



# Black Women's Health Study 2001



PLEASE USE BLUE OR BLACK BALLPOINT PEN

1. How old are you? →   Age

2. Please write in your date of birth.  
(This information is helpful for identification)

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	1 9 <input type="text"/>

(example: January = 01)

3. Please write in your current weight.

WEIGHT (Pounds)
<input type="text"/>

4. Between March 1999 and March 2001, did you use birth control pills?

Yes →  No → Go to Question 5

4a. How many months did you use them between March 1999 and March 2001?

- less than 6 months
- 6-11 months
- 12-17 months
- 18 or more months

4b. Please give the name of the last birth control pill that you used since March 1999.

5. Between March 1999 and March 2001 did you use any of these forms of birth control?

(Mark all that apply)

- Norplant
- Depo-Provera (injections)
- tubes tied (tubal ligation)
- hysterectomy
- vasectomy

6. How many cigarettes do you currently smoke each day?

- None
- Less than 5
- 5 - 14
- 15 - 24
- 25 - 34
- 35 or more

7. On average, in the last year how many alcoholic beverages did you drink each week?

- None
- Less than 1
- 1 - 3
- 4 - 6
- 7 - 13
- 14 - 20
- 21 - 27
- 28 or more

8. Women whose periods have stopped permanently (at least 12 months) are considered to have gone through menopause, even if they have not experienced any symptoms (hot flashes, etc.) Which of the following statements best describes your current situation?

- I still have my usual menstrual periods
- I am currently going through menopause
- My menstrual periods have stopped permanently
- My periods stopped but I have periods now due to use of female hormones.
- I don't know if my periods have stopped because I began taking female hormones when I still had periods.
- Uncertain (please describe)

→ Age periods stopped

→ Reason periods stopped

- Natural menopause
- Surgery
- Chemotherapy/radiation
- Other

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

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

Age at removal

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

10. Between March 1999 and March 2001, have you taken female hormones (like estrogen) for menopause?

Yes →  No → Go to question 11

10a. Between March 1999 and March 2001, how long did you take female hormones?

- less than 6 months
- 6 - 11 months
- 12 - 17 months
- 18 or more months

10b. Type of hormone supplement used most recently?

- Premarin or other estrogen pills alone
- Progesterone (Provera etc.) pills alone
- Estrogen and progesterone pills
- Patch estrogen with or without progesterone
- Estrogen vaginal cream
- Birth control pill (for menopause)

Name of medication →

11. Have you had a mammogram between March 1999 and March 2001?

- Yes
- No



12. Between March 1999 and March 2001, if you were diagnosed for the first time with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed.

(e.g. 1999=   ; 2000=   )

