



# DIETARY ASSESSMENT



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• Darken one circle per question that corresponds to your answer

• Follow arrows

## VITAMINS

1. Do you currently take **multi-vitamins**? (Please report other individual vitamins in question 2.)

- No
- Yes

a) How many do you take per week?

- 2 or less
- 3-5
- 6-9
- 10 or more

b) For how many years have you been taking them?

- 1 year or less
- 2-4 years
- 5-9 years
- 10 or more years

c) What specific brand (or equivalency) do you usually take?

- Centrum Silver
- Centrum
- Other
- Theragran M
- One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

2. **Not counting multi-vitamins**, do you currently take any of the following specific vitamins or minerals? **DO NOT** report content of multi-vitamins mentioned above!

### Vitamin A

- No
- Yes, **seasonal only**
- Yes, **currently** take it most months

### Dose per day?

- Less than 10,000 IU
- 10,000 to 15,000 IU
- 16,000 to 22,000 IU
- 23,000 IU or more
- Don't know

### How long?

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

### Beta Carotene

- No
- Yes, **seasonal only**
- Yes, **currently** take it most months

### Dose per day?

- Less than 10,000 IU
- 10,000 to 15,000 IU
- 16,000 to 22,000 IU
- 23,000 IU or more
- Don't know

### How long?

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

PLEASE DO NOT WRITE IN THIS AREA



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2. (Continued) **Not counting multi-vitamins**, do you currently take any of the following specific vitamins or minerals? DO NOT report content of multi-vitamin question.

**Vitamin B6**

- No
- Yes, **currently** take it

**Dose per day?**

- Less than 50 mg
- 50 to 99 mg
- 100 to 149 mg
- 150 mg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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**Vitamin C**

- No
- Yes, **seasonal only**
- Yes, **currently** take it most months

**Dose per day?**

- Less than 400 mg
- 400 to 700 mg
- 750 to 1,250 mg
- 1,300 mg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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**Vitamin D**

(In calcium supplements or separately)

- No
- Yes, **seasonal only**
- Yes, **currently** take it most months

**Dose per day?**

- Less than 300 IU
- 300 to 500 IU
- 600 to 900 IU
- 1,000 IU or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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**Vitamin E**

- No
- Yes, **currently** take it

**Dose per day?**

- Less than 100 IU
- 100 to 250 IU
- 300 to 500 IU
- 600 IU or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

**Type:**

- Natural
- Regular (dl)
- Unknown

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**Selenium**

- No
- Yes, **currently** take it

**Dose per day?**

- Less than 80 mcg
- 80 to 130 mcg
- 140 to 250 mcg
- 260 mcg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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**Iron**

- No
- Yes, **currently** take it

**Dose per day?**

- mg of elemental iron (325 mg Ferrous Sulfate = 65 mg elemental iron)
- Less than 20 mg
  - 20 to 39 mg
  - 40 to 49 mg
  - 50 mg or more
  - Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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**Zinc**

- No
- Yes, **currently** take it

**Dose per day?**

- Less than 25 mg
- 25 to 74 mg
- 75 to 100 mg
- 101 mg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

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2. (Continued) **Not counting multi-vitamins**, do you currently take any of the following specific vitamins or minerals? DO NOT report content of multi-vitamin question.

**Calcium or Dolomite (Include Tums)**

- No
- Yes, currently take it

**Dose per day?**

(Include elemental Calcium in Tums)

- Less than 600 mg
- 600 to 900 mg
- 901 to 1,500 mg
- 1,501 mg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

**Fish Oil (Omega 3 fatty acids)**

- No
- Yes, currently take it

**Dose per day?**

- Less than 800 mg
- 800 to 1499 mg
- 1500 to 2499 mg
- 2500 mg or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more

