



# MEN

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

Dear Cancer Prevention Study Participant,

Thank you for being an active participant in the Cancer Prevention Study for over twenty years!

This year the questionnaire will once again focus on diet. We believe that one-third of cancer deaths in the U.S. are related to diet, and diet changes over time. Therefore, we hope you will be willing to complete the food portion of the questionnaire because this information is extremely valuable. If for some reason this is too difficult, please complete as much of the questionnaire as you can, and return it to us within 10 days.

In addition, please verify that the information printed above is your full legal name and correct address and 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. 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

### Do you have an e-mail address?

If you do, please print your e-mail address in the box below:

We will not release your e-mail address to anyone!

#### 1. Is this your correct date of birth?

☐ Yes

Month

Day

Year

☐ No, my birthday is:

--	--	--	--	--

#### 2. Is this your correct state of birth?

☐ Yes

☐ No, my birth state is:

--	--

**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 or dark pencil.
- Do not use felt tip markers.
- When entering letters or numbers, enter one per box and stay within the confines of the box. } →
- Fill in the ovals completely with a dark mark. } →
- If you wish to change an answer, erase cleanly (pencil) or place an "X" through the first mark (pen), and mark the oval for your preferred answer. } →

**EXAMPLES:**

Correct

Incorrect

I K 2 5

a 2 K +

○ ○ ● ○

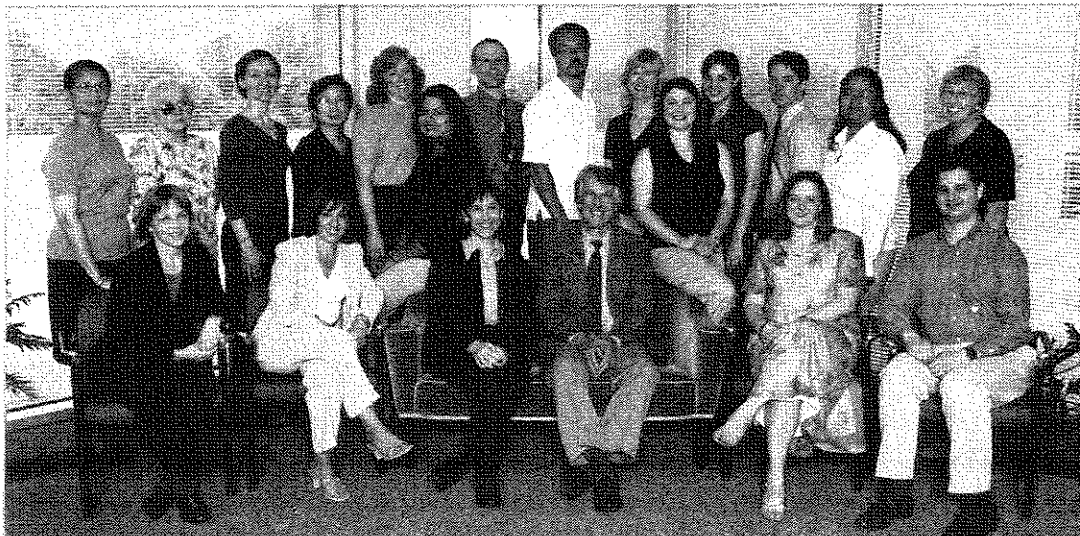
X ○ ● ○

Please **PRINT** where applicable.

**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**



8. 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**.)

## Year first diagnosed

	Mark here for yes ↓	Before October 2001	October 2001 - July 2003	After July 2003
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack) or angina pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalized for MI? →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary bypass or angioplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA) or TIA (Transient ischemic attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carotid surgery (Endarterectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertebral fracture, x-ray confirmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist or Colles' fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoarthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis/Crohn's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. **During the past month**, how often have you:

	Not at all	Some- times	Less than half the time	About half the time	Most of the time	Almost always
Had a sensation of not emptying your bladder completely after you finished urinating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to urinate again in less than two hours after you finished urinating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found you stopped and started again several times when you urinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found it difficult to postpone urination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a weak urinary stream?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to push or strain to begin urinating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. **On a typical night, during the past month**, how many times did you get up to urinate from the time you went to bed until the time you got up in the morning?

