CANCER PREVENTION STUDY

AMERICAN CANCER SOCIETY

WOMEN

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 ☐☐

2. Is this your correct state of birth?

○ Yes, this is my birth state →

○ No, my birth state is: ☐☐

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

	Average Total Time Per Week								
	None	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)	○	○	○	○	○	○	○	○	○
Jogging/Running	○	○	○	○	○	○	○	○	○
Lap Swimming	○	○	○	○	○	○	○	○	○
Tennis or racquetball	○	○	○	○	○	○	○	○	○
Bicycling/Exercise machines	○	○	○	○	○	○	○	○	○
Aerobics/Calisthenics	○	○	○	○	○	○	○	○	○
Dancing	○	○	○	○	○	○	○	○	○
Gardening, mowing, planting, etc.	○	○	○	○	○	○	○	○	○
Low intensity exercise (e.g., yoga, stretching, toning)	○	○	○	○	○	○	○	○	○

MEDICAL

12. Has a physician ever told you that you had any of the following conditions? *(If not, mark **never**; if yes, mark year **first** diagnosed.)*

Fibrocystic or other benign breast disease
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Benign polyp of the colon or rectum
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Skin cancer (Non-melanoma)
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

13. Has a physician ever told you that you had any of the following cancers?

Breast cancer
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Cancer of the uterus or endometrium
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Lung or bronchial cancer
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Colon or rectal cancer
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Melanoma
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Bladder cancer
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

Other cancer (If you have been diagnosed with another type of cancer, please specify type of cancer below.)
- ○ Never
- ○ Before October 1997
- ○ Oct. 1997 - Sept. 1999
- ○ After September 1999

→ *Specify other cancer*

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 ovals completely with a dark mark.

Please **PRINT** where applicable.

EXAMPLES:

CORRECT: I K 2 5

INCORRECT: 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

GENERAL

3. What is your **current** marital status?

- ○ Married
- ○ Widowed
- ○ Separated
- ○ Divorced
- ○ Never married

4. What is your **current** living arrangement?

- ○ Alone
- ○ With husband
- ○ With other family
- ○ Assisted living
- ○ Nursing home
- ○ Other

5. What is your **current** work status?

- ○ Full-time
- ○ Part-time
- ○ Volunteer
- ○ Homemaker
- ○ Retired
- ○ Disabled

6. What is your **current** weight?

☐☐☐ Pounds

7. Do you **currently** smoke cigarettes?

- ○ No
- ○ Yes
  - How many per day?
    - ○ 1-4 cigarettes
    - ○ 5-14
    - ○ 15-24
    - ○ 25-34
    - ○ 35-44
    - ○ 45 or more

8. What is your **normal** walking pace outdoors?

- ○ Slow (less than 2 mph)
- ○ Normal, average (2 to 2.9 mph)
- ○ Brisk pace (3 to 3.9 mph)
- ○ Very brisk, striding (4 mph or faster)
- ○ Unable to walk

9. How many **flights** of stairs (not individual steps) do you climb daily?

- ○ No flights
- ○ 1-2 flights
- ○ 3-4 flights
- ○ 5-9 flights
- ○ 10-14 flights
- ○ 15 or more flights

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

	Average Total Time Per Week										
	None	1-39 min.	40-89 min.	1.5 hrs.	2-3 hrs.	4-6 hrs.	7-10 hrs.	11-20 hrs.	21-30 hrs.	31-40 hrs.	40+ hrs.
Sitting at work.	○	○	○	○	○	○	○	○	○	○	○
Sitting or driving in a car, bus, or train.	○	○	○	○	○	○	○	○	○	○	○
Sitting or lying watching TV or VCR.	○	○	○	○	○	○	○	○	○	○	○
Sitting at home reading.	○	○	○	○	○	○	○	○	○	○	○
Other sitting (*for example*, at desk or games).	○	○	○	○	○	○	○	○	○	○	○

14. 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 (except during pregnancy)	①	○	○	○
Elevated cholesterol	②	○	○	○
High blood pressure	③	○	○	○
Myocardial infarction (heart attack)- Hospitalized for MI? → ○ No ○ Yes	④	○	○	○
Angina pectoris Confirmed by angiogram? → ○ No ○ Yes	⑤	○	○	○
Coronary bypass or angioplasty	⑥	○	○	○
Stroke (CVA)	⑦	○	○	○
TIA (Transient ischemic attack)	⑧	○	○	○
Carotid surgery (Endarterectomy)	⑨	○	○	○
Emphysema or chronic bronchitis	⑩	○	○	○
Osteoporosis	⑪	○	○	○
Vertebral fracture, x-ray confirmed	⑫	○	○	○
Hip replacement	⑬	○	○	○
Wrist or Colles' fracture	⑭	○	○	○
Hip fracture	⑮	○	○	○

15. 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
○ Mother	○	○	○
○ Father	○	○	○
○ Neither			

16. 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?	○	○	○
Mammogram?	○	○	○
Pap smear?	○	○	○
Colonoscopy or sigmoidoscopy?	○	○	○

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

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

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

WOMEN'S HEALTH ISSUES

18. Have you had your uterus removed?

- ○ No
- ○ Yes → Date of surgery:
  - ○ Before October 1, 1997
  - ○ After or on October 1, 1997

19. Have you had either of your ovaries surgically removed?

- ○ No
- ○ Yes → How many ovaries do you have **remaining**?
  - ○ None
  - ○ One
  - ○ Don't know

20. Have your menstrual periods stopped permanently?

- ○ No, my menstrual periods have not stopped.
- ○ Yes, I have menopause, but now I have some bleeding because I am taking hormones.
- ○ Yes, I no longer have any bleeding or menstrual periods.
  - a. How old were you when your periods stopped? → ☐☐ Age
  - b. For what reason did your periods stop?
    - ○ Natural menopause
    - ○ Surgical menopause
    - ○ Radiation/chemotherapy
- ○ Not sure whether my periods have stopped.

