

CANCER PREVENTION STUDY



MEN

If this is not your full LEGAL name and mailing address, please make changes on this page.



Dear Cancer Prevention Study Participant,

This year marks the 17th anniversary of your participation in the Cancer Prevention Study. As always, thank you for your continuing support of this research. Your careful responses to the questionnaires contribute to many scientific publications on important topics.

This year, the new questionnaire focuses primarily on diet - we ask that you record the frequency with which you eat individual foods. The dietary section of the questionnaire appears lengthy but it is easy to fill in and shouldn't take too much of your time. It is important to update dietary information because people's eating habits change over time as does the composition of many foods. We believe that as many as one third of all cancer deaths in the U.S. each year are related to diet. Questions on topics other than diet are included as well.

Please continue to be a part of this important study by completing and returning the attached questionnaire within 10 days. In addition, please take a moment to verify that the information printed above is your full legal name and correct address and to make corrections if needed. We will use this information to verify or identify cases of cancer through cancer registries and death indexes. As always, all information is kept strictly confidential and is used for medical statistical purposes only.

Thank you again for your continued participation in this important research. We value your contribution. If you have any questions about the survey, please call us at 1-800-646-7853.

Sincerely,

Michael J. Thun, M.D.

Vice President

Epidemiology and Surveillance Research

PLEASE BEGIN HERE

1. Is this your correct date of birth?

Yes, this is my birthday →

No, my birthday is:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Is this your correct state of birth?

Yes, this is my birth state →

No, my birth state is:

<input type="text"/>	<input type="text"/>
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INSTRUCTIONS:

This form is designed to be read by optical scanning equipment, so it is important that you follow these directions:

- Print legibly using a blue or black ink pen.
- Do not use pencil or felt tip markers.
- When entering numbers, enter one per box and stay within the confines of the box.
- Fill in the oval completely with a dark mark.

Please PRINT where applicable.

CORRECT

INCORRECT

EXAMPLES:

I	K	2	5	a	2	k	†
---	---	---	---	---	---	---	---

Correct
○ ○ ● ○

Incorrect
⊗ ⊗ ● ⊗

BEFORE TURNING TO THE QUESTIONNAIRE, PLEASE READ THE BOXES BELOW.

If the person whose name appears on this form is deceased, please mark this bubble and **STOP HERE**. Please return the blank questionnaire in the postage-paid envelope.

→ ○

The answers to the following questions should be provided by the person named on the mailing label. If someone else provides the answers **about that person**, please mark this bubble.

➤ ○



THANK YOU FROM THE EPIDEMIOLOGY STAFF OF THE AMERICAN CANCER SOCIETY



11. **During the past year**, what was your **average total time per week** spent at each of the following activities?

	None	Average Total Time Per Week							
		1-19 min.	20-59 min.	1 hr.	1-1.5 hrs.	2-3 hrs.	4-6 hrs.	7-10 hrs.	11+ hrs.
Walking (including walking at golf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging/Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis or racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling/Exercise machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerobics/Calisthenics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening, mowing, planting, 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"/>
Low intensity exercise (e.g., yoga, stretching, toning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEDICAL

12. Did either of your parents ever have a heart attack (myocardial infarction or MI)? If yes, please indicate age at first attack.

	Before Age 60	Age 60 and over	Age Unknown
<input type="radio"/> Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither			

13. In the past two years, have you had.....
(If yes, mark all that apply.)

	No	Yes, for routine exams	Yes, for symptoms
A physical exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy or sigmoidoscopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSA blood test for prostate cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Current usual blood pressure (if checked within 2 years):

Systolic:

- Unknown/not checked in 2 years
- <105 mmHg 145-164
- 105-124 165-184
- 125-144 185+

Diastolic:

- Unknown/not checked in 2 years
- <65 mmHg 95-114
- 65-84 115+
- 85-94

17. Has a physician ever told you that you had any of the following conditions? (Mark **yes** and **year of diagnosis** for each illness you have had diagnosed. Leave blank for **no**.)

	Mark here for yes ↓	Year first diagnosed		
		Before October 1997	October 1997 - September 1999	After September 1999
Diabetes mellitus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack)- Hospitalized for MI? → <input type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina pectoris Confirmed by angiogram? → <input type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary bypass or angioplasty	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA (Transient ischemic attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid surgery (Endarterectomy)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema or chronic bronchitis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebral fracture, x-ray confirmed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip replacement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist or Colles' fracture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip fracture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEDICATIONS/VITAMINS

18. **During the past year**, on average, how frequently have you taken the following?