	Yes	Year		Yes	Year
1. Heart attack	<input type="radio"/>	<input type="text"/>	27. Gallstones	<input type="radio"/>	<input type="text"/>
2. Stroke	<input type="radio"/>	<input type="text"/>	28. Kidney Stones	<input type="radio"/>	<input type="text"/>
3. Diabetes	<input type="radio"/>	<input type="text"/>	29. Colon or rectal polyp(benign)	<input type="radio"/>	<input type="text"/>
	Yes	Year	30. Depression (treated with medication)	<input type="radio"/>	<input type="text"/>
4. Breast cancer	<input type="radio"/>	<input type="text"/>	31. Glaucoma	<input type="radio"/>	<input type="text"/>
5. Lung Cancer	<input type="radio"/>	<input type="text"/>	31a. treated with laser surgery?	<input type="radio"/>	
6. Colon Cancer	<input type="radio"/>	<input type="text"/>	31b. treated with other surgery?	<input type="radio"/>	
7. Rectal Cancer	<input type="radio"/>	<input type="text"/>	32. Other serious illness ↓	<input type="radio"/>	<input type="text"/>
8. Uterine Cancer	<input type="radio"/>	<input type="text"/>			
9. Other type cancer (specify) ↴	<input type="radio"/>	<input type="text"/>			
	Yes	Year	13. Do you take any of the following medications or vitamins at least 3 days a week? Fill in the circle for YES, leave blank for NO.		
10. Coronary bypass surgery or angioplasty	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Aspirin (Anacin, Bufferin, Bayer, Excedrin, etc.)		
11. Angina (chest pain)	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Acetaminophen (Tylenol, Anacin-3, Panadol, etc.)		
12. Blood clot (lungs or legs)	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Injections for diabetes		
13. Hypertension (high blood pressure)	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Pills for diabetes    Name → <input type="text"/>		
14. High cholesterol	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Diuretics (water pills) for high blood pressure or other reasons (Diuril, Hydrodiuril, etc.) Name → <input type="text"/>		
	Yes	Year	<input type="radio"/> Other blood pressure medication (Vasotec, Minipres, Calan, etc.) Name → <input type="text"/>		
15. Fibroids in womb	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Antidepressants (Prozac, Zoloft, Elavil, etc.) Name → <input type="text"/>		
15a. confirmed by pelvic exam?	<input type="radio"/>		<input type="radio"/> Inhalers or pills for asthma Name → <input type="text"/>		
15b. confirmed by ultrasound or laparoscopy?	<input type="radio"/>		<input type="radio"/> Pills to lower cholesterol Name → <input type="text"/>		
16. Polycystic ovarian syndrome	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Medication for weight reduction Name → <input type="text"/>		
17. Endometriosis	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Eye drops for glaucoma Name → <input type="text"/>		
17a. confirmed by laparoscopy	<input type="radio"/>		<input type="radio"/> Multi-Vitamins		
18. Hydatidiform mole (molar pregnancy)	<input type="radio"/>	<input type="text"/>	<input type="radio"/> Folic acid by itself		
19. Cyst in breast	<input type="radio"/>	<input type="text"/>	<b>Please list all other medications or supplements that you currently take at least 3 days a week:</b>		
19a. confirmed by biopsy?	<input type="radio"/>		<input type="text"/>		
	Yes	Year	<input type="text"/>		
20. Lupus (systemic lupus erythematosus)	<input type="radio"/>	<input type="text"/>			
21. Discoid Lupus	<input type="radio"/>	<input type="text"/>			
22. Rheumatoid arthritis	<input type="radio"/>	<input type="text"/>			
23. Osteoarthritis	<input type="radio"/>	<input type="text"/>			
24. Asthma	<input type="radio"/>	<input type="text"/>			
25. Sarcoidosis	<input type="radio"/>	<input type="text"/>			
26. Ulcer (gastric or duodenal)	<input type="radio"/>	<input type="text"/>			



**14. On average, during the past year, how many hours each day did you spend:**

	None	less than 1 hr	1 - 2 hours	3 -4 hours	5 or more hrs
Watching TV, videos, home computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work or at home during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking as part of your job <input type="radio"/> No job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. On average, during the past year, how many hours each week did you spend:**

	None	less than 1hr	1-2 hrs	3-4 hrs	5-6 hrs	7-9 hrs	10 or more hours
Walking to and from church, store, school, work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking for exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activity (such as housework, childcare, gardening, bowling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous activity (such as basketball, swimming, running, aerobics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. In your opinion, what are the five most important things you do for your health?**

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	

**17. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?**

Yes  No  Don't know

**18. How often do you snore?**

never  less than 1 night per week  1-2 nights per week  3-5 nights per week  always / almost always  don't know

**19. What is the chance that you would doze off or fall asleep while reading or watching TV?**

(not including at bedtime)

no chance  slight chance  moderate chance  high chance

**20. What is the chance that you would doze off or fall asleep while talking to someone, or in a car while stopped in traffic for a few minutes?**

no chance  slight chance  moderate chance  high chance

**21. Between March 1999 and March 2001, have you been pregnant?**

Yes  No  Go to page 5

**22. Mark the number of times between March 1999 and March 2001 that you had any of the following:**

Birth of single child	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Birth of twins or triplets	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Miscarriage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Abortion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Currently pregnant	<input type="radio"/> 1		
Other <input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

- Between March 1999 and March 2001, if you gave birth to a single child, either liveborn or stillborn, please answer the following questions.

