

## BACKGROUND

### 1. How old are you?

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

Write the numbers in the boxes.

Then fill in the matching circles.

### 2. Please write in your birth date and fill in the circles.

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		1 9
<input type="radio"/> Mar	0 0	0 0
<input type="radio"/> April	1 1	1 1
<input type="radio"/> May	2 2	2 2
<input type="radio"/> June	3 3	3 3
<input type="radio"/> July	4	4 4
<input type="radio"/> Aug	5	5 5
<input type="radio"/> Sept	6	6 6
<input type="radio"/> Oct	7	7 7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

### 3. What is your current occupation, or most recent one if retired?

- ☐ Professional/Technical (e.g., accountant, engineer, doctor, nurse, social worker, teacher, draftsman, actress, computer programmer)
- ☐ Manager/Administrator (e.g., treasurer, buyer, government official, sales)
- ☐ Sales Worker (e.g., real estate agent, sales representative)
- ☐ Clerical Worker (e.g., bank teller, file clerk, dispatcher, secretary)
- ☐ Service Worker (e.g., janitor, waitress, stewardess, hairdresser, maid)
- ☐ Craftsperson (e.g., baker, floor layer, foreman, machinist, mechanic, tailor)
- ☐ Operative (e.g., assembler, machine operator, bus or taxicab driver)
- ☐ Farmer/Farm Laborer
- ☐ Never Employed or Never Self-Employed
- ☐ Other (write in) →

### 4. Do you also work at a second job?

- ☐ Yes, less than 10 hours a week
- ☐ Yes, 10 to 19 hours a week
- ☐ Yes, 20 or more hours a week
- ☐ No

### 5. How many years of school have you finished? (Mark the highest.)

- ☐ Less than 12
- ☐ 12 (high school or GED)
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16 (graduated college)
- ☐ 17 or more (graduate or professional school)

### 6. What is your current marital status?

- ☐ Married
- ☐ Divorced
- ☐ Living as married
- ☐ Widowed
- ☐ Separated
- ☐ Single

## MENSTRUAL AND REPRODUCTIVE HISTORY

### 7. How old were you when your menstrual periods began?

- ☐ 9 or less
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or more
- ☐ never had periods

### 8. Have you ever tried to become pregnant for more than one year without success?

- ☐ Yes
- ☐ No → Go to Question 9

#### IF YES:

How old were you when this first occurred? →

#### What was the cause? (Mark all that apply.)

- ☐ Tubal blockage
- ☐ Endometriosis
- ☐ Spouse
- ☐ Ovulatory disorder
- ☐ Cervical mucous factors
- ☐ Not investigated
- ☐ Not found
- ☐ Other

### 9. Are you currently pregnant?

- ☐ Yes
- ☐ No

### 10. How many times have you been pregnant? (If you are pregnant now, do *not* count this pregnancy.)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 or more

### 11. How many births (liveborn children or stillbirths) have you had?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 or more

### 12. For each pregnancy that resulted in a liveborn or a stillborn child, mark your age at the time of that birth.

- ☐ 13 or less
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ 31
- ☐ 32
- ☐ 33
- ☐ 34
- ☐ 35
- ☐ 36
- ☐ 37
- ☐ 38
- ☐ 39
- ☐ 40
- ☐ 41
- ☐ 42
- ☐ 43
- ☐ 44
- ☐ 45 or more

#### FOR OFFICE USE ONLY

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



13. How many months in total did you breast feed?

(Total for all your babies.)

- ☐ no children      ☐ 7 - 11 months  
☐ never tried      ☐ 12 - 17 months  
☐ tried but couldn't      ☐ 18 - 23 months  
☐ less than 1 month      ☐ 24 - 35 months  
☐ 1 - 3 months      ☐ 36 - 47 months  
☐ 4 - 6 months      ☐ 48 or more months