	Never, or less than once a month	At least once a month	
		Days per month	Pills per day
Aspirin Baby or low-dose aspirin (162 mg. or less)	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
Regular or extra strength aspirin (163 mg or more) <i>for example: Bufferin, Anacin, Bayer, Excedrin, Ecotrin, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
Ibuprofen <i>for example: Motrin, Advil, Nuprin, Mediprin, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
Acetaminophen <i>for example: Tylenol, Phenaphen, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
Other anti-inflammatory analgesics <i>for example: Naprosyn, Anaprox, Aleve, Voltaren, Feldene, Toradol, Indocin, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>



19. Have you, on a regular basis, taken any of the following medications?

		No	Yes, but NOT currently	Yes, currently
CHOLESTEROL-LOWERING	<i>for example:</i> Mevacor, Zocor, Pravachol, Lipid, Lescol, Questran, (lovastatin), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR HEART OR BLOOD PRESSURE:				
Calcium Blocker	<i>for example:</i> Procardia, Cardizem, Norvasc, Calan, Adalat, Sular, (verapamil, amlodipine), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker	<i>for example:</i> Lopressor, Tenormin, Inderal, (atenolol, metoprolol), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACE Inhibitor	<i>for example:</i> Vasotec, Zestril, Capoten, Prinivil, Lotensin, Accupril, Monopril, (captopril), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diuretic	<i>for example:</i> Lasix, Lozol, (triamterene, HCTZ, furosemide, thiazides), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<i>(Mark here if unsure of heart or blood pressure medication category.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR URINARY SYMPTOMS OR OTHER REASONS:				
Finasteride	<i>for example:</i> Proscar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alpha Blocker	<i>for example:</i> Hytrin, Cardura, (doxazosin, terazosin), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viagra		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR STOMACH ACID:				
H2 Blocker	<i>for example:</i> Zantac, Pepcid, Tagamet, Axid, (ranitidine, cimetidine), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other acid-suppression capsules/tablets	<i>for example:</i> Prilosec, Cytotec, Prevacid, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other antacids	<i>for example:</i> Tums, Rolaids, Maalox, Mylanta, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIDEPRESSANT	<i>for example:</i> Prozac, Zoloft, Paxil, Effexor, Serzone, Elavil, (amitriptyline, nortriptyline), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INSULIN INJECTIONS		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FIBER LAXATIVES	<i>for example:</i> Metamucil, Citrucel, Fibercon, Fiberall, Konsyl, (psyllium), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NON-FIBER LAXATIVES	<i>for example:</i> Ex-Lax, Correctol, Dulcolax, Senokot, (milk of magnesia), etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



20. Have you **ever** used a multi-vitamin regularly (at least 4 times a week) for a year or more?

- No
- Yes

Total years of regular use

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

21. Do you **currently** take a multi-vitamin? (Please report additional **individual** vitamins in question 22.)

- No
- Yes

- a. How many do you take per week?
- 2 or fewer
 - 3-5
 - 6-9
 - 10 or more

b. What specific brand do you usually use?

Specify brand & type (e.g., Centrum Silver)

22. **Not counting multi-vitamins**, do you regularly take any of the following supplements, individually, or in combination? (Mark either **Yes** or **No** for each. If **Yes**, indicate amount per day.)

				Total years of regular use	Amount per day (currently)		
Vitamin A	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 12,000 IU or less	<input type="radio"/> 13,000 IU or more	<input type="radio"/> Don't know
Beta Carotene	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 12,000 IU or less	<input type="radio"/> 13,000 IU or more	<input type="radio"/> Don't know
Vitamin C	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 700 mg or less	<input type="radio"/> 750 mg or more	<input type="radio"/> Don't know
Vitamin B6	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 39 mg or less	<input type="radio"/> 40 mg or more	<input type="radio"/> Don't know
Vitamin E	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 250 IU or less	<input type="radio"/> 300 IU or more	<input type="radio"/> Don't know
Calcium	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 900 mg or less	<input type="radio"/> 901 mg or more	<input type="radio"/> Don't know
Selenium	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 130 mcg or less	<input type="radio"/> 140 mcg or more	<input type="radio"/> Don't know
Niacin	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 300 mg or less	<input type="radio"/> 400 mg or more	<input type="radio"/> Don't know
Zinc	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 74 mg or less	<input type="radio"/> 75 mg or more	<input type="radio"/> Don't know
Folic Acid	<input type="radio"/> No	<input type="radio"/> Yes	→	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<input type="radio"/> 300 mcg or less	<input type="radio"/> 301 mcg or more	<input type="radio"/> Don't know

