

RESPONDENT ID NUMBER

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

TODAY'S DATE

<input type="radio"/> Jan	DAY	YEAR																				
<input type="radio"/> Feb																						
<input type="radio"/> Mar	0	0	2000	<input type="radio"/>																		
<input type="radio"/> Apr	1	1	2001	<input type="radio"/>																		
<input type="radio"/> May	2	2	2002	<input type="radio"/>																		
<input type="radio"/> Jun	3	3	2003	<input type="radio"/>																		
<input type="radio"/> Jul	4	4	2004	<input type="radio"/>																		
<input type="radio"/> Aug	5	5	2005	<input type="radio"/>	2010	<input type="radio"/>	2015	<input type="radio"/>	2020	<input type="radio"/>												
<input type="radio"/> Sep	6	6	2006	<input type="radio"/>	2011	<input type="radio"/>	2016	<input type="radio"/>	2021	<input type="radio"/>												
<input type="radio"/> Oct	7	7	2007	<input type="radio"/>	2012	<input type="radio"/>	2017	<input type="radio"/>	2022	<input type="radio"/>												
<input type="radio"/> Nov	8	8	2008	<input type="radio"/>	2013	<input type="radio"/>	2018	<input type="radio"/>	2023	<input type="radio"/>												
<input type="radio"/> Dec	9	9	2009	<input type="radio"/>	2014	<input type="radio"/>	2019	<input type="radio"/>	2024	<input type="radio"/>												

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.

SEX

Male
 Female

If female, are you pregnant or breast feeding?

No
 Yes
 Not female

AGE

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

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	7
8	8	8
9	9	9

HEIGHT ft. in.

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11

This form is about your usual eating habits in the past year or so. This includes 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 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. For each food, pick the picture (bowls or plates) that looks the most like the serving size you usually eat. (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D= 2 cups.)

EXAMPLE: This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C"-sized serving of rice (about 1 cup).

TYPE OF FOOD	HOW OFTEN IN THE PAST YEAR									HOW MUCH EACH TIME				
	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	SEE PORTION SIZE PICTURES FOR A-B-C-D				
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



164355

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

Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	<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 eggs each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Bacon or breakfast sausage, including sausage biscuit	<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 pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Cooked cereals like oatmeal, cream of wheat or grits	<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"/>	Which bowl		<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cold cereals like Corn Flakes, Cheerios, Special K, fiber cereals	<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"/>	Which bowl		<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Which cereal do you eat most often? **MARK ONLY ONE:** Bran Buds, Raisin Bran, Fruit-n-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"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Yogurt (not 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

How often do you eat each of the following fruits?

Bananas	<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 each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Apples or pears	<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	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Oranges, tangerines, not including 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	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Applesauce, fruit cocktail, or any canned fruit	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Any other fruit, like grapes, melon, strawberries, peaches	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

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					
French fries, fried potatoes or hash browns	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
White potatoes not fried, incl. boiled, baked, mashed & potato salad	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Sweet potatoes, yams, or sweet potato pie	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Rice, or dishes made with rice	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Baked beans, chili with beans, pintos, any other dried beans	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Refried beans	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green beans or green peas	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Broccoli	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Carrots, or stews or mixed vegetables containing carrots	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Spinach, or greens like collards	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cole slaw, cabbage	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green salad	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Raw tomatoes, including in salad	<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 much	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Catsup, salsa or chile peppers	<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 TBSP.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Salad dressing or mayonnaise (Not lowfat)	<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 TBSP.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Any other vegetable, like corn, squash, okra, cooked green peppers, cooked onions	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup	<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"/>	Which bowl		<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

164355

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? Yes No IF NO, SKIP TO NEXT PAGE

Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<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 much meat	<input type="radio"/> 1/8 lb.	<input type="radio"/> 1/4 lb.	<input type="radio"/> 1/2 lb.	<input type="radio"/> 3/4 lb.
Tacos, burritos, enchiladas, tamales	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Beef steaks, roasts, pot roast, or in frozen dinners or 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Pork, including chops, roasts, or dinner ham	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

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

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

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

Fried fish or fish sandwich, at home or in a restaurant	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Any other fish or shellfish <u>not</u> fried, including tuna	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Hot dogs, or sausage like Polish, Italian or Chorizo	<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	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Bologna, sliced ham, turkey lunch meat, other lunch meat	<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 slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

