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 taken them?
      - [ ] 0-1
      - [ ] 2-4
      - [ ] 5-9
      - [ ] 10 or more
   c) What specific brand do you usually use?
      Specify exact brand and type

2. Not counting multi-vitamins, do you take any of the following preparations:
   a) Vitamin A?
      - [ ] No
      - [ ] Yes, seasonal only
      - [ ] Yes, most months
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 8,000 IU
      - [ ] 8,000 to 12,000 IU
      - [ ] 13,000 to 22,000 IU
      - [ ] 23,000 IU or more
      - [ ] Don't know
   b) Vitamin C?
      - [ ] No
      - [ ] Yes, seasonal only
      - [ ] Yes, most months
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 400 mg.
      - [ ] 400 to 700 mg.
      - [ ] 750 to 1250 mg.
      - [ ] 1300 mg. or more
      - [ ] Don't know
   c) Vitamin B6?
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 10 mg.
      - [ ] 10 to 30 mg.
      - [ ] 30 to 70 mg.
      - [ ] 70 mg. or more
      - [ ] Don't know
   d) Vitamin E?
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 100 IU
      - [ ] 100 to 250 IU
      - [ ] 250 to 500 IU
      - [ ] 500 IU or more
      - [ ] Don't know
   e) Selenium?
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 80 mcg.
      - [ ] 80 to 130 mcg.
      - [ ] 140 to 250 mcg.
      - [ ] 260 mcg. or more
      - [ ] Don't know
   f) Iron?
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 1 mg.
      - [ ] 1 mg. to 5 mg.
      - [ ] 5 mg. to 20 mg.
      - [ ] 20 mg. or more
      - [ ] Don't know
   g) Zinc?
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 25 mg.
      - [ ] 25 mg. to 50 mg.
      - [ ] 50 mg. to 100 mg.
      - [ ] 100 mg. or more
      - [ ] Don't know
   h) Calcium? (Include Calcium in Dolomite and Tums, etc.)
      - [ ] No
      - [ ] Yes
      If YES, How many years?
      - [ ] 0-1 yr.
      - [ ] 2-4 yr.
      - [ ] 5-9 years
      - [ ] 10+ years
      - [ ] Don't know
      What dose per day?
      - [ ] Less than 400 mg.
      - [ ] 400 to 900 mg.
      - [ ] 901 to 1300 mg.
      - [ ] 1300 mg. or more
      - [ ] Don't know
   i) Are there other supplements that you take on a regular basis? Please mark if yes:
      - [ ] Metamucil
      - [ ] Cod liver oil
      - [ ] Iodine
      - [ ] Beta-carotene
      - [ ] Other (please specify)
      - [ ] Vitamin D
      - [ ] Folic acid
      - [ ] Copper
      - [ ] Niacin
      - [ ] B-Complex
      - [ ] Omega-3 fatty acids
      - [ ] Brewer's yeast

3. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

   AVERAGE USE LAST YEAR
   NEVER OR LESS THAN ONCE PER MONTH PER PER PER PER PER PER PER PER PER PER PER PER PER PER
   1-3 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK 1-6 TIMES PER WEEK
   1-3 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY 1-6 TIMES PER DAY

   DAIRY FOODS
   - Skim or low-fat milk (8 oz. glass)
   - Whole milk (8 oz. glass)
   - Yogurt (1 cup)
   - Ice cream (1/2 cup)
   - Cottage or ricotta cheese (1/2 cup)
   - Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)
   - Margarine (pat), added to food or bread; exclude use in cooking
   - Butter (pat), added to food or bread; exclude use in cooking

4. What form of margarine do you usually use?
   - [ ] None
   - [ ] Stick
   - [ ] Tub
   - [ ] Extra light
   - [ ] 'Lite' stick
   - [ ] 'Lite' tub
   - [ ] Squeeze
   What specific brand and type (e.g., Parkay Corn Oil Spread)

PLEASE TURN TO PAGE 2
3. (Continued) Please fill in your average use, during the past year, of each specified food.