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

23. What brand and type of cold breakfast cereal do you usually eat?

Don't eat cold breakfast cereal

Specify brand & type (e.g., "Ralston Rice Chex")

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

Teaspoons

--	--



DAIRY FOODS

25. For each food listed, fill in the circle indicating your **average total** use of the amount specified **during the past year**.

Skim or 1% milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

2% milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Whole milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Soy milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Cream, e.g., in coffee, whipped or sour cream (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Non-dairy coffee whitener (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

Regular ice cream (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Frozen yogurt, sherbet or non-fat ice cream (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Yogurt, plain or artificially sweetened (1 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

25. (Continued) For each food listed, fill in the circle indicating your **average total** use of the amount specified **during the past year**.

Other flavored yogurt (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- One cup per week
- 2-4 cups per week
- 5-6 cups per week
- One cup per day
- 2 or more servings per day

Cottage or ricotta cheese (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Cream cheese (1 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2 or more slices per day

What type of cheese do you usually eat?

- None
- Regular
- Low fat or lite
- Nonfat

Butter (small pat or tsp.), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

Margarine (small pat or tsp.), added to food or bread; exclude use in cooking

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

26. What form of margarine do you usually use?

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

- Type?**
- Regular
 - Light spread
 - Extra light spread
 - Nonfat

What specific brand and type (e.g. Parkay Oil Spread)?

22

1

1

1

10	10	10
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

FRUITS

27. Please fill in your average total use, during the past year, of each specified food.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the 3 months that it is in season, then the average total use would be once per week over the year.

Raisins (1 oz. or small pack) or grapes

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Prunes (7 prunes or 1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day

Bananas (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Cantaloupe (1/4 melon)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

Avocado (1/2 fruit or 1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- Two or more per day

Fresh apples or pears (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Apple juice or cider (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Oranges (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Orange juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Orange juice--calcium fortified (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Grapefruit (1/2)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

Grapefruit juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

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

Other fruit juices (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Strawberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once or more per day

Blueberries, fresh, frozen or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Peaches, apricots or plums (1 fresh or 1/2 cup canned)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Applesauce (1/2 cup)

- Never
- Less than once per month
- 1-3 per times month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day



VEGETABLES

28. Please fill in your **average** total use, **during the past year**, of each specified food.

Tomatoes (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

Tomato or V8 juice (small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

Tomato sauce (1/2 cup) e.g., spaghetti sauce

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

Salsa, picante or taco sauce (1/4 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Tofu or soybeans (3-4 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

String beans (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week



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

Broccoli (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cabbage or cole slaw (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Cauliflower (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Brussels sprouts (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Carrots, raw (1/2 carrot or 2-4 sticks)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Corn (1 ear or 1/2 cup frozen or canned)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Peas or lima beans (1/2 cup fresh, frozen or canned)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Mixed vegetables, stir-fry, vegetable soup (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Beans or lentils, baked or dried (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Yams or sweet potatoes (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Dark orange (winter) squash (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Eggplant, zucchini or other summer squash (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Spinach, cooked (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Spinach, raw as in salad

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

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

**Kale, mustard, or chard greens
(1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Iceberg or head lettuce
(serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**Romaine or leaf lettuce
(serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Celery (4" stick)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- Once per day
- 2 or more servings per day

**Green or red peppers
(3 slices or 1/4 pepper)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**Onions as a garnish or in a
salad (1 slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

**Onions as a vegetable,
rings or soup (1 onion)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

**Mushrooms
(1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- 1 per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

EGGS, MEAT & FISH

29. Please fill in your average total use, during the past year, of each specified food.

**Egg Beaters or egg whites
only (1/4 cup or 1 egg)**

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Eggs, including yolk (1)