14. For each pregnancy that ended in a miscarriage, mark your age at the end of that pregnancy.

- |                                  |                          |                          |                                  |
|----------------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="radio"/> 13 or less | <input type="radio"/> 22 | <input type="radio"/> 30 | <input type="radio"/> 38         |
| <input type="radio"/> 14         | <input type="radio"/> 23 | <input type="radio"/> 31 | <input type="radio"/> 39         |
| <input type="radio"/> 15         | <input type="radio"/> 24 | <input type="radio"/> 32 | <input type="radio"/> 40         |
| <input type="radio"/> 16         | <input type="radio"/> 25 | <input type="radio"/> 33 | <input type="radio"/> 41         |
| <input type="radio"/> 17         | <input type="radio"/> 26 | <input type="radio"/> 34 | <input type="radio"/> 42         |
| <input type="radio"/> 18         | <input type="radio"/> 27 | <input type="radio"/> 35 | <input type="radio"/> 43         |
| <input type="radio"/> 19         | <input type="radio"/> 28 | <input type="radio"/> 36 | <input type="radio"/> 44         |
| <input type="radio"/> 20         | <input type="radio"/> 29 | <input type="radio"/> 37 | <input type="radio"/> 45 or more |
| <input type="radio"/> 21         |                          |                          |                                  |

15. For each pregnancy that ended in an induced (therapeutic) abortion, mark your age at the end of that pregnancy.

- |                                  |                          |                          |                                  |
|----------------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="radio"/> 13 or less | <input type="radio"/> 22 | <input type="radio"/> 30 | <input type="radio"/> 38         |
| <input type="radio"/> 14         | <input type="radio"/> 23 | <input type="radio"/> 31 | <input type="radio"/> 39         |
| <input type="radio"/> 15         | <input type="radio"/> 24 | <input type="radio"/> 32 | <input type="radio"/> 40         |
| <input type="radio"/> 16         | <input type="radio"/> 25 | <input type="radio"/> 33 | <input type="radio"/> 41         |
| <input type="radio"/> 17         | <input type="radio"/> 26 | <input type="radio"/> 34 | <input type="radio"/> 42         |
| <input type="radio"/> 18         | <input type="radio"/> 27 | <input type="radio"/> 35 | <input type="radio"/> 43         |
| <input type="radio"/> 19         | <input type="radio"/> 28 | <input type="radio"/> 36 | <input type="radio"/> 44         |
| <input type="radio"/> 20         | <input type="radio"/> 29 | <input type="radio"/> 37 | <input type="radio"/> 45 or more |
| <input type="radio"/> 21         |                          |                          |                                  |

16. Did you ever have a tubal (ectopic) pregnancy?

- ☐ Yes → Age at the first one? →    
☐ No

17. Did you ever have a molar pregnancy ("mole")?

- ☐ Yes → Age at the first one? →    
☐ No

18. If you have had your tubes tied (tubal ligation), at what age was this done?

- ☐ never had a tubal ligation      ☐ 30 - 34      ☐ 45 - 49  
☐ less than 30      ☐ 35 - 39      ☐ 50 or more  
☐ 40 - 44

19. Do you currently use any of these forms of birth control? (Mark all that apply.)

- ☐ condom  
☐ sponge  
☐ foam/jelly  
☐ vasectomy  
☐ rhythm  
☐ diaphragm/cap  
☐ hysterectomy  
☐ birth control pills  
☐ tubes tied (tubal ligation)  
☐ intrauterine device (IUD)  
☐ Norplant  
☐ Depo-Provera (injections)  
☐ other →   
☐ none

20. If you have ever used birth control pills, for each age at which you used birth control pills, mark how long you used them. (Mark only one circle for each age.)

Used Birth Control Pills For:

Age	Less than 6 months	6 - 9 months	10 or more months
13 or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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16. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 9  
 16.0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9  
 17. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 9  
 17.0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9



DO NOT WRITE IN THIS AREA

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**21. Have your menstrual periods stopped permanently?**

- ☐ Yes, no menstrual periods  
☐ Yes, but have periods now due to use of female hormones  
☐ No —————> Go to Question 22.  
☐ Not sure

**IF YES:**

**How old were you when your periods stopped?**

- ☐ less than 35      ☐ 45 - 49  
☐ 35 - 39      ☐ 50 - 54  
☐ 40 - 44      ☐ 55 or more

**Why did your periods stop?**

- ☐ natural menopause  
☐ surgery  
☐ medication/chemotherapy/radiation

**If your periods stopped because of surgery, what was removed? (Mark all that apply.)**

- ☐ womb (uterus) removed  
☐ both ovaries removed  
☐ 1 ovary only removed  
☐ don't know if ovaries removed

**If you had surgery, what was the reason? (Mark all that apply.)**

- ☐ fibroids in womb  
☐ endometriosis  
☐ bleeding from womb  
☐ other —————>

**MEDICATION HISTORY**

**22. Have you ever used replacement female hormones (like estrogen) for menopause? (include pills, injections, or patches)**

- ☐ Yes  
☐ No —————> Go to Question 23.

