

RESPONDENT ID NUMBER

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

TODAY'S DATE

<input type="checkbox"/> Jan			DAY	YEAR
<input type="checkbox"/> Feb				
<input type="checkbox"/> Mar			(2)	1998
<input type="checkbox"/> Apr			(1)	1999
<input type="checkbox"/> May			(2)	2000
<input type="checkbox"/> Jun			(3)	2001
<input type="checkbox"/> Jul			(2)	2002
<input type="checkbox"/> Aug			(3)	2003
<input type="checkbox"/> Sep			(3)	2004
<input type="checkbox"/> Oct			(7)	2005
<input type="checkbox"/> Nov			(3)	2006
<input type="checkbox"/> Dec			(3)	2007

FOOD QUESTIONNAIRE



This form is about the foods you usually eat. It will take about 30 - 40 minutes to complete.

- Please answer each question as best you can. Estimate if you aren't sure.
- Use only a No. 2 pencil.
- Fill in the circles completely, and erase completely if you make any changes.

Please print your name in this box.

SEX

- Male
 Female

AGE

(2)	(1)
(1)	(1)
(2)	(2)
(1)	(3)
(2)	(3)
(3)	(3)
(2)	(7)
(7)	(7)
(1)	(8)
(3)	(8)
(3)	(8)

WEIGHT

pounds		
(1)	(0)	(0)
(1)	(1)	(1)
(1)	(7)	(7)
(1)	(3)	(3)
(1)	(4)	(4)
(5)	(5)	(5)
(6)	(6)	(6)
(7)	(7)	(7)
(8)	(8)	(8)
(9)	(9)	(9)
(9)	(9)	(9)

HEIGHT

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

If female, are you pregnant or breast feeding?

- No
 Yes
 Not female

First, a few general questions about what you eat.	AVERAGE USE IN THE PAST YEAR								
	LESS THAN ONCE per WEEK	1-2 per WEEK	3-4 per WEEK	5-6 per WEEK	1 per DAY	1 1/2 per DAY	2 per DAY	3 per DAY	4+ per DAY
About how many servings of vegetables do you eat, per day or per week, not counting salad or potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how many servings of fruit do you eat, not counting juices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat cold cereal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you use fat or oil in cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What kinds of fat or oil do you usually use in cooking? MARK ONLY ONE OR TWO

- Don't know, or Pam
 Butter/margarine blend
 Lard, fatback, bacon fat
 Stick margarine
 Low-fat margarine
 Crisco
 Soft tub margarine
 Corn oil, vegetable oil
 Butter
 Olive oil or canola oil

PLEASE DO NOT WRITE IN THIS AREA

1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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During the past year, have you taken any vitamins or minerals regularly, at least once a month?

- No, not regularly Yes, fairly regularly →

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS?					
	DIDN'T TAKE	A FEW DAYS per MONTH	1-3 DAYS per WEEK	4-6 DAYS per WEEK	EVERY DAY	LESS THAN 1 YR.	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YEARS
Multiple Vitamins. Did you take...											
Regular Once-A-Day, Centrum, or Thera type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress-tabs or B-Complex type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antioxidant combination type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Vitamins (not part of multiple vitamins)											
Vitamin A (not beta-carotene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-carotene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic acid, folate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium, alone or combined with something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc, alone or combined with something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you took Once-a-day, Centrum or Thera-type multiple vitamins, did you usually take types that contain minerals, iron, zinc, etc. do not contain minerals don't know

If you took vitamin C or vitamin E:

- How many milligrams of vitamin C did you usually take, on the days you took it?
 100 250 500 750 1000 1500 2000 3000+ Don't know
- How many IUs of vitamin E did you usually take, on the days you took it?
 100 200 300 400 600 800 1000 2000+ Don't know

Did you take any of these supplements at least once a month?

- Ginkgo Ginseng St. John's Wort Kava Kava Echinacea Melatonin DHEA
 Glucosamine/Chondroitin Something else Didn't take these

The next section is about your usual eating habits in the past year or so. This includes all meals or snacks, at home or in a restaurant or carry-out. There are two kinds of questions to answer for each food:

HOW OFTEN, on average, did you eat the food during the past year?

*Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

HOW MUCH did you usually eat of the food?

- *Sometimes we ask how many you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.
 *Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES. For each food, pick the picture (bowls or plates) that looks the most like the serving size you usually eat.
 (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D=2 cups.)
 *Sometimes we made the "D" column a darker color. This is just to remind you to make sure you really eat that large a serving.

EXAMPLE: This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C" sized serving of rice (about 1 cup).