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

Bacon (2 slices)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

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

<p>Beef or pork hot dogs (1)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 per month</p> <p><input type="radio"/> 1 per week</p> <p><input type="radio"/> 2-4 per week</p> <p><input type="radio"/> 5-6 per week</p> <p><input type="radio"/> 1 per day</p> <p><input type="radio"/> 2 or more per day</p>	<p>Chicken or turkey hot dogs (1)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 per month</p> <p><input type="radio"/> 1 per week</p> <p><input type="radio"/> 2-4 per week</p> <p><input type="radio"/> 5-6 per week</p> <p><input type="radio"/> 1 per day</p> <p><input type="radio"/> 2 or more per day</p>	<p>Chicken or turkey sandwich</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5 or more per week</p>
<p>Other chicken or turkey, with skin (3 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> 2 or more servings per day</p>	<p>Other chicken or turkey, without skin (3 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> 2 or more servings per day</p>	<p>Salami, bologna, or other processed meat sandwiches</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5 or more per week</p>
<p>Processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> 2 or more servings per day</p>	<p>Hamburger, regular (1 patty)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 per month</p> <p><input type="radio"/> 1 per week</p> <p><input type="radio"/> 2-4 per week</p> <p><input type="radio"/> 5-6 per week</p> <p><input type="radio"/> 1 or more per day</p>	<p>Hamburger, lean or extra lean (1 patty)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 per month</p> <p><input type="radio"/> 1 per week</p> <p><input type="radio"/> 2-4 per week</p> <p><input type="radio"/> 5-6 per week</p> <p><input type="radio"/> 1 or more per day</p>
<p>Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> 1 or more times per day</p>	<p>Pork as a main dish, e.g., ham or chops (4-6 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> 1 or more times per day</p>	<p>Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1-3 times per month</p> <p><input type="radio"/> Once per week</p> <p><input type="radio"/> 2-4 times per week</p> <p><input type="radio"/> 5-6 times per week</p> <p><input type="radio"/> 1 or more times per day</p>
<p>Liver: beef, calf or pork (4 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1 time per month</p> <p><input type="radio"/> 2-3 times per month</p> <p><input type="radio"/> 1 or more servings per week</p>	<p>Liver: chicken or turkey (1 oz.)</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once per month</p> <p><input type="radio"/> 1 time per month</p> <p><input type="radio"/> 2-3 times per month</p> <p><input type="radio"/> 1 or more servings per week</p>	

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

Canned tuna fish (2-3 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more per day

Shrimp, lobster, scallops, or clams as a main dish (1 serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Other fish, e.g., cod, haddock, halibut (3-5 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day



CEREALS, BREADS & STARCHES

30. Please fill in your **average** total use, **during the past year**, of each specified food.

Cold breakfast cereal (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

Cooked oatmeal/cooked oat bran (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

Other cooked breakfast cereal (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

White bread (slice), including pita bread

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

Dark bread (slice), including wheat pita bread

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

Bagels, English muffins, soft pretzels or rolls (1 whole)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more per day



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

Muffins (regular) or biscuits (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Brown rice (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

White rice (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

Pancakes or waffles (2 pieces)

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

Pasta, e.g., spaghetti, noodles, etc. (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

Tortillas (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

French fries (4 oz. or 1 serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

Potatoes, baked, boiled (1) or mashed (1 cup)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Potato chips or corn chips (small bag or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Crackers, Triscuits, Wheat Thins (5)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

Pizza (2 slices)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

BEVERAGES

CARBONATED BEVERAGES -- Consider the serving size as one 12 oz. glass, bottle or can for these carbonated beverages.

31. Please fill in your average total use, during the past year, of each specified food.

LOW-CALORIE (Sugar-free types)

Low-calorie cofa with caffeine, e.g., Diet Coke (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other low-cal beverage with caffeine, e.g., Diet Mt. Dew (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other low-cal beverage without caffeine, e.g., Diet 7-Up (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

REGULAR TYPES (not sugar-free)

Coke, Pepsi, or other cola with sugar (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other carbonated bev. with caffeine and sugar, e.g., Mt. Dew, Surge, Dr. Pepper (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

Other carbonated bev. with sugar, e.g., 7-Up (1 glass, bottle, or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

OTHER BEVERAGES

Punch, lemonade, other non-carbonated fruit drinks or sugared iced tea (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

Beer, regular (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

Light beer, e.g., Bud Light (1 glass, bottle, can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