**IF YES:**

**When did you last take them?**

- ☐ still taking them  
☐ less than 1 year ago  
☐ 1 - 2 years ago  
☐ 3 or more years ago

**How many years did you take them?**

- ☐ less than 1 year      ☐ 5 - 6 years  
☐ 1 year      ☐ 7 - 9 years  
☐ 2 years      ☐ 10 - 14 years  
☐ 3 - 4 years      ☐ 15 or more years

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

**What did you use most recently?**

- ☐ Premarin or other estrogen pills alone  
☐ Progesterone (Provera, etc.) pills alone  
☐ Estrogen and progesterone together  
☐ Patch estrogen alone  
☐ Patch estrogen and progesterone  
☐ Estrogen vaginal cream

Name of Medication —————>

**If you used progesterone, what was your pattern of use?**

- ☐ used continuously (every day)  
☐ used 2 - 3 weeks each month  
☐ used less than 2 weeks each month  
☐ other pattern of use —————>

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

**23. Do you currently take any of the following medications at least 3 days a week?**

**ASPIRIN (Anacin, Bufferin, Bayer, Excedrin, etc.)**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**ACETOMINOPHEN (Tylenol, Anacin-3, Panadol, etc.)**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**Water pills for high blood pressure or other reasons (Diuril, Hydrodiuril, etc.)**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**Other blood pressure medication (Vasotec, Minipres, Calan, etc.)**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**Insulin**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**Pills for diabetes**

- ☐ Yes —> For how long? —> ☐ less than 1 yr. ☐ 3 - 4 yrs.  
☐ 1 yr. ☐ 5 or more yrs.  
☐ No ☐ 2 yrs.

**List any other medications you are currently using at least 3 days a week (except vitamins):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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0	
1	41
2	42
3	43
4	44
5	45
6	46
7	47
8	48
9	49
10	50
11	51
12	52
13	53
14	54
15	55
16	56
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20	60
21	61
22	62
23	63
24	64
25	65
26	66
27	67
28	68
29	69
30	70
31	71
32	72
33	73
34	74
35	75
36	76
37	77
38	78
39	79
40	80



## MEDICAL HISTORY

24. When was your *last* visit to a doctor, nurse practitioner, clinic or hospital for health care for yourself?

- ☐ less than 1 year ago    ☐ 5 - 9 years ago  
☐ 1 - 2 years ago    ☐ 10 or more years ago  
☐ 3 - 4 years ago

25. When was your blood pressure *last* checked by a health care worker?

- ☐ never had it checked    ☐ 3 - 4 years ago  
☐ less than 1 year ago    ☐ 5 - 9 years ago  
☐ 1 - 2 years ago    ☐ 10 or more years ago

26. When was your *last* mammogram?

- ☐ never had one    ☐ 3 - 4 years ago  
☐ less than 1 year ago    ☐ 5 or more years ago  
☐ 1 - 2 years ago

How old were you when you had your *first* mammogram?

- ☐ never had one    ☐ 45 - 49  
☐ less than 40    ☐ 50 or more  
☐ 40 - 44

27. In the *past year*, how many months did you practice breast self-examination?

- ☐ none    ☐ 4 - 6  
☐ 1    ☐ 7 - 11  
☐ 2 - 3    ☐ 12

28. When was your *last* pap smear?

- ☐ never had one  
☐ less than 1 year ago  
☐ 1 - 2 years ago  
☐ 3 - 4 years ago  
☐ 5 or more years ago

29. Did you ever have a D & C? (a scraping or cleaning out of your womb)

- ☐ Yes  
☐ No → Go to Question 30.

IF YES:

What was your age at your *last* D & C?

- ☐ Less than 30    ☐ 40 - 44  
☐ 30 - 34    ☐ 45 - 49  
☐ 35 - 39    ☐ 50 or more

30. Has a doctor ever told you that you have any of the following conditions? If yes, mark the condition and the age it was *first* diagnosed.