☐ None    ☐ 1 time    ☐ 2 times    ☐ 3 times    ☐ 4 times    ☐ 5+ times

## SCREENING

11. In the **past two years**, have you had any of the following? (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"/>
PSA blood test for prostate cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A prostate biopsy or rectal ultrasound for prostate examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A **colonoscopy** examines the entire colon and rectum. The day before the exam you drink a gallon of salty tasting liquid to cleanse the colon. During the exam you are given medication in an arm vein to make you sleepy. Usually someone has to drive you home.

A **sigmoidoscopy** examines the lower part of the colon and rectum with a flexible scope. It is done after an enema while lying on your left side with knees pulled up to the chest (it is not a barium enema).

## MEDICATIONS/VITAMINS

12. In the **past two years**, have you used any of the following medications on a **regular** basis?

	No	Yes
<b>CHOLESTEROL-LOWERING</b> <i>for example:</i> Mevacor, Zocor, Pravachol, Lipitor, Lopid, Lescol, Questran, (lovastatin), etc.	<input type="radio"/>	<input type="radio"/>
<b>FOR HEART OR BLOOD PRESSURE:</b>		
<b>Calcium Blocker</b> <i>for example:</i> Procardia, Cardizem, Norvasc, Calan, Adalat, Sular, (verapamil, amlodipine), etc.	<input type="radio"/>	<input type="radio"/>
<b>Beta Blocker</b> <i>for example:</i> Lopressor, Tenormin, Inderal, Corgard, (atenolol, metoprolol), etc.	<input type="radio"/>	<input type="radio"/>
<b>ACE Inhibitor</b> <i>for example:</i> Vasotec, Zestril, Capoten, Prinivil, Lotensin, Accupril, Monopril, (captopril), etc.	<input type="radio"/>	<input type="radio"/>
<b>Diuretic</b> <i>for example:</i> Lasix, Lozol, (triamterene, HCTZ, furosemide, thiazides), etc.	<input type="radio"/>	<input type="radio"/>
<b>Other</b> <i>(Mark here if unsure of heart or blood pressure medication category.)</i>	<input type="radio"/>	<input type="radio"/>
<b>FOR URINARY SYMPTOMS OR OTHER REASONS:</b>		
<b>Finasteride</b> <i>for example:</i> Proscar, Propecia	<input type="radio"/>	<input type="radio"/>
<b>Alpha Blocker</b> <i>for example:</i> Hytrin, Cardura, Flomax, Minipress, (terazosin, doxazosin, tamsulosin, prazosin), etc.	<input type="radio"/>	<input type="radio"/>
<b>Viagra</b>	<input type="radio"/>	<input type="radio"/>
<b>FOR STOMACH ACID:</b>		
<b>H2 Blocker</b> <i>for example:</i> Zantac, Pepcid, Tagamet, Axid, (cimetidine, ranitidine, famotidine, nizatidine), etc.	<input type="radio"/>	<input type="radio"/>
<b>Proton (or gastric acid) pump inhibitors</b> <i>for example:</i> Prilosec, Prevacid, Protonix, AcipHex, Nexium, (omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole)	<input type="radio"/>	<input type="radio"/>
<b>Other acid-suppression or anti-ulcer drugs</b> <i>for example:</i> Cytotec (misoprostol), Clindex, Clinoxide, Lidoxide, Zebrax, etc.	<input type="radio"/>	<input type="radio"/>
<b>Other antacids</b> <i>for example:</i> Tums, Rolaids, Maalox, Mylanta, etc.	<input type="radio"/>	<input type="radio"/>
<b>ANTIDEPRESSANT</b> <i>for example:</i> Prozac, Zoloft, Paxil, Effexor, Serzone, Elavil, (amitriptyline, nortriptyline), etc.	<input type="radio"/>	<input type="radio"/>
<b>FOR DIABETES OR BLOOD SUGAR:</b>		
<b>Insulin Injections</b>	<input type="radio"/>	<input type="radio"/>
<b>Oral medications</b>	<input type="radio"/>	<input type="radio"/>
<b>BLOOD THINNERS</b> <i>for example:</i> Coumadin, (warfarin)	<input type="radio"/>	<input type="radio"/>
<b>THYROID MEDICATIONS</b> <i>for example:</i> Synthroid, Levothroid, Levoxyl, Levo-T, (levothyroxine, L-thyroxine), etc.	<input type="radio"/>	<input type="radio"/>