**Potassium**

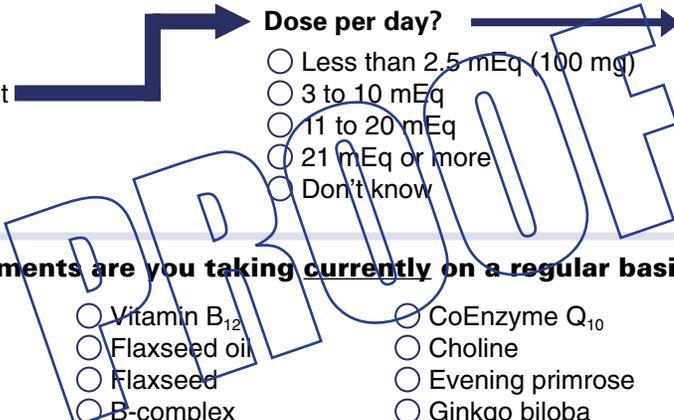
- No
- Yes, currently take it

**Dose per day?**

- Less than 2.5 mEq (100 mg)
- 3 to 10 mEq
- 11 to 20 mEq
- 21 mEq or more
- Don't know

**How long?**

- 0-1 year
- 2-4 years
- 5-9 years
- 10 years or more



**Which other supplements are you taking currently on a regular basis (at least once per week)?**

- |  |   |   |
|--|---|---|
| <input type="radio"/> None                                   | <input type="radio"/> Vitamin B <sub>12</sub> | <input type="radio"/> CoEnzyme Q <sub>10</sub>          |
| <input type="radio"/> Metamucil                              | <input type="radio"/> Flaxseed oil            | <input type="radio"/> Choline                           |
| <input type="radio"/> Cod liver oil                          | <input type="radio"/> Flaxseed                | <input type="radio"/> Evening primrose                  |
| <input type="radio"/> Brewer's yeast                         | <input type="radio"/> B-complex               | <input type="radio"/> Ginkgo biloba                     |
| <input type="radio"/> Folic acid or folate (B <sub>9</sub> ) | <input type="radio"/> Melatonin               | <input type="radio"/> Lycopene                          |
| <input type="radio"/> Magnesium                              | <input type="radio"/> Chromium                | <input type="radio"/> DHEA                              |
| <input type="radio"/> Niacin                                 | <input type="radio"/> Lecithin                | <input type="radio"/> Glucosamine/Chondroitin           |
|  |   | <input type="radio"/> Other Supplements (specify) _____ |

**DAIRY FOODS**

In the following section, please describe how often on average you have used the amount specified in the past year. Please indicate your average total use, taking the portion size into account. For example, if you use 1/2 a glass of milk twice a week, mark 1 glass per week to represent your average total intake.

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

**Skim 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

**1% or 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

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3. (Continued) Please fill in your average total 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 tbs.)**

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

**Non-dairy coffee whitener (1 tbs.)**

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

**Frozen yogurt, sherbet or low-fat ice cream (1 cup)**

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

**Regular ice cream (1 cup)**

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

**Flavored yogurt, sweetened with fruit or other flavoring (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 servings per day

**Yogurt, low carb, artificially sweetened or plain (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 servings per day

**What type of yogurt do you usually eat?**

- None
- Regular
- Low fat
- Nonfat

**Cottage or ricotta cheese (1/2 cup)**

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

**Cream cheese (1 oz.)**

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

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

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

**What type of cheese do you usually eat?**

- None
- Regular
- Low fat or lite
- Nonfat

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

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

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

**“Spreadable butter”—  
butter/oil blend (small pat or tsp.), added to food or bread; exclude use in cooking**

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

**Margarine or spread (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

**What form of margarine or spreadable butter do you usually use? (Exclude pure butter)**

- None    **Form?**    Stick    Spray   **Type?**    Regular    Nonfat  
 Tub    Squeeze (liquid)    Light spread

What specific **brand** and **type** (e.g., Shedd’s Spread Country Crock Light Tub)?

