



WOMEN

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

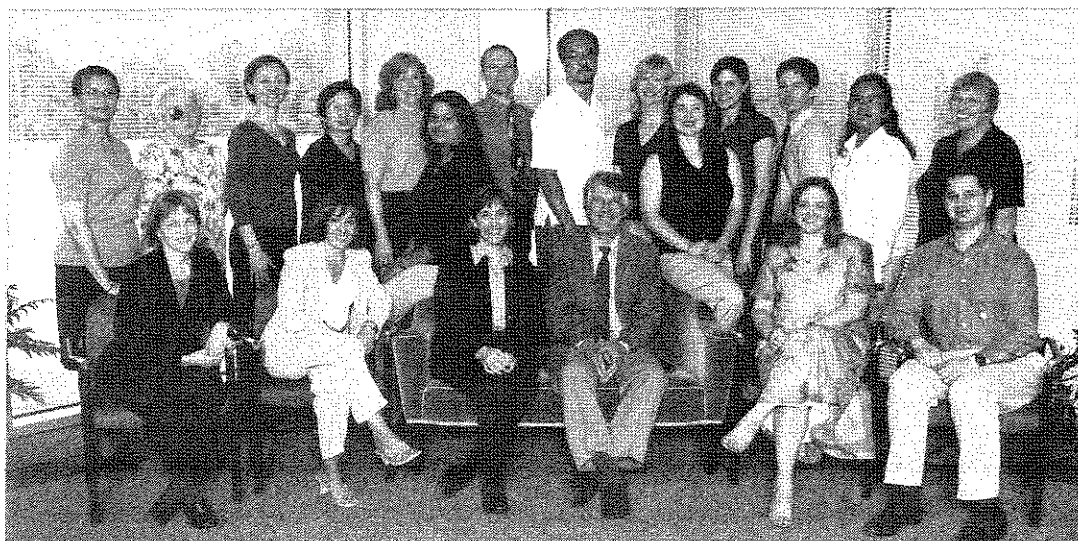


Please **PRINT** where applicable.

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

☐ Excellent ☐ Fair
☐ Very Good ☐ Poor
☐ Good

Pounds

☐ No
☐ Yes

☐ 1-4 cigarettes ☐ 25-34
☐ 5-14 ☐ 35-44
☐ 15-24 ☐ 45 or more

MEDICAL

☐ Never
☐ Before October 2001
☐ Oct. 2001 - July 2003
☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

☐ Never
☐ Before October 2001
☐ Oct. 2001 - July 2003
☐ After July 2003

☐ Never
☐ Before October 2001
☐ Oct. 2001 - July 2003
☐ After July 2003

☐ Never
☐ Before October 2001
☐ Oct. 2001 - July 2003
☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

☐ Never

☐ Before October 2001

☐ Oct. 2001 - July 2003

☐ After July 2003

Specify other cancer not mentioned in questions 6 or 7.

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	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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**.)

	Mark here for yes ↓	Year first diagnosed		
		Before October 2001	October 2001 - July 2003	After July 2003
Diabetes mellitus (except during pregnancy)	<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 Hospitalized for MI? →	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<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"/>

SCREENING

9. 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"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear	<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).

WOMEN'S HEALTH ISSUES

10. Are you currently using any over-the-counter (e.g., "herbal," "natural," or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms?
(DO NOT include food sources like tofu, soy milk, etc.)

☐ No

☐ Yes

What type(s)?

☐ Soy estrogen products

☐ Natural progesterone cream or wild yam cream

☐ Other

11. Since October 2001, have you used prescription female replacement hormones?

☐ No

☐ Yes

- a. How many months did you use them since OCTOBER 2001?

☐ 1-4 months ☐ 10-14 months ☐ 20-24 months

☐ 5-9 months ☐ 15-19 months ☐ 25+ months

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

☐ Yes, currently

☐ No, not currently

- c. Mark the type(s) of hormones you are CURRENTLY using.

Combined:

☐ Prempro (Pink)

☐ Combipatch

☐ Prempro (Blue)

☐ FemHRT

☐ Premphase

Estrogen:

☐ Oral Premarin

☐ Ogen

☐ Estratest

☐ Patch Estrogen

☐ Estrace

☐ Other Estrogen

☐ Vaginal Estrogen

Progesterone/Progestin:

☐ Provera/Cycrin/MPA

☐ Vaginal

☐ Micronized (e.g., Prometrium)

☐ Other Progesterone

Other types of hormones used:

☐ Testosterone

☐ Other

- d. What is your pattern of hormone use (please mark number of days used each month)?

Oral or Patch Estrogen (number of days used each month):

☐ Not used

☐ 1-8 days

☐ 19-27 days

☐ less than 1 day each month

☐ 9-18 days

☐ 28 or more days

Progesterone (number of days used each month):

☐ Not used

☐ 1-8 days

☐ 19-27 days

☐ less than 1 day each month

☐ 9-18 days

☐ 28 or more days

MEDICATIONS/VITAMINS

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

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

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

- ☐ Evista (raloxifene) ☐ Fosamax (alendronate) ☐ Actonel (risedronate) ☐ Miacalcin (calcitonin)
☐ Didronel ☐ Forteo injections (teriparatide) ☐ Not using any of these

14. 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
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

15. **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
Vitamin A	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Beta Carotene	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Vitamin C	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Vitamin E	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Selenium	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Folic Acid	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Vitamin B ₆	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Niacin	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Calcium (Include Calcium in Tums, etc.) (1 Tums = 200 mg elemental calcium)	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Vitamin D (In Calcium supplement or separately)	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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
Zinc	<input type="radio"/> No <input type="radio"/> Yes →	<input type="text"/> <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

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

- ☐ Glucosamine ☐ Garlic supplement ☐ Soy supplements or isoflavones
☐ Lutein ☐ Lycopene

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

Never, or less
than once a
month

At least once a month

Days per
month

Pills per
day

Aspirin

Baby or low-dose aspirin (162 mg or less)

☐

→

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.

☐

→

COX2 inhibitors

for example: Celebrex (celecoxib),
Vioxx (rofecoxib), Bextra (valdecoxib), etc.

☐

→

Acetaminophen

for example: Tylenol, Phenaphen, etc.

☐

→

**Other anti-inflammatory
analgesics**

for example: Naprosyn (naproxen), Anaprox,
Aleve, Voltaren, Feldene, Clinoril, Indocin, etc.

☐

→

DIET QUESTIONNAIRE

18. 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

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

Glasses

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	101	102

DAIRY FOODS

20. 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

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

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

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

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

**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

21. 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)?

[illegible]

FRUITS

22. 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

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

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

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

23. 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

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

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

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

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

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

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

24. 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

24. (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

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

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

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

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

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

25. 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

26. 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

26. (Continued) Please fill in your average 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

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

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

27. 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

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

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

**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

28. 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

28. (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

28. (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

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

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

Olive oil added to food or bread (1 Tbs); exclude use in cooking

- ☐ Never
- ☐ Less than once per month
- ☐ 1-3 Tbs per week
- ☐ 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

29. 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

30. 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

31. 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

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

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

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

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

34. 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