13. Multi-vitamins contain 10 or more vitamins and/or minerals. (For example: One-A-Day and Centrum Silver)

Do you **currently** take a **multi-vitamin**?

(Please do not include additional individual supplements or eye health vitamins such as Ocuvite.)

- ☐ No  
☐ Yes →

a. How many multi-vitamin pills do you take per week?

- ☐ 2 or fewer    ☐ 3-5    ☐ 6-9    ☐ 10 or more

b. Does your multi-vitamin include the following nutrients? (Please check label.)

Selenium

- ☐ No    ☐ Yes

Iron

- ☐ No    ☐ Yes

c. What specific brand do you usually use?

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

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

14. **NOT counting multi-vitamins reported above**, do you regularly take any of the following supplements, individually or in combinations? (If yes, please mark pills per week and amount in each pill. If you take a supplement with more than one vitamin, please repeat information for each vitamin.)

		Pills Per Week	Amount In Each Pill
<b>Vitamin A</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 7,500 IU or less <input type="radio"/> 8,000 IU or more <input type="radio"/> Don't know
<b>Beta Carotene</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 12,000 IU or less <input type="radio"/> 13,000 IU or more <input type="radio"/> Don't know
<b>Vitamin C</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 450 mg or less <input type="radio"/> 500 mg or more <input type="radio"/> Don't know
<b>Vitamin E</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 250 IU or less <input type="radio"/> 300 IU or more <input type="radio"/> Don't know
<b>Selenium</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 135 mcg or less <input type="radio"/> 140 mcg or more <input type="radio"/> Don't know
<b>Folic Acid</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 300 mcg or less <input type="radio"/> 350 mcg or more <input type="radio"/> Don't know
<b>Vitamin B<sub>6</sub></b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 35 mg or less <input type="radio"/> 40 mg or more <input type="radio"/> Don't know
<b>Niacin</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 300 mg or less <input type="radio"/> 400 mg or more <input type="radio"/> Don't know
<b>Calcium</b> (Include Calcium in Turns, etc.) (1 Turn = 200 mg elemental calcium)	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 350 mg or less <input type="radio"/> 400 mg or more <input type="radio"/> Don't know
<b>Vitamin D</b> (In Calcium supplement or separately)	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 350 IU or less <input type="radio"/> 400 IU or more <input type="radio"/> Don't know
<b>Zinc</b>	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <input type="text"/>	→ <input type="radio"/> 45 mg or less <input type="radio"/> 50 mg or more <input type="radio"/> Don't know

15. Are there other supplements that you take on a regular basis (singly or in combination)? **Mark all that apply.**

- ☐ Glucosamine    ☐ Lutein    ☐ Garlic supplement    ☐ Lycopene    ☐ Saw Palmetto

16. <b>During the past year</b> , 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
<b>Aspirin</b>		<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
Baby or low-dose aspirin (162 mg or less)		<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
<b>Regular or extra strength aspirin (163 mg or more)</b>	<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"/>
<b>Ibuprofen</b>	<i>for example: Motrin, Advil, Nuprin, Mediprin, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
<b>COX2 inhibitors</b>	<i>for example: Celebrex (celecoxib), Vioxx (rofecoxib), Bextra (valdecoxib), etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
<b>Acetaminophen</b>	<i>for example: Tylenol, Phenaphen, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>
<b>Other anti-inflammatory analgesics</b>	<i>for example: Naprosyn (naproxen), Anaprox, Aleve, Voltaren, Feldene, Clinoril, Indocin, etc.</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>	→ <input type="text"/> <input type="text"/>