[Empty text box for brand and type]

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6	6	6	
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9	9	9	

PROOF

**FRUITS**

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

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

**Raisins (1 oz. or small pack) or grapes (1/2 cup)**

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

**Prunes or dried plums (6 prunes or 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

**Prune Juice (small glass)**

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

**Bananas (1)**

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

**Cantaloupe (1/4 melon)**

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

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

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

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

**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
- One or more per day

**Fresh apples or pears (1)**

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

**Apple juice or cider (small glass)**

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

**Oranges (1)**

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

**Orange juice—calcium fortified (small glass)**

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

**Orange juice—regular (not calcium fortified) (small glass)**

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

**Grapefruit (1/2)**

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

**Grapefruit juice (small glass)**

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

**Other fruit juices (small glass)**

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

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

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

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

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

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

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

**Apricots (1 fresh, 1/2 cup canned or 5 dried)**

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

# VEGETABLES

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

## Tomatoes (2 slices)

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

## Tomato or V8 juice (small glass)

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

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

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

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

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

## Tofu, soy burgers, soybeans, miso, or other soy protein (3–4 oz.)

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

## String beans (1/2 cup)

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

## Broccoli (1/2 cup)

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

## Cabbage or cole slaw (1/2 cup)

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

## Cauliflower (1/2 cup)

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

## Brussels sprouts (1/2 cup)

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

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

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

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

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

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

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

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

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

## Mixed vegetables, stir fry (1/2 cup), vegetable soup (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 servings per day

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

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

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

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

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

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

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

**Yams or sweet potatoes  
(1/2 cup)**

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

**Spinach, cooked  
(1/2 cup)**

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

**Spinach, raw as in salad  
(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 servings 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 servings per day

**Iceberg or head lettuce  
(serving)**

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

**Romaine or leaf lettuce  
(serving)**

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

**Celery (2–3 sticks)**

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

**Peppers: green, yellow or  
red (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  
 1 or more servings per day

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

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

**Onions as a vegetable,  
rings or soup (1/2 cup)**

- 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

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

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

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

### Omega-3 fortified eggs, including yolk (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

### Regular eggs, with yolk (1)

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

### Bacon (2 slices)

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

### Chicken or turkey sandwich or frozen dinner

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

### Other chicken or turkey, with skin (3 oz.)

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

### Other chicken or turkey, including ground without skin, (3 oz.)

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

### 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 or sausages (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

### Salami, bologna, or other processed meat sandwiches

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

### Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)

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

### Hamburger, 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

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

**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

**Beef, pork, or lamb as a  
sandwich or mixed dish, e.g.,  
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 as a main dish, e.g.,  
ham or chops (4–6 oz.)**

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

**Beef or lamb as a main dish,  
e.g., steak, roast (4–6 oz.)**

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

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

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

**Liver: chicken or turkey  
(1 oz.)**

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

**Canned tuna fish  
(3–4 oz.)**

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

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

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

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

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

**Dark meat fish, e.g., tuna  
steak, mackerel, salmon,  
sardines, bluefish,  
swordfish (3–5 oz.)**

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

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

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

# CEREALS, BREADS & STARCHES

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

### Cold breakfast cereal (1 serving)

- 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

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

→ Specify brand & type (e.g., "General Mills Rice Chex")

0	0	0
1	1	1
Ch	2	2
rb	3	3
cf	4	4
sw	5	5
gn	6	6
t	7	7
k	8	8
w	9	9

### White bread (slice), including pita bread

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

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

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

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

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

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

### Muffins or biscuits (1)

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

### Brown rice (1 cup)

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

3/8" spine part

7

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

**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

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

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

**Tortillas (2)**

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

**Other grains, e.g., bulgar, kasha, buckwheat, 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

**Pancakes or waffles (2 small pieces)**

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

**French fried potatoes (6 oz. or 1 serving)**

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

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

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

**Potato chips or corn/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 servings per day

**Crackers, regular or low fat, e.g., Triscuits, Ritz (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 servings per day