- If no births between March 1999 and March 2001, please skip this section and go to page 5.

**23. What was your due date?**

(If you had more than 1 birth during this period please answer only about the most recent)

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1999 <input type="radio"/> 2001
		<input type="radio"/> 2000 <input type="radio"/> 2002

**24. What was the child's birth date?**

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1999 <input type="radio"/> 2001
		<input type="radio"/> 2000 <input type="radio"/> 2002



**25. Did this pregnancy result from:**

- IVF (in-vitro fertilization)       Other assisted reproductive technology →   
 GIFT (gamete intrafallopian transfer)       None of these

**26. How much weight did you gain during this pregnancy?**

- less than 10 lbs       15 - 19 lbs       25 - 29 lbs       35 - 39 lbs  
 10 - 14 lbs       20 - 24 lbs       30 - 34 lbs       more than 39 lbs

**27. Since the birth, how much of the pregnancy weight gain have you lost?**

- Almost all       About half       About a quarter       Almost none

**28. Did you breast feed the baby?**

- Yes →  No → Go to question 29

**28a. How long did you breast feed?**

- less than 3 months       3 - 5 months       6 months or more

**29. Did you take multi-vitamins during this pregnancy?**

- Yes →  No → Go to question 30

**29a. When did you take them?** (Mark all that apply)

- Before the pregnancy       During 1st trimester       During 2nd trimester       During 3rd trimester

**30. Did you use vaginal douching during this pregnancy or in the 6 months before it?** (Mark all that apply)

- No       Yes, during this pregnancy less than 5 times  
 Yes, in the 6 months before this pregnancy       Yes, during this pregnancy 5 or more times

**31. Did you smoke during this pregnancy or just before it?**

- Yes →  No → Go to question 32

**31a. When did you smoke?** (Mark all that apply)

- Before the pregnancy       During 1st trimester       During 2nd trimester       During 3rd trimester

**31b. How many cigarettes did you smoke on average during or just before this pregnancy?**

- Less than 5 per day       5 - 14 per day       15 - 24 per day       25 or more per day

**32. When did you first see a doctor or nurse for prenatal care?**

- During 1st trimester       During 2nd trimester       During 3rd trimester       Never

**33. How much did this baby weigh at birth?**

Please write in the child's weight in pounds and ounces. If not certain, give approximate weight.

POUNDS  OUNCES

**34. Did the doctor say this child was born at least 3 weeks early (premature / preterm)?**

- Yes →  No → Go to question 35

**34a. How early?**

- 3 weeks       5 weeks       7 weeks       9 weeks       Don't know  
 4 weeks       6 weeks       8 weeks       10 weeks or more

**34b. Were you told that the birth was early for any of the following reasons?**

- labor began early for no known reason  
 membranes ruptured (water broke) early and baby was delivered to prevent infection  
 labor was induced or had c-section because (mark all that apply):  
 blood pressure was too high (preeclampsia, toxemia)  
 baby was too big  
 placenta detached or in wrong position (bleeding)  
 breech birth  
 baby too small or not growing properly (or had defect)  
 some other reason →

**35. Did this child stay in a neonatal intensive care unit before going home?**

- Yes, less than 1 day       Yes, 1 - 4 days       Yes, 5 - 9 days       Yes, 10 or more days       No



The next questions are about your usual diet during the past year. Mark the column to show how often, on average, you ate each food during the past year. Mark whether your usual serving size is small, medium, large, or super. Please DO NOT OMIT serving size unless you never ate the food or ate it less than once a month.