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MON.	2-3 TIMES per MON.	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										1	2	3	4	
Apple juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses each time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much each time	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
										How many glasses on the days you drink it?				
How often do you drink the following beverages?											How many glasses each time			
Tomato juice or V-8 juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
When you drink orange juice, how often do you drink a calcium-fortified brand?	<input type="checkbox"/> Usually calcium-fortified <input type="checkbox"/> I don't know <input type="checkbox"/> Sometimes calcium-fortified <input type="checkbox"/> I don't drink orange juice <input type="checkbox"/> Hardly ever calcium-fortified													
Other real fruit juices like apple juice, prune juices, lemonade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Kool-Aid, Hi-C, or other drinks with added vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Drinks with some juice in them, like Sunny Delight, Juice Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Instant breakfast milkshakes like Carnation, diet shakes like SlimFast, or liquid supplements like Ensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
Glasses of milk (any kind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4
When you drink glasses of milk, what kind do you usually drink? MARK ONLY ONE:														
<input type="checkbox"/> Whole milk <input type="checkbox"/> Reduced-fat 2% milk <input type="checkbox"/> Low-fat 1% milk <input type="checkbox"/> Non-fat milk <input type="checkbox"/> Rice milk <input type="checkbox"/> Soy milk <input type="checkbox"/> I don't drink milk or soy milk														
HOW OFTEN	NEVER	FEW YEAR	ONCE MONTH	2-3 TIMES MONTH	ONCE WEEK	2 TIMES WEEK	3-4 TIMES WEEK	4-6 TIMES WEEK	EVERY DAY	HOW MUCH EACH TIME				
Regular soft drinks, or bottled drinks like Snapple (not diet drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bottles or cans				
Beer or non-alcoholic beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bottles or cans				
What kind? MARK ONLY ONE:	<input type="checkbox"/> Regular beer <input type="checkbox"/> Light beer <input type="checkbox"/> Non-alcoholic beer <input type="checkbox"/> I don't drink beer													
Wine or wine coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses				
Liquor or mixed drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many drinks				
Glasses of water, tap or bottled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses				
Coffee, regular or decaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many cups				
Tea or iced tea (not herb teas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many cups				
What do you usually add to coffee? MARK ONLY ONE:	<input type="checkbox"/> Cream or half & half <input type="checkbox"/> Nondairy creamer <input type="checkbox"/> Milk <input type="checkbox"/> None of these													
What do you usually add to tea? MARK ONLY ONE:	<input type="checkbox"/> Cream or half & half <input type="checkbox"/> Nondairy creamer <input type="checkbox"/> Milk <input type="checkbox"/> None of these													
Do you usually add sugar (or honey) to coffee?	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, how many teaspoons each cup? ① ② ③ ④													
Do you usually add sugar (or honey) to tea?	<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, how many teaspoons each cup? ① ② ③ ④													



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PLEASE DO NOT WRITE IN THIS AREA



HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME			
										SEE PORTION SIZE PICTURES FOR A-B-C-D			

How often do you eat each of the following fruits, just during the 2-3 months when they are in season?

Raw peaches, apricots, nectarines, while they are in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cantaloupe, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> 1/8	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1
Strawberries, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Watermelon, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Any other fruit in season, like grapes, honeydew, pineapple, kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

How often do you eat the following foods all year round? Estimate your average for the whole year.

Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Apples or pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Oranges or tangerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Canned fruit like applesauce, fruit cocktail, or dried fruit like raisins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

HOW OFTEN	NEVER	FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME			
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Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many eggs each time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Breakfast sausage, including sausage biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Pancakes, waffles, French toast, Pop Tarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Breakfast bars, granola bars, Power bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cooked cereals like oatmeal, cream of wheat or grits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
High-fiber cereals like All Bran, Raisin Bran, Fruit-n-Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

Which high-fiber cereal do you eat most often? **MARK ONLY ONE:** All Bran or Bran Buds Raisin Bran Fiber One, Fruit-n-Fiber, etc. Something else I don't know I don't eat it

Product 19, Just Right or Total cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Any other cold cereal, like Corn Flakes, Cheerios, Special K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Milk or milk substitutes on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many oz. on cereal	<input type="checkbox"/> 3 oz.	<input type="checkbox"/> 4-5 oz.	<input type="checkbox"/> 6-7 oz.	<input type="checkbox"/> 8+ oz.
Yogurt or frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Cheese, sliced cheese or cheese spread, including on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

When you eat cheese, is it Usually low-fat Sometimes low-fat Hardly ever low-fat Don't know/don't eat

227129

PLEASE DO NOT WRITE IN THIS AREA



HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
										A	B	C	D	
How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry, at home or in a restaurant?														
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Carrots, or mixed vegetables or stews containing carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green beans or green peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Spinach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Mustard greens, turnip greens, collards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
French fries, fried potatoes or hash browns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
White potatoes not fried, incl. boiled, baked, mashed & potato salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Sweet potatoes, yams (Not in pie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cole slaw, cabbage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Raw tomatoes, including in salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Is your salad dressing <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't use														
HOW OFTEN	NEVER	FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
Any other vegetable, like okra, squash, cooked green peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Refried beans or bean burritos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Chili with beans (with or without meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Baked beans, black-eye peas, pintos, any other dried beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Vegetable stew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Split pea, bean or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Any other soup, like chicken noodle, chowder, mushroom, instant soups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Spaghetti, lasagna or other pasta with tomato sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cheese dishes without tomato sauce, like macaroni and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Pizza, including carry-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