21. SINCE SEPTEMBER 1997, have you used female replacement hormones other than oral contraceptives?

- ○ No
- ○ Yes

a. How many months did you use them during the 24-month period between SEPTEMBER 1997 and SEPTEMBER 1999?

- ○ 1-4 mo.
- ○ 5-9 mo.
- ○ 10-14 mo.
- ○ 15-19 mo.
- ○ 20-24 mo.
- ○ Used **only** after Sept. 1999

b. Are you currently using them (within the last month)?

- ○ Yes, currently
- ○ No, not currently

c. Mark the types of hormones you have used the **longest** during this 24-month period.

Combined:
- ○ Prempro (Pink)
- ○ Prempro (Blue)
- ○ Premphase

Estrogen:
- ○ Oral Premarin
- ○ Patch Estrogen
- ○ Vaginal Estrogen
- ○ Ogen
- ○ Estrace
- ○ Soy Estrogen Supplement
- ○ Herbal or Other Estrogen

Progesterone/Progestin:
- ○ Provera/Cycrin/MPA
- ○ Vaginal
- ○ Micronized
- ○ Herbal or Other Progesterone

Other type of hormones used:
- ○ Testosterone
- ○ Other

MEDICATIONS/VITAMINS

22. Are you **currently** using any of these medications for osteoporosis or other reason?

○ Evista (raloxifene) ○ Fosamax (alendronate) ○ Miacalcin (calcitonin) ○ Didronel
○ Not using any of these

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

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

24. 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

25. Do you **currently** take a multi-vitamin? (Please report additional **individual** vitamins in question 26.)

- ○ No
- ○ Yes
  - a. How many do you take per week?
    - ○ 2 or fewer ○ 6-9
    - ○ 3-5 ○ 10 or more
  - b. What specific brand do you usually use?

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

26. **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	○ No ○ Yes →	[ ][ ]	○ 12,000 IU or less	○ 13,000 IU or more	○ Don't know
Beta Carotene	○ No ○ Yes →	[ ][ ]	○ 12,000 IU or less	○ 13,000 IU or more	○ Don't know
Vitamin C	○ No ○ Yes →	[ ][ ]	○ 700 mg or less	○ 750 mg or more	○ Don't know
Vitamin B6	○ No ○ Yes →	[ ][ ]	○ 39 mg or less	○ 40 mg or more	○ Don't know
Vitamin E	○ No ○ Yes →	[ ][ ]	○ 250 IU or less	○ 300 IU or more	○ Don't know
Calcium	○ No ○ Yes →	[ ][ ]	○ 900 mg or less	○ 901 mg or more	○ Don't know
Selenium	○ No ○ Yes →	[ ][ ]	○ 130 mcg or less	○ 140 mcg or more	○ Don't know
Niacin	○ No ○ Yes →	[ ][ ]	○ 300 mg or less	○ 400 mg or more	○ Don't know
Zinc	○ No ○ Yes →	[ ][ ]	○ 74 mg or less	○ 75 mg or more	○ Don't know
Folic Acid	○ No ○ Yes →	[ ][ ]	○ 300 mcg or less	○ 301 mcg or more	○ Don't know

27. **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	At least once a month: Pills per day
Aspirin Baby or low-dose aspirin (162 mg. or less)		○		
Regular or extra strength aspirin (163 mg or more)	*for example:* Bufferin, Anacin, Bayer, Excedrin, Ecotrin, etc.	○		
Ibuprofen	*for example:* Motrin, Advil, Nuprin, Mediprin, etc.	○		
Acetaminophen	*for example:* Tylenol, Phenaphen, etc.	○		
Other anti-inflammatory analgesics	*for example:* Naprosyn, Anaprox, Aleve, Voltaren, Feldene, Toradol, Indocin, etc.	○		

28. **What brand and type of cold breakfast cereal do you usually eat?** → Specify brand & type (e.g., "Ralston Rice Chex")

○ Don't eat cold breakfast cereal

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

Teaspoons

DAIRY FOODS

30. 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

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

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 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

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

31. **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)?

FRUITS

32. 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

32. (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 times per month
- ○ Once per week
- ○ 2-4 times per week
- ○ 5-6 times per week
- ○ 1 or more servings per day

VEGETABLES

33. 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

33. (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

33. (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

34. 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

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

Beef or pork hot dogs (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

Chicken or turkey hot dogs (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

Chicken or turkey sandwich

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

Other chicken or turkey, with skin (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

Other chicken or turkey, without skin (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

Salami, bologna, or other processed meat sandwiches

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

Processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)

- ○ 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

Hamburger, regular (1 patty)

- ○ 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

Hamburger, lean or extra lean (1 patty)

- ○ 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

Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.

- ○ 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

Pork as a main dish, e.g., ham or chops (4-6 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 times per day

Beef or lamb as a main dish, e.g., steak, roast (4-6 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 times per day

Liver: beef, calf or pork (4 oz.)

- ○ Never
- ○ Less than once per month
- ○ 1 time per month
- ○ 2-3 times per month
- ○ 1 or more servings per week

Liver: chicken or turkey (1 oz.)

- ○ Never
- ○ Less than once per month
- ○ 1 time per month
- ○ 2-3 times per month
- ○ 1 or more servings per week

34. (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

35. 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

35. (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.

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

LOW-CALORIE (Sugar-free types)

Low-calorie cola 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

36. (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

37. 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

37. (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

37. (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

37. (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

38. **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

39. 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

40. 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

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

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

42. 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

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

(Specify brand and type)

44. 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

45. 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