- a small serving size is about half the medium serving size or less.
- a large serving size is about one and a half times the medium size.
- a super serving size is more than 2 times the size of a medium size.

Please do not skip any foods. If you never eat a food, mark "never or <1 per month"

Example: During the past year, you ate a super serving of rice ( 2 cups) about twice a month, 2 medium apples and 1 medium pear each week (3 per week), and sausage less than once a month (<1 per month).

EXAMPLE TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2 - 3 per month	1 per week	2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	medium	large	super
Apples, pears						●				1 medium		●		
Rice			●							3/4 cup				●
Regular bacon or regular sausage	●									2 pieces				
TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2 - 3 per month	1 per week	2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	medium	large	super
<b>36. FRUIT AND JUICES</b>														
Apples, pears	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Bananas	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Cantaloupe	○	○	○	○	○	○	○	○	○	1/4 medium	○	○	○	○
Canned fruit, fruit cocktail, applesauce	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Oranges, tangerines, grapefruit	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Other fruit (strawberries, grapes, etc)	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Orange or grapefruit juice	○	○	○	○	○	○	○	○	○	6 ounce glass	○	○	○	○
Other fruit juices, fortified fruit drinks, kool-ade	○	○	○	○	○	○	○	○	○	6 ounce glass	○	○	○	○
<b>37. BREAKFAST FOODS</b>														
High fiber, bran or granola cereals, shredded wheat	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Highly fortified cereals, such as Product 19 or Total	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Other cereals, such as Corn Flakes, Rice Krispies	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Other cooked cereals, or grits	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Eggs, including egg sandwich	○	○	○	○	○	○	○	○	○	2 eggs	○	○	○	○
Regular bacon or regular sausage	○	○	○	○	○	○	○	○	○	2 pieces	○	○	○	○
Turkey bacon or turkey sausage	○	○	○	○	○	○	○	○	○	2 pieces	○	○	○	○



TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2 - 3 per month	1 per week	2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	med	large	super

**38. VEGETABLES**

Beans such as baked, pintos, kidney, lentil, black eyed 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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chili with 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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes or tomato 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"/>	1 medium or 6 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red chili sauce, taco sauce, salsa picante	<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"/>	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collard greens, mustard greens, turnip greens	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cole slaw, cabbage, sauerkraut	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots 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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn canned or on the cob	<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"/>	1/2 cup or 1 cob	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green beans or string 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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular salad dressing or mayonnaise (including on sandwiches, in potato salad etc)	<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"/>	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowfat salad dressing or mayonnaise	<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"/>	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries, fried potatoes	<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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potatoes, yams	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other potatoes including boiled, mashed, and 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"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other vegetables including in stir fry	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter, margarine or other fat on vegetables, potatoes, etc.	<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"/>	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**39. MEAT, FISH, POULTRY, LUNCH ITEMS**

Hamburger, cheeseburger, meatloaf, beef burritos, or tacos	<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"/>	1 medium or 4ozs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soyburgers or garden burgers	<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"/>	1 medium or 4ozs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef (steaks, roasts, etc 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"/>	4 ozs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef stew or pot pie with carrots or other 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"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver, including chicken livers	<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"/>	4 ozs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork, including chops, roasts, 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"/>	2 chops or 4 ozs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken, chicken nuggets	<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"/>	2 small or 1 large piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dishes with chicken or turkey including tacos, burritos, potpie and stir fry	<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"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey (roasted, stewed, or broiled, 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"/>	2 small or 1 large piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