	No	Yes		Age			
				less than 30	30 - 39	40 - 49	50 or more
High blood pressure (not during pregnancy)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (not during pregnancy)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina (chest pain)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood clot in lungs or legs	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyst in breast	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was it confirmed by biopsy?	<input type="radio"/>	<input type="radio"/>					
Fibroids in womb	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endometriosis	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lupus	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickle cell anemia	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal cancer	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cancer	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other serious illness →		<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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1 0 1 2 3 4 5 6 7 8 9

2 0 1 2 3 4 5 6 7 8 9

3 0 1 2 3 4 5 6 7 8 9

4 0 1 2 3 4 5 6 7 8 9

5 0 1 2 3 4 5 6 7 8 9

6 0 1 2 3 4 5 6 7 8 9



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## CIGARETTE SMOKING

31. Have you ever smoked one cigarette or more every day for at least a year?

- ☐ Yes, I smoke currently  
☐ Yes, but I no longer smoke  
☐ No → Go to Question 32

IF YES:

At what age did you start to smoke regularly?

- ☐ 14 or less      ☐ 18  
☐ 15      ☐ 19  
☐ 16      ☐ 20  
☐ 17      ☐ 21 or more

In the *first few years* that you smoked, how many cigarettes did you smoke each *day*?

- ☐ less than 5      ☐ 25 - 34  
☐ 5 - 14      ☐ 35 - 44  
☐ 15 - 24      ☐ 45 or more

In the *last few years* that you smoked, how many cigarettes did you smoke each *day*?

- ☐ less than 5      ☐ 25 - 34  
☐ 5 - 14      ☐ 35 - 44  
☐ 15 - 24      ☐ 45 or more

If you have stopped smoking, when did you stop?

- ☐ less than 1 year ago      ☐ 3 - 4 years ago  
☐ 1 year ago      ☐ 5 - 9 years ago  
☐ 2 years ago      ☐ 10 or more years ago

How many years have you been smoking or did you smoke in the past?

- ☐ less than 10      ☐ 20 - 24  
☐ 10 - 14      ☐ 25 - 29  
☐ 15 - 19      ☐ 30 or more

## FAMILY HISTORY

32. Please mark whether any of your relatives ever had breast cancer, and if it occurred before they were 50 years old.

	No, or don't know	Yes, had breast cancer	Yes, before age 50
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aunt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Mark whether your mother or father ever had any of the following conditions and if it occurred before age 50.

	No, or don't know	Yes	Yes, before age 50
<b>Heart Attack</b>			
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Stroke</b>			
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Diabetes</b>			
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ALCOHOL USE

34. Did you ever drink alcoholic beverages (beer, wine, wine cooler, or liquor) at least once a week for at least a year?

- ☐ Yes, I drink currently  
☐ Yes, but I no longer drink  
☐ No → Go to Question 35

IF YES:

At what age did you start to drink alcoholic beverages regularly?

- ☐ less than 15      ☐ 25 - 29  
☐ 15 - 19      ☐ 30 or more  
☐ 20 - 24

In the *first few years* that you drank alcoholic beverages, how many drinks did you have each week (1 drink equals 1 beer, 1 glass of wine or wine cooler, or 1 shot of liquor)?

- ☐ less than 1      ☐ 14 - 20  
☐ 1 - 3      ☐ 21 - 27  
☐ 4 - 6      ☐ 28 or more  
☐ 7 - 13

How many years have you been drinking or did you drink in the past?

- ☐ less than 10      ☐ 20 - 24  
☐ 10 - 14      ☐ 25 - 29  
☐ 15 - 19      ☐ 30 or more

In the *past year*, how many drinks of beer, wine (or wine cooler) and liquor did you drink each week?

Number of drinks per week	Beer (12 oz.)	Wine (4 oz.)	Liquor (1 shot)
less than 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 - 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 - 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 - 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 - 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## PHYSICAL ACTIVITY

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

	None	less than 1 hour	1-2 hours	3-4 hours	5 or more hrs.
Sitting in a car or bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking to or from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	None	less than 1 hour	1 hour	2 hours	3-4 hours	5-6 hours	7-9 hours	10 or more hours
Walking for exercise	<input type="radio"/>	<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, gardening, bowling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. On average, at each of the following times, how many hours each week did you participate in strenuous physical activity (such as basketball, swimming, running, aerobics)?

