg.	○ 50 to 300 mg.	○ 400 to 800 mg.	○ 900 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) Are there other supplements that you take on a regular basis?

○ Metamucil/Citrucil ○ Potassium ○ Chromium ○ Folic Acid ○ Iron ○ Vitamin D ○ Fish oil
○ Cod Liver Oil ○ Magnesium ○ Lecithin ○ B-Complex ○ Other (Please specify)
○ Vitamin B12 ○ Melatonin ○ Saw Palmetto ○ Blue Green Algae
○ Coenzyme Q10 ○ DHEA ○ Brewer's Yeast ○ Garlic Supplements

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

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

○ Don't eat cold breakfast cereal.

31. 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	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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Regular ice cream (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Yogurt, plain or artificially sweetened (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other flavored yogurt (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 or Lite ○ Nonfat ○ None

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

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

Type? ○ Reg ○ Light ○ Extra Light ○ Nonfat

PLEASE TURN TO PAGE 4

31. (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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Orange juice—calcium fortified (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 or V-8 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 coleslaw (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, stir-fry, vegetable soup (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Beans or lentils, baked or dried (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Yams or sweet potatoes (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Dark orange (winter) squash (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Eggplant, zucchini or other summer squash (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Kale, mustard or chard greens (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Spinach, cooked (1/2 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Spinach, raw as in salad (serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
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
Egg Beaters or egg whites only (1/4 cup or 1 egg)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Eggs whole, with yolk (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Hot Dogs (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Chicken or turkey hot dogs (1)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Chicken or turkey sandwich	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other chicken or turkey, with skin (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other chicken or turkey, without skin (4–6 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Bacon (2 slices)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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31. (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
Salami, bologna, or other processed meat sandwiches	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
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.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Shrimp, lobster, scallops as a main dish	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Other fish, e.g., cod, haddock, halibut (3–5 oz.)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pancakes or waffles (serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
French Fries (4 oz. or 1 serving)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
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	Low-Calorie (sugar-free) types	Low-calorie cola, e.g., Diet Coke with caffeine	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Low-calorie caffeine-free cola, e.g., Pepsi Free	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Consider the serving size as 1 glass, bottle or can for these carbonated beverages.		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)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Herbal tea or decaffeinated tea (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Tea (1 cup), not herbal teas	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Decaffeinated coffee (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○
		Coffee with caffeine (1 cup)	○	○	Ⓦ	○	○	Ⓓ	○	○	○

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31. (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 (1)	Fat free or reduced fat	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	Other ready made	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	Home baked	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Brownies (1)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Doughnuts (1)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cake, ready made (slice)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Cake, home baked (slice)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pie, homemade or ready made (slice)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Jams, jellies, preserves, syrup, or honey (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Peanut butter (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Popcorn (1 cup)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Sweet roll, coffee cake or other pastry (serving)	Fat free or reduced fat	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	Other ready made	○	○	Ⓦ	○	○	Ⓓ	○	○	○
	Home baked	○	○	Ⓦ	○	○	Ⓓ	○	○	○
Pretzels (1–2 oz. or 1 bag)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Peanuts (small packet or 1 oz.)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Walnuts (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)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Low-fat or fat-free mayonnaise (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Regular mayonnaise (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
Salad dressing (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○
→ Type of salad dressing: ○ Nonfat ○ Low-fat ○ Olive oil ○ Other vegetable oil										
Olive oil added to other food or bread (1 Tbs)		○	○	Ⓦ	○	○	Ⓓ	○	○	○

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32. 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

33. 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

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

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

35. 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

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

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

37. How often do you eat deep fried chicken, fish, shrimp or clams away from home?

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

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

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

Include for example: Applesauce, mushrooms, radish, horseradish, dried apricots, dates, figs, mango, mixed dried fruit, papaya, rhubarb, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars.

(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.