**Pizza (2 slices)**

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

**BEVERAGES**

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

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

**LOW-CALORIE (Sugar-free types)**

**Low-calorie beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew (1 glass, bottle or can)**

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

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

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

**REGULAR TYPES (not sugar-free)**

**Carbonated beverage with caffeine and sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper (1 glass, bottle or can)**

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

**Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale (1 glass, bottle or can)**

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

**OTHER BEVERAGES**

**Other sugared beverages: Punch, lemonade, sports drinks, or sugared ice tea (1 glass, bottle, can)**

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

**Beer, regular (1 glass, bottle, can)**

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

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

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

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

**Red wine (5 oz. glass)**

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

**White wine (5 oz. glass)**

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

**Liquor, e.g., whiskey, 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

**Water, bottled, sparkling or tap (8 oz. 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

**Herbal tea or decaffeinated tea (8 oz. cup)**

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

**Tea with caffeine, including green tea (8 oz. 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

**Decaffeinated coffee (8 oz. 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 (8 oz. 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

**Dairy coffee drink (hot/cold) e.g., cappuccino (16 oz.)**

- 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**

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

**Milk chocolate (bar or packet), (e.g., Hershey's, M&M's)**

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

**Dark chocolate e.g., Hershey's, Dark or Dove Dark**

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

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

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

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

**Candy without chocolate (e.g., 1 pack mints, Lifesavers) (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  
 2–3 times per day  
 4 or more times per day

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

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

**Peanut butter (1 tbs.)**

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

**Fat free or light popcorn (3 cups)**

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

**Regular popcorn (3 cups)**

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

**Pretzels (1 small bag or serving)**

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

**Cookies, fat free or reduced fat (1)**

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

**Cookies, other ready made (1)**

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

**Cookies, home baked (1)**

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

**Brownies (1)**

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

**Doughnuts (1)**

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

**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

**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

**Pie, homemade (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, 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

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

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

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

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

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

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

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

**Peanuts (small packet or 1 oz.)**

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

**Walnuts (1 oz.)**

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

**Other nuts (small packet or 1 oz.)**

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

**Breakfast bars, e.g., Nutrigrain, granola, Kashi (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 bars per day

**Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (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 bars per day

**Low carb bars, e.g., Atkins, Zone, South Beach (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 bars per day

**Oat bran, added to food (1 tbs.)**

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

**Other bran (wheat, etc.), added to food (1 tbs.)**

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

**Wheat germ (1 tbs.)**

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

**Chowder or cream soup (1 cup)**

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

**Ketchup or red chili sauce (1 tbs.)**

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

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

**Salt added at table (1 shake)**

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

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

Teaspoons

**Splenda (1 packet)**

- 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

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

**Other artificial sweetener (1 packet)**

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

**Garlic (1 clove or 4 shakes)**

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

**Low fat or 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

PROOF

**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

**Salad dressing (1-2 tbs.)**

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

**Type of salad dressing:**

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

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

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

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**10. What kind of fat is usually used for frying and sautéing at home? (Exclude Pam type spray.)**

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard/bacon fat

**11. What kind of fat is usually used for baking at home? (Exclude Pam type spray.)**

- Real butter
- Margarine
- Olive oil
- Vegetable oil
- Vegetable shortening
- Lard/bacon fat

**12. How often do you eat food fried, stir-fried in oil, or sautéed at home?**

- Never
- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily

**13. How often do you eat deep fried food away from home or as take out (e.g., french fries, fried chicken, fish, clams, shrimp, etc.)?**

- Never
- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily
- 2 or more times per day

**14. How often do you eat toasted breads, bagel or English muffin (e.g., sliced/half bagel)?**

- Never
- Less than once a week
- 1–3 times per week
- 4–6 times per week
- Daily
- 2 or more times per day

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

(Specify brand and type)