	None	less than 1 hour	1 hour	2 hours	3-4 hours	5-6 hours	7-9 hours	10 or more hours
In the past year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At around age 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At around age 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At around age 40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## WEIGHT, HEIGHT AND BODY SIZE

38.

What is your current weight? (Write in and fill in circles.)

Current weight (lbs.)		
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you weigh at age 18? (Write in and fill in circles.)

Weight at 18 (lbs.)		
<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"/>	<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"/>	<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 tall are you? (Write in and fill in circles.)

Feet	Inches
<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"/>	<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"/>



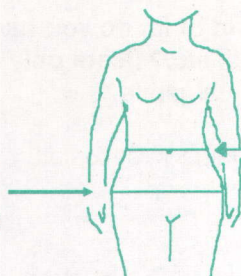
DO NOT WRITE IN THIS AREA

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39. What are your waist and hip sizes? (Enter size in inches and fill in appropriate circles.)

Hip:  
Measure the  
largest  
circumference  
around the  
hips (including  
buttocks).



Waist:  
Measure at  
navel.

Waist (in)	
	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

Hip (in)	
	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

## VITAMINS AND MINERALS

40. During *the past year*, have you taken any *multivitamins* or *multivitamins with minerals* at least once a week?

- ☐ Yes  
☐ No

→ If yes, how many vitamin  
tablets did you take?

- ☐ 1 to 3 a week    ☐ 2 a day  
☐ 4 to 6 a week    ☐ 3 or more a day  
☐ 1 a day

→ If yes, how many years  
have you taken them?

- ☐ less than 1 year    ☐ 3 to 4 years  
☐ 1 to 2 years    ☐ 5 or more years

41. During *the past year*, have you taken any of the following *individual vitamin or mineral supplements* at least once a week?

If yes, how many  
tablets did you take?

If yes, how many years  
have you taken them?

If yes, what was the  
dose per tablet?

<b>Vitamin A (by itself)</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> 5,000 I.U. (International Units) or less <input type="radio"/> 6,000 to 10,000 I.U. <input type="radio"/> 11,000 to 24,000 I.U. <input type="radio"/> 25,000 I.U. or more <input type="radio"/> Don't know
<b>Vitamin C (by itself)</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> 250 mg. (milligrams) or less <input type="radio"/> 300 to 500 mg. <input type="radio"/> 600 to 4,000 mg. <input type="radio"/> 5,000 to 9,000 mg. <input type="radio"/> 10,000 mg. or more <input type="radio"/> Don't know
<b>Vitamin E (by itself)</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> Less than 100 I.U. (International Units) <input type="radio"/> 100 to 250 I.U. <input type="radio"/> 300 to 500 I.U. <input type="radio"/> 600 I.U. or more <input type="radio"/> Don't know
<b>Beta- carotene (by itself)</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> Less than 8,000 I.U. per day <input type="radio"/> 8,000 to 12,000 I.U. <input type="radio"/> 13,000 to 22,000 I.U. <input type="radio"/> 23,000 I.U. or more <input type="radio"/> Don't know
<b>Calcium</b>	<input type="radio"/> Yes <input type="radio"/> Yes, with vitamin D <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> 250 mg. (milligrams) or less <input type="radio"/> 300 to 600 mg. <input type="radio"/> 625 to 1,000 mg. <input type="radio"/> 1,250 mg. or more <input type="radio"/> Don't know
<b>Folic acid (by itself)</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 to 3 a week <input type="radio"/> 4 to 6 a week <input type="radio"/> 1 a day <input type="radio"/> 2 a day <input type="radio"/> 3 or more a day	<input type="radio"/> less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 4 years <input type="radio"/> 5 or more years	<input type="radio"/> Less than 100 mcg. (micrograms) <input type="radio"/> 100 to 300 mcg. <input type="radio"/> 301 to 500 mcg. <input type="radio"/> 501 mcg. or more <input type="radio"/> Don't know



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## EATING HABITS

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

- |   |   |
|---|---|
| <input type="radio"/> Stick margarine         | <input type="radio"/> Pam or no fat             |
| <input type="radio"/> Oil                     | <input type="radio"/> Soft tub margarine        |
| <input type="radio"/> Lard, fatback, baconfat | <input type="radio"/> Low calorie margarine     |
| <input type="radio"/> Butter                  | <input type="radio"/> 1/2 butter, 1/2 margarine |
| <input type="radio"/> Crisco                  | <input type="radio"/> Don't know or don't cook  |