## DIET QUESTIONNAIRE

17. 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")

18. How many glasses of plain water do you drink each day (e.g., tap, bottled or sparkling)?

Glasses

1	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

## DAIRY FOODS

19. For each food listed, fill in the circle indicating your **average** 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 Tablespoon)**

- ☐ 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 Tablespoon)**

- ☐ 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

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

**Frozen yogurt, sherbet or non-fat ice cream (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

**Regular ice cream (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

**Yogurt, plain or artificially sweetened (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

**Other flavored yogurt (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

**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 times 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 times 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 teaspoon), 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

**20. What form of margarine do you usually use?**

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

- Type?** ☐ Regular  
☐ Light spread  
☐ Nonfat



What specific **brand** and **type** (e.g., Parkay Tub)?



# FRUITS

21. Please fill in your average 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 use would be once per week over the year.

## Raisins (1 oz. or small pack)

- ☐ 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 times per day

## Grapes (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

## 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
- ☐ 2 or more times per day

## Prune Juice (1 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

## 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 times 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
- ☐ 2 or more times 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 (1 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--calcium fortified (1 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 (1 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

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

**Grapefruit (1/2) or grapefruit juice (1 glass)**

- ☐ 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

**Other fruit juices (1 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 per day
- ☐ 2 or more times 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
- ☐ 5-6 times per week
- ☐ 1 or more times per day

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

- ☐ 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

**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 times per day

## VEGETABLES

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

**Tomatoes (1/2 or 3 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 times per day

**Tomato or V8 juice (1 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, e.g., spaghetti sauce (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 times per day

**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 times per day

**Tofu, soyburger or other soy protein foods (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 times 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 times per week

22. (Continued) Please fill in your average 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 times 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 times 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 times 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 times 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 times 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 times 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 times per day

**Peas or lima beans, 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
- ☐ 1 or more times 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 times 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 times 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 times 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 times 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 times 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 times per day

**Spinach, raw as in salad (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
- ☐ 1 or more times per day

22. (Continued) Please fill in your average 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 times per day

**Iceberg or head lettuce  
(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 times per day

**Romaine or leaf lettuce  
(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 times 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 per day

**Green, red, or yellow 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 times per day

**Mushrooms (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 times 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

**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 or more per day

## EGGS, MEAT & FISH

23. Please fill in your average 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 times per day

23. (Continued) Please fill in your **average** 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 in sandwich or in frozen dinner**

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

**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 times per day

**How was the chicken or turkey without skin usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved
- ☐ Boiled
- ☐ Stewed or in casserole

**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 times per day

**How was the chicken or turkey with skin usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved
- ☐ Boiled
- ☐ Stewed or in casserole

**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
- ☐ 5-6 times per week
- ☐ 1 or more times per day

**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 times per day

**How was the sausage usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved
- ☐ Boiled

**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

**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

**How was the hamburger patty usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved

**Beef steak (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

**How was the beef steak usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved

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

**Beef, pork or lamb as a sandwich or in a stew, casserole, lasagna, frozen dinner, 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 chop (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

**How was the pork chop usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved
- ☐ Boiled

**Beef, pork or lamb 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

**Baked ham (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

**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 times 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 times per day

**How was the breaded fish usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved

**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 times 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 times per day

**How was the fish usually cooked?**

- ☐ Baked or roasted
- ☐ Oven-broiled
- ☐ Pan-fried
- ☐ Deep fried
- ☐ Grilled or barbequed
- ☐ Microwaved
- ☐ Boiled

24. When you eat beef steak, hamburger, or chicken, how well browned do you usually like it?

**Beef Steak**

- ☐ Lightly browned
- ☐ Medium browned
- ☐ Well browned
- ☐ Blackened/Charred

**Hamburger**

- ☐ Lightly browned
- ☐ Medium browned
- ☐ Well browned
- ☐ Blackened/Charred

**Chicken**

- ☐ Lightly browned
- ☐ Medium browned
- ☐ Well browned
- ☐ Blackened/Charred

## CEREALS, BREADS & STARCHES

25. Please fill in your average 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

### Rye or pumpernickel bread (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 slice per day
- ☐ 2-3 slices per day
- ☐ 4-5 slices per day
- ☐ 6+ slices per day