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

Red wine (4 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

White wine (4 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

Liquor, e.g., vodka, gin, etc. (1 drink or shot)

- Never
- Less than once per month
- 1-3 drinks per month
- 1 drink per week
- 2-4 drinks per week
- 5-6 drinks per week
- 1 drink per day
- 2-3 drinks per day
- 4-5 drinks per day
- 6+ drinks per day

Plain water, bottled, sparkling, or tap (1 cup or glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

Herbal tea or decaffeinated tea (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Tea (1 cup), Not herbal teas

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Decaffeinated coffee (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Coffee with caffeine (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

Ensure (regular, plus or light)

- Never
- Less than one can per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4+ cans per day

SWEETS, BAKED GOODS & MISCELLANEOUS

32. Please fill in your **average** total use, **during the past year**, of each specified food.

Pure chocolate candy bar or packet (e.g., Hershey's, M&M's)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Candy bars, (e.g., Snickers, Milky Way, Reeses)

- Never
- Less than once per month
- 1-3 candy bars per month
- 1 candy bar per week
- 2-4 candy bars per week
- 5-6 candy bars per week
- 1 candy bar per day
- 2-3 candy bars per day
- 4 or more candy bars per day

Candy without chocolate (e.g., 1 pack mints, Lifesavers)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

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

Cookies, fat free or reduced fat (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, other ready-made (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Cookies, home baked (1)

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

Brownies (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

Doughnuts (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

Jams, jellies, preserves, syrup, or honey (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

Cake, ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Cake, home baked (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Pie, homemade or ready made (slice)

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

Peanut butter (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

Popcorn (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

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

Sweet roll, coffee cake or other pastry, fat free or reduced fat (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Sweet roll, coffee cake or other pastry, other ready made (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Sweet roll, coffee cake or other pastry, home baked (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

Pretzels (1 oz., or small bag)

- Never
- Less than once per month
- 1-3 servings per month
- One serving per week
- 2-4 servings per week
- 5-6 servings per week
- One serving per day
- 2 or more servings per day

Peanuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Walnuts (1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Other nuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

Oat bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Other bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Wheat germ (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

Chowder or cream soup (1 cup)

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 or more cups per day

Ketchup or red chili sauce (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

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

Salt added at table (1 shake)

- Never
- Less than once per month
- 1-3 shakes per month
- 1 shake per week
- 2-4 shakes per week
- 5-6 shakes per week
- 1 shake per day
- 2-3 shakes per day
- 4-5 shakes per day
- 6+ shakes per day

**Nutrasweet or Equal (1 packet)
NOT Sweet 'N Low**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4-5 per day
- 6+ per day

Garlic (1 clove or 4 shakes)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4-5 per day
- 6+ per day

**Olive oil added to food or bread
(1 tbs.); exclude use in cooking**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4-5 tbs. per day
- 6+ tbs. per day

**Low fat mayonnaise/fat-free
mayonnaise (1 tbs.)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

Regular mayonnaise (1 tbs.)

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

Salad dressing (2 tbs.) →

Type of salad dressing:

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2-3 servings per day
- 4 or more servings per day

- Nonfat
- Low fat
- Olive oil dressing
- Other vegetable oil dressing

33. How much of the visible fat on your beef, pork or lamb do you remove before eating?

- Remove all visible fat
- Remove most
- Remove small part of fat
- Remove none
- Don't eat meat

34. How often do you eat food fried, stir-fried, or sautéed at home?

- Never
- Less than once a week
- Once per week
- 2-4 times per week
- 5-6 times per week
- Daily

35. What kind of fat is usually used for frying and sautéing at home?

- Any "Pam"-type spray
- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

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

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard

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

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

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

(Specify brand and type)

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

39. When you eat meat such as beef, pork, or lamb, how well done is it cooked?

- Rare
- Medium rare
- Medium well done
- Well done
- Don't eat meat

ADDITIONAL INFORMATION

40. Please indicate the name of someone at a different permanent address to whom we might write if we are unable to contact you in the future. *(please print)*

Name: _____

Address: _____
Street

City State Zip Code

Phone: _____

Thank you for your quick response.
Please return questionnaire in the postage-paid envelope provided to:
CANCER PREVENTION STUDY, PO Box 64761, ST PAUL, MN 55164-9333