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

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Don't use     | <input type="radio"/> Peanut oil   |
| <input type="radio"/> Corn oil      | <input type="radio"/> Coconut oil  |
| <input type="radio"/> Olive oil     | <input type="radio"/> Vegetable oil  |
| <input type="radio"/> Sesame oil    | <input type="radio"/> Sunflower oil  |
| <input type="radio"/> Soybean oil   | <input type="radio"/> Canola oil   |
| <input type="radio"/> Safflower oil | <input type="radio"/> Don't know   |
| <input type="radio"/> Blend of oils | <input type="radio"/> Other → <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> |

43. What kind of oil do you usually use in salad dressing? (Mark only 1 or 2.)

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Don't use     | <input type="radio"/> Peanut oil   |
| <input type="radio"/> Corn oil      | <input type="radio"/> Coconut oil  |
| <input type="radio"/> Olive oil     | <input type="radio"/> Vegetable oil  |
| <input type="radio"/> Sesame oil    | <input type="radio"/> Sunflower oil  |
| <input type="radio"/> Soybean oil   | <input type="radio"/> Canola oil   |
| <input type="radio"/> Safflower oil | <input type="radio"/> Don't know   |
| <input type="radio"/> Blend of oils | <input type="radio"/> Other → <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> |

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

- |   |   |
|---|---|
| <input type="radio"/> Stick margarine         | <input type="radio"/> Pam or no fat             |
| <input type="radio"/> Oil                     | <input type="radio"/> Soft tub margarine        |
| <input type="radio"/> Lard, fatback, baconfat | <input type="radio"/> Low calorie margarine     |
| <input type="radio"/> Butter                  | <input type="radio"/> 1/2 butter, 1/2 margarine |
| <input type="radio"/> Crisco                  | <input type="radio"/> Don't add fat             |

45. When you eat the following foods, how often do you eat a low-fat or non-fat version of that food?

	Always low-fat	Sometimes low-fat	Rarely low-fat
Cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream/yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. In the *past year*, how often did you eat breakfast, lunch or dinner or takeout from a restaurant or fast food establishment?

Type of restaurant food	Number of visits last year						
	Never in past year	1 - 4 times in past year	5 - 11 times in 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"/>

## USUAL EATING HABITS OVER THE PAST YEAR

47. FOR THIS SECTION: Please be careful which column you put your answer in.

- 1) Mark the column to show how often, on average, you ate the food during the past year.
- 2) Mark whether your usual serving size is small, medium or large. Please **DO NOT OMIT** serving size unless you never ate the food or ate it less than once a month.
  - A small serving is about half the medium serving size, or less.
  - A large serving is about one and a half times the medium serving size, or more.

PLEASE DO NOT SKIP ANY FOODS. If you never eat a food, mark "Never or < 1 per month" ("<" means "less than")

Example: During the past year, you ate a large serving of rice (more than 3/4 cup) about twice a month, 2 medium apples and 1 medium pear each week (3 per week), and sausage less than once a 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
Rice	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
Apples, pears	<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"/>	1 medium	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sausage	<input checked="" 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 patties	<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		YOUR SERVING SIZE			
											Medium Serving	Small	Medium	Large
<b>FRUITS AND JUICES</b>														
Apples, applesauce, 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"/>		1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>		1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (in season)	<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"/>		1/4 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice or grapefruit 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"/>		6 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit	<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 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges	<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"/>
Other fruit juices, fortified fruit drinks, kool-ade	<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"/>		6 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>BREAKFAST FOODS</b>														
High fiber, bran or granola cereals, shredded wheat	<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"/>
Highly fortified cereals, such as Product 19, Total, Most	<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"/>
Other cold cereals, such as Corn Flakes, Rice Krispies	<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"/>
Cooked cereals, 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"/>		1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<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 eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon	<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"/>
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 patties/links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>VEGETABLES</b>														
Beans such as baked, pintos, kidney, lentils, blackeyed 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"/>
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"/>
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 med. or 6 oz. glass	<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"/>
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"/>
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"/>
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"/>
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"/>
Carrots or mixed vegetable 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"/>