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

164355

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 <u>with</u> tomato sauce	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cheese dishes <u>without</u> tomato sauce, like macaroni and cheese	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Pizza, including carry-out	<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 slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Biscuits, muffins	<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 each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Rolls, hamburger buns, English muffins, bagels	<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 each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
White bread or toast, including French, Italian, or in 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"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Dark bread like rye or whole wheat, including in 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"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Tortillas	<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 each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Margarine on bread, potatoes or vegetables	<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 pats (Tsp.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Butter on bread, potatoes or vegetables	<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 pats (Tsp.)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Peanuts or peanut butter	<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 TBSP.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Snacks like potato chips, corn chips, popcorn (Not pretzels)	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Doughnuts, cake, pastry, pie	<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 pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Cookies (Not lowfat)	<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	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+
Ice cream, frozen yogurt, ice cream bars	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
When you eat ice cream or frozen yogurt, is it	<input type="radio"/> Usually low-fat <input type="radio"/> Sometimes <input type="radio"/> Rarely low-fat <input type="radio"/> N/A													
Chocolate candy, candy bars	<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 bars	<input type="radio"/> ① small	<input type="radio"/> ① medium	<input type="radio"/> ① large	<input type="radio"/> ② large

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 orange or grapefruit juice, Welch's grape juice, MinuteMaids juices, Juicy 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 each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Hawaiian Punch, Sunny Delight, Hi-C, Tang, or Ocean Spray juices	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Kool Aid, Capri Sun or Knudsen juices	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Instant breakfast milkshakes like Carnation, diet shakes like Slimfast, or liquid supplements like Ensure	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

When you drink glasses of milk what kind do you usually drink?
MARK ONLY ONE:

Whole milk Non-fat milk I don't drink milk or soy milk
 Reduced fat 2% milk Rice milk
 Low-fat 1% milk Soy milk

Cream, Half-and-Half or non-dairy creamer in coffee or tea	<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"/>	Total TBSP. on those days	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Regular soft drinks, or bottled drinks like Snapple (<u>Not</u> diet drinks)	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Beer	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Wine or wine coolers	<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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Liquor or mixed drinks	<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 drinks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+

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

- No, not regularly Yes, fairly regularly →

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS?					
	DIDN'T TAKE	A FEW DAYS per MONTH	1-3 DAYS per WEEK	4-6 DAYS per WEEK	EVERY DAY	LESS THAN 1 YR.	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	<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"/>	<input type="radio"/>	<input type="radio"/>
Stress-tabs or B-Complex type	<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"/>	<input type="radio"/>	<input type="radio"/>
Antioxidant combination type	<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"/>	<input type="radio"/>	<input type="radio"/>
Single Vitamins (not part of multiple vitamins)											
Vitamin A (not beta-carotene)	<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"/>	<input type="radio"/>	<input type="radio"/>
Beta-carotene	<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"/>	<input type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<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"/>	<input type="radio"/>	<input type="radio"/>
Folic acid, folate	<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"/>	<input type="radio"/>	<input type="radio"/>
Calcium or Tums, alone or combined with vit. D or magnesium	<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"/>	<input type="radio"/>	<input type="radio"/>
Zinc	<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"/>	<input type="radio"/>	<input type="radio"/>
Iron	<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"/>	<input type="radio"/>	<input type="radio"/>
Selenium	<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"/>	<input type="radio"/>	<input type="radio"/>
Vitamin D, alone or combined with calcium	<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"/>	<input type="radio"/>	<input type="radio"/>

If you took vitamin C or vitamin E:

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

- 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?

- 100 200 300 400 600 800 1000 2000+ don't know

How often do you use fat or oil in cooking?

- Less than once per week A few times per week Once a day Twice a day 3+ per day

What kinds of fat or oil do you usually use in cooking? **MARK ONLY ONE OR TWO**

- Don't know, or Pam Butter/margarine blend Lard, fatback, bacon fat
 Stick margarine Low-fat margarine Crisco
 Soft tub margarine Corn oil, vegetable oil
 Butter Olive oil or canola oil

Did you ever drink more beer, wine or liquor than you do now? Yes No

Do you smoke cigarettes now? Yes No

IF YES, On the average about how many cigarettes a day do you smoke now?

- 1-5 6-14 15-24 25-34 35 or more

What is your ethnic group? (MARK ONE OR MORE)

- Hispanic or Latino Black or African American American Indian or Alaska Native
 White, not Hispanic Asian Native Hawaiian or Other Pacific Islander

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



PLEASE DO NOT WRITE IN THIS AREA



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