HOW OFTEN	HOW OFTEN								HOW MUCH EACH TIME					
	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	SEE PORTION SIZE PICTURES FOR A-B-C-D				
Do you ever eat chicken, meat or fish? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, SKIP TO NEXT PAGE														
Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much meat	<input type="checkbox"/> 1/8 lb.	<input type="checkbox"/> 1/4 lb.	<input type="checkbox"/> 1/2 lb.	<input type="checkbox"/> 3/4 lb.
Tacos, burritos, enchiladas, tamales, etc. with meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Beef steaks, roasts, pot roast, or in frozen dinners or sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
How do you like beef cooked?	<input type="checkbox"/> Rare <input type="checkbox"/> Medium <input type="checkbox"/> Well done <input type="checkbox"/> I don't eat beef													
Pork chops, pork roasts, or dinner ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
When you eat meat, do you	<input type="checkbox"/> Avoid eating the fat <input type="checkbox"/> Sometimes eat the fat <input type="checkbox"/> Often eat the fat <input type="checkbox"/> I don't eat meat													
Veal, lamb or deer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Ribs, spare ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many ribs	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-6	<input type="checkbox"/> 7-8	<input type="checkbox"/> 9+
Liver, including chicken livers or liverwurst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Gizzard, pork neckbones, chitlins, pigs feet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with beef or pork, like stew, corned beef hash, stuffed cabbage, meat dish with noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with chicken, like chicken casserole, chicken & noodles, pot pie or in stir-fry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried chicken, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# medium pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
When you eat chicken, do you	<input type="checkbox"/> Avoid eating the skin <input type="checkbox"/> Sometimes eat the skin <input type="checkbox"/> Often eat the skin													
HOW OFTEN	NEVER	FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
Oysters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other shellfish like shrimp, scallops, crabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Tuna, tuna salad, tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much of the tuna	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried fish or fish sandwich, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other fish, not fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Hot dogs, or sausage like Polish, Italian or chorizos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Are your hot dogs	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat them													
Bologna, sliced ham, turkey lunch meat, other lunch meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Are your lunch meats	<input type="checkbox"/> Usually low-fat or turkey <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat													

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How much	A	B	C	D
Noodles, macaroni, pasta salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tofu, bean curd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat substitutes, such as veggie burgers, Gardenburgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many patties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese food, Thai or other Asian food, not counted above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks like potato chips, corn chips, popcorn (not pretzels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are these snacks Usually low-fat Sometimes low-fat Hardly ever low-fat Don't know/don't eat

HOW OFTEN	NEVER	FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
										How much	A	B	C	D
Peanuts, other nuts or seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doughnuts, Danish pastry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake, sweet rolls, coffee cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat													
Cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your cookies	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> I don't know/don't eat													
Ice cream, ice milk, ice cream bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your ice cream	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> I don't know/don't eat													
Pumpkin pie, sweet potato pie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other pie or cobbler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate candy, candy bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other candy, not chocolate, like hard candy, caramel, jelly beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PLEASE DO NOT WRITE IN THIS AREA

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HOW OFTEN	NEVER OR A FEW TIMES PER YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	2+ TIMES per DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
Biscuits or muffins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rolls, hamburger buns, English muffins, bagels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread like rye or whole wheat, including in sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread or toast, including French, Italian, or in sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn bread, corn muffins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortillas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice, or dishes made with rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (not butter) on bread or on potatoes or vegetables, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pats (tsp.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter (not margarine) on bread or on potatoes or vegetables, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pats (tsp.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jelly, jam, or syrup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayonnaise, sandwich spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catsup, salsa or chile peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mustard, soy sauce, steak sauce, barbecue sauce, other sauces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Did you use the pictures to choose your serving size on this form? Yes No I didn't have any pictures.
- Would you say your health is Excellent Very good Good Fair Poor
- How many times have you gone on a diet? Never 1-2 3-5 6-8 9 or more
- Did you ever drink more beer, wine or liquor than you do now? Yes No
- How many hours do you watch television or video, per day or per week on average?
 None 1-6 hours/week 1 hour/day 2 hours/day 3 hours/day 4+ hours/day
- Do you smoke cigarettes now? No Yes
 IF YES, On the average about how many cigarettes a day do you smoke now?
 1-5 6-14 15-24 25-34 35 or more
- What language do you usually speak at home or with friends?
 English Spanish Something else English & something else equally
- What is your ethnic group? (MARK ONE OR MORE)
 Hispanic or Latino Black or African American American Indian or Alaska Native
 White, not Hispanic Asian Native Hawaiian or Other Pacific Islander

Thank you very much for filling out this questionnaire. Please take a minute to go back and fill in anything you may have skipped.

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FOOD QUESTIONNAIRE

Serving Size Choices

Keep this in front of you while you are filling out The Food Questionnaire. You may use either the plates or the bowls to help you choose your serving size.

Choose A, B, C or D: **A** = 1/4 Cup of Food **B** = 1/2 Cup of Food **C** = 1 Cup of Food **D** = 2 Cups of Food