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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		YOUR SERVING SIZE		
										Medium Serving	Small	Medium	Large
VEGETABLES continued													
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"/>
Salad dressing and 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"/>
French fries and 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"/>
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"/>
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"/>
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"/>
MEAT, FISH, POULTRY, LUNCH ITEMS													
Hamburgers, cheeseburgers, meatloaf, beef burritos, 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 4 ozs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef (steaks, roasts, etc. 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"/>	4 ounces	<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"/>
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 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork, including chops, roasts	<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 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken	<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"/>
Chicken or turkey (roasted, stewed, or broiled, including on 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"/>	2 small or 1 large piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey pot 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"/>	1/4 of 9 inch pie	<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"/>
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"/>
Tuna fish (salad, 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"/>
Spaghetti, lasagna, other pasta	<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"/>
Hot dogs	<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 hot dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ham, bologna, salami and 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"/>
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"/>
SWEETS													
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"/>
Doughnuts, cookies, cake, 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"/>
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"/>
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"/>



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	
<b>BREAD, SNACKS, 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"/>	<input type="radio"/>	1 medium	<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"/>	<input type="radio"/>	2 slices	<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"/>	<input type="radio"/>	2 slices	<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"/>	<input type="radio"/>	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salty snacks such as potato chips, corn chips, 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"/>	<input type="radio"/>	2 handfuls or 1 cup	<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"/>	<input type="radio"/>	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine 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"/>	<input type="radio"/>	2 pats	<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"/>	<input type="radio"/>	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheeses and cheese spreads, not including 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"/>	<input type="radio"/>	2 slices or 2 ounces	<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"/>	<input type="radio"/>	8 ounces	<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"/>	<input type="radio"/>	1 scoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TYPE OF FOOD	HOW OFTEN										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	Medium Serving	YOUR SERVING SIZE			
											Small	Medium	Large	
<b>BEVERAGES</b> <i>(Please note that the categories for these columns are different)</i>														
Whole milk and beverages with whole milk (not including on cereal)	<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"/>	8 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2% milk and beverages with 2% milk (not including on cereal)	<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"/>	8 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skim milk, 1% milk or buttermilk (not including on cereal)	<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"/>	8 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular soft drinks (not diet soda)	<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"/>	12 oz. can or bottle	<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"/>	<input type="radio"/>	1 medium cup	<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"/>	<input type="radio"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea (hot or iced)	<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"/>	1 medium cup	<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"/>	<input type="radio"/>	1 tablespoon	<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"/>	<input type="radio"/>	2 teaspoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



445499

DO NOT WRITE IN THIS AREA



48. 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: \_\_\_\_\_

3) Food: \_\_\_\_\_

Number of servings per week: \_\_\_\_\_

4) Food: \_\_\_\_\_

Number of servings per week: \_\_\_\_\_

49. SUMMARY QUESTIONS	AVERAGE USE LAST YEAR							
	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"/>

50. How often did you:

Seldom  
or Never

Sometimes

Often or  
Always

a. eat the skin on chicken?

☐
☐
☐

b. eat the fat on meat?

☐
☐
☐

c. add salt to your food?

☐
☐
☐

d. add pepper to your food?

☐
☐
☐

## FAMILY AND COMMUNITY

51. How many people live in your household?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4

- ☐ 5  
☐ 6  
☐ 7  
☐ 8 or more

52. With whom do you live? (Mark all that apply.)

- ☐ alone ☐ with 1 or more parents  
☐ with husband/partner ☐ with other family  
☐ with 1 or more children ☐ with 1 or more friends

53. Do you have child care responsibilities? (Mark all that apply.)

- ☐ Yes, my own children  
☐ Yes, grandchildren  
☐ Yes, other family  
☐ No

54. Do you have responsibilities for the care of a parent or other relative? (Mark all that apply.)

- ☐ Yes, parent  
☐ Yes, other relative  
☐ No

PLEASE BE SURE TO FILL OUT THE NEXT TWO PAGES

### FOR OFFICE USE ONLY:

1 fd 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
# 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
2 fd 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
# 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
3 fd 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
# 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
4 fd 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9  
# 0 1 2 3 4 5 6 7 8 9 - 0 1 2 3 4 5 6 7 8 9