TYPE OF FOOD	HOW OFTEN										HOW MUCH			
	Never or <1 per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	med	large	super
Dark meat fish, including sardines, mackerel, salmon, bluefish	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish or fish sandwich	<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"/>	4 ozs or 1 sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish (broiled or baked)	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish(shrimp, crab, lobster,etc)	<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"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna fish (in sandwiches salad or casserole)	<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"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti, lasagna, other pasta with 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"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese dishes without tomato sauce, like macaroni & 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"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza, including takeout	<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"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs, polish sausage	<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"/>	2 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ham, bologna, salami & other lunch meats	<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"/>	2 slices or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable/tomato soup, minestrone, vegetable beef 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"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>40. SWEETS</b>														
Regular ice cream	<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"/>	1 scoop or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowfat ice cream	<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"/>	1 scoop or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts, cake, cookies, pastry	<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"/>	1 piece or 3 cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pies	<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"/>	1 medium slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate candy	<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"/>	1 small bar or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>41. BREADS, SNACK, SPREADS</b>														
Biscuits, muffins (including fast food)	<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"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	<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"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark breads, such as wheat, rye, pumpernickel (including 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"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn bread, corn muffins, corn 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"/>	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snacks such as potato chips, corn chips, buttered popcorn	<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"/>	2 handfuls or 1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanuts, 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"/>	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese and cheese spreads (not cottage 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"/>	2 slices or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	8 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	1 scoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter on bread or rolls	<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"/>	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine on bread or roll	<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"/>	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What form or type of margarine do you usually use?	<input type="radio"/> None		FORM? <input type="radio"/> Stick		<input type="radio"/> Tub		<input type="radio"/> Spray		<input type="radio"/> Squeeze (liquid)					
			TYPE? <input type="radio"/> Reg		<input type="radio"/> Light		<input type="radio"/> Extra Light		<input type="radio"/> Nonfat					



TYPE OF FOOD	HOW OFTEN									Medium serving	HOW MUCH			
	Never or <1 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 or more per day		Your serving size			
											small	med	large	super

**42. BEVERAGES (please note that the categories for these columns are different from previous page)**

Milk and beverages with milk (not including on cereal)	Whole milk	<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"/>	8 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2% milk	<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"/>	8 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1% or skim/nonfat	<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"/>	8 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Soy milk	<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"/>	8 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular soft 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"/>	12 oz can or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet soft 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"/>	12 oz can or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated 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"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine		<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"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea, hot or iced (not herbal)		<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"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk or cream 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"/>	1 tablespoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar 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"/>	2 teaspoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water		<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"/>	8 oz glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**43. Please list any foods that you ate once a week or more, that were not asked about above.**

1. Food:  Number of servings per week:

2. Food:  Number of servings per week:

**44. What kinds of fat do you usually add to your vegetables, potatoes, etc.? (Mark only 1 or 2).**

don't add fat    margarine    oil    lard, drippings, bacon fat    butter    crisco    pam or no fat

**45. What kinds of fat do you usually use in cooking (to fry, stir-fry or saute?)(Mark only 1 or 2).**

margarine    oil    lard, drippings, bacon fat    butter    crisco    pam or no fat    don't add fat

**46. If you use oil in cooking, what kind do you usually use? (Mark only 1 or 2).**

don't use    corn oil    olive oil    sesame oil    soybean oil    safflower oil    blend of oils    peanut oil

coconut oil    vegetable oil    sunflower oil    canola oil    don't know    other →

**47. SUMMARY QUESTIONS**

	Less than 1 per week	1 - 2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 per day	3 per day	4 or more per day
A. How many times did you use fat or oil in cooking each day or week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Not counting salad or potatoes, how many servings of vegetables did you eat each day or week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Not counting juices, how many servings of fruit did you eat each day or week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. How many servings of cold cereal did you eat each day or week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**48. How often did you:**

	Seldom or Never	Sometimes	Often or Always
A. eat the skin on chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. eat the fat on meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. add salt to your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**49. In the past year, how often did you eat the following types of food from a fast food, takeout or other restaurant?**

AVERAGE USE LAST YEAR	Never in past year	1 - 4 times past year	5 - 11 times past year	1 - 3 times a month	Once a week	2 - 4 times a week	About every day
Fried chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burgers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