### Whole wheat, oatmeal or other whole grain bread (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 slice per day
- ☐ 2-3 slices per day
- ☐ 4-5 slices per day
- ☐ 6+ slices per day

### Other bread, e.g., white, pita, etc. (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 slice per day
- ☐ 2-3 slices per day
- ☐ 4-5 slices per day
- ☐ 6+ slices per day

### 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

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

- ☐ 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

### Pancakes or waffles (2 pieces)

- ☐ 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 times 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

### Flour or corn 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

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

**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

**French fries, fried potatoes (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 times 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 per day

**Potato chips or corn chips, e.g., tortilla 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 per day

**Fat free or reduced fat crackers (6)**

- ☐ 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

**Regular crackers, Triscuits, Wheat Thins (6)**

- ☐ 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

## BEVERAGES

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

**Low-calorie carbonated beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew (12 oz. glass, bottle, or can)**

- ☐ 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 low-cal carbonated beverage without caffeine, e.g., Diet 7-Up (12 oz. glass, bottle, or can)**

- ☐ 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

**Regular carbonated bev. with caffeine and sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper (12 oz. glass, bottle, or can)**

- ☐ 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 regular carbonated bev. without caffeine, with sugar, e.g., 7-Up (12 oz. glass, bottle, or can)**

- ☐ 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

**Punch, lemonade, other non-carbonated fruit drinks or sugared iced tea (12 oz. glass, bottle, or can)**

- ☐ 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

**Light beer, e.g., Bud Light (12 oz. glass, bottle, or can)**

- ☐ 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



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

**Beer, regular (12 oz. glass, bottle, or can)**

- ☐ 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

**Red wine (5 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 (5 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

**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

**Green tea, regular or decaffeinated (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

**Other decaffeinated tea, regular or herbal (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

**Other tea with caffeine, regular or herbal (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

## SWEETS, BAKED GOODS & MISCELLANEOUS

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

**Pure chocolate candy bar or packet, e.g., Hershey's, M&M's, etc.**

- ☐ 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, Reese's, etc.**

- ☐ 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 without chocolate, e.g., 1 pack mints, Lifesavers, 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
- ☐ Once per day
- ☐ 2-3 times per day
- ☐ 4 or more times per day

27. (Continued) Please fill in your **average** 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

**Other cookies, 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

**Other 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 Tablespoon)**

- ☐ 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

**Sweet roll, coffee cake or other pastry, fat free or reduced fat (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
- ☐ Once per day
- ☐ 2 or more times per day

**Other sweet roll, coffee cake or pastry, ready-made or home baked (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
- ☐ Once per day
- ☐ 2 or more times per day

**Peanut butter (1 Tablespoon)**

- ☐ 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

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

**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 times per day

**Pretzels (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 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 per day

**Walnuts (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 times 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 per day

**Wheat or oat bran, added to food (1 Tablespoon)**

- ☐ 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

**Light or reduced fat popcorn (3 cups)**

- ☐ 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 times per day

**Popcorn (3 cups)**

- ☐ 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 times per day

**Ketchup or red chili sauce (1 Tablespoon)**

- ☐ 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

**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

**Sugar, added to beverage or food (1 teaspoon)**

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

**Low fat/fat-free mayonnaise (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 mayonnaise (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

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

**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

**Salad dressing (2 Tablespoons) → Type of salad dressing:**

- ☐ 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

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

28. **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

29. **How often do you eat any 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

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

- ☐ None
- ☐ Any "Pam"-type spray
- ☐ Real butter
- ☐ Margarine
- ☐ Olive oil
- ☐ Vegetable oil
- ☐ Vegetable shortening
- ☐ Lard

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

- ☐ None
- ☐ Real butter
- ☐ Margarine
- ☐ Olive oil
- ☐ Vegetable oil
- ☐ Vegetable shortening
- ☐ Lard

32. **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

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

(Specify brand & type)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

**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**