**FRUITS**

<table>
<thead>
<tr>
<th></th>
<th>Never or less than once per month</th>
<th>1-3 per month</th>
<th>1-2 per week</th>
<th>2-3 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>5+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh apples or pears (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oranges (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Orange juice or grapefruit juice (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peaches, apricots or plums (1 fresh, or 1/2 cup canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bananas (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other fruits, fresh, frozen, or canned (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**VEGETABLES**

<table>
<thead>
<tr>
<th></th>
<th>Never or less than once per month</th>
<th>1-3 per month</th>
<th>1-2 per week</th>
<th>2-3 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>5+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tomatoes (1) or Tomato juice (small glass)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>String beans (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Broccoli (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cabbage, cauliflower, or Brussels sprouts (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carrots, raw (1/2 carrot or 2-4 sticks)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carrots, cooked (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Corn (1 ear or 1/2 cup, fresh, frozen or canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peas or lima beans (1/2 cup, fresh, frozen, canned)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Yams or sweet potatoes (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Spinach or collard greens, cooked (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Beans or lentile, baked or dried (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Yellow (winter) squash (1/2 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**MEAT, SWEETS, BAKED GOODS, CEREAL, MISCELLANEOUS**

<table>
<thead>
<tr>
<th></th>
<th>Never or less than once per month</th>
<th>1-3 per month</th>
<th>1-2 per week</th>
<th>2-3 per week</th>
<th>5-6 per week</th>
<th>1 per day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>5+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chicken or turkey, with skin (4-6 oz)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chicken or turkey, without skin (4-6 oz)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bacon (2 slices)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hot dogs (1)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Liver (3-4 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hamburger (1 patty)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Beef, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fish (3-5 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chocolate (1 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Candy without chocolate (1 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pie, homemade (slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pie, ready made (slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cake (slice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cookies (1)</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cold breakfast cereal (1 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>White bread (slice), including pita bread</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dark bread (slice), including wheat pita bread</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>French fried potatoes (4 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Potatoes, baked, boiled (1) or mashed (1 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Rice or Pasta, e.g., spaghetti, noodles, etc. (1 cup)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Potato chips or corn chips (small bag or 1 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Nuts (small packet or 1 oz.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peanut butter (1 Tbs)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Oil and vinegar dressing, e.g., Italian, (1 Tba)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
4. (Continued) Please fill in your average use, during the past year, of each specified food.

**BEVERAGES**

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Never or Less Than Once Per Month</th>
<th>1-3 Times Per Month</th>
<th>1 Time Per Week</th>
<th>2-4 Times Per Week</th>
<th>5-6 Times Per Week</th>
<th>1 Time Per Day</th>
<th>2-3 Times Per Day</th>
<th>4-5 Times Per Day</th>
<th>6+ Times Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee, not decaffeinated (1 cup)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tea (1 cup), not herbal tea</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Beer (1 glass, bottle, can)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Wine (4 oz. glass)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Liquor, e.g. whiskey, gin, etc. (1 drink or shot)</td>
<td>○</td>
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<tr>
<td>Low calorie carbonated beverage, e.g., Diet Coke</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Carbonated beverage with sugar, e.g., Coke, Pepsi</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hawaiian Punch, lemonade, or other fruit drinks</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

Consider the serving size as 1 glass, bottle or can for these fruit and carbonated beverages.

5. How many teaspoons of sugar do you add to your beverages or food each day? [ ] tsp.

6. Which cold breakfast cereal do you usually eat? [ ]
   - Don't eat cold breakfast cereal

7. How much of the visible fat on your beef, pork or lamb do you remove before eating? [ ]
   - Remove all visible fat
   - Remove most
   - Remove small part of fat
   - Remove none
   - Don't eat meat

8. What kind of fat do you usually use for frying and sautéing at home? (Exclude "Pam"-type spray) [ ]
   - Real butter
   - Margarine
   - Vegetable oil
   - Vegetable shortening
   - Lard

9. What kind of fat do you usually use for baking at home? [ ]
   - Real butter
   - Margarine
   - Vegetable oil
   - Vegetable shortening
   - Lard

10. How often do you eat food that is fried at home? (Exclude "Pam"-type spray) [ ]
    - Less than once a week
    - 1-3 times per week
    - 4-6 times per week
    - Daily

11. How often do you eat fried food away from home? (e.g. french fries, fried chicken, fried fish) [ ]
    - Less than once a week
    - 1-3 times per week
    - 4-6 times per week
    - Daily

12. What type of cooking oil do you usually use at home (e.g. Mazola Corn Oil)? [ ]
    - Specify brand and type

13. Do you use a microwave oven? [ ]
    - Yes
    - No
    - If yes, for how many years?
    - Number of years using a microwave

14. Do you currently follow a physician-prescribed special diet? [ ]
    - Yes
    - No
    - If you do, for how many years?
    - Number of years on diet
    - 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
      - Other
      - Specify type of diet

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

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Use Has Decreased</th>
<th>Use About the Same</th>
<th>Use Has Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Whole milk</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b) Butter</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c) Margarine</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d) Eggs</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e) Fish</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>f) Red meat</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g) Fruits</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h) Vegetables</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i) Whole wheat bread</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j) Whole grains</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k) Sugar</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l) Alcohol</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>