**16. Are there any other foods not mentioned above that you usually eat at least once per week?**

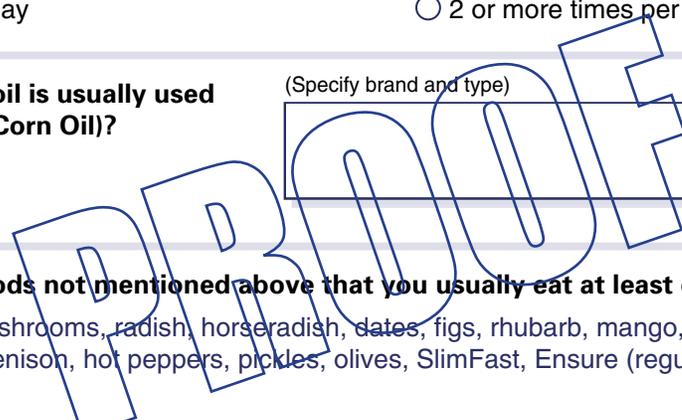
Include for example: Mushrooms, radish, horseradish, dates, figs, rhubarb, mango, mixed dried fruit, papaya, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular or plus), Glucerna shake.

(Do not include dry spices and do not list something that has been listed in the previous sections.)

Other foods that you usually eat at least once per week	Servings per week
(a)	
(b)	
(c)	

10  
11  
12  
13  
14  
15  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9

OLV 5 5  
CAN 6 6  
CRN 7 7  
SOY 8 8  
VEG 9 9



a

0	0	0	mus	rad	0	0
1	1	1	hrd	dat	1	1
2	2	2	fig	rhu	2	2
3	3	3	man	mdf	3	3
4	4	4	pap	cus	4	4
5	5	5	ven	htp	5	5
6	6	6	pic	olv	6	6
7	7	7	slm	en	7	7
8	8	8	en+	glis	8	8
9	9	9			9	9

b

0	0	0	mus	rad	0	0
1	1	1	hrd	dat	1	1
2	2	2	fig	rhu	2	2
3	3	3	man	mdf	3	3
4	4	4	pap	cus	4	4
5	5	5	ven	htp	5	5
6	6	6	pic	olv	6	6
7	7	7	slm	en	7	7
8	8	8	en+	glis	8	8
9	9	9			9	9

c

0	0	0	mus	rad	0	0
1	1	1	hrd	dat	1	1
2	2	2	fig	rhu	2	2
3	3	3	man	mdf	3	3
4	4	4	pap	cus	4	4
5	5	5	ven	htp	5	5
6	6	6	pic	olv	6	6
7	7	7	slm	en	7	7
8	8	8	en+	glis	8	8
9	9	9			9	9

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# DIET CHANGES

17. Do you currently follow a special diet?

- No
- Yes →  Physician prescribed
- Self prescribed

a) If yes, for how many years?

(Number of years on diet)

b) If yes, what kind of diet do you follow?  
(Select more than one if necessary.)

- Weight reduction (low calorie)
- Low cholesterol
- Low sodium
- Diabetic
- Low fat
- Low triglyceride
- Ulcer
- High Potassium

(Specify type of diet) (Exclude weight reduction diets)

- Other →

18. How has your use of the following foods and beverages changed over the PAST TEN YEARS?

**Whole milk**

- Use has decreased
- Use about the same
- Use has increased

**Butter**

- Use has decreased
- Use about the same
- Use has increased

**Margarine**

- Use has decreased
- Use about the same
- Use has increased

**Eggs**

- Use has decreased
- Use about the same
- Use has increased

**Fish**

- Use has decreased
- Use about the same
- Use has increased

**Red meat**

- Use has decreased
- Use about the same
- Use has increased

**Fruits**

- Use has decreased
- Use about the same
- Use has increased

**Vegetables**

- Use has decreased
- Use about the same
- Use has increased

**Whole wheat bread**

- Use has decreased
- Use about the same
- Use has increased

**Whole grains**

- Use has decreased
- Use about the same
- Use has increased

**Sugar**

- Use has decreased
- Use about the same
- Use has increased

**Alcohol**

- Use has decreased
- Use about the same
- Use has increased

17

a

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

b

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

18

3/8" spine part

