

Supplementary file 1 <DHQ and SF-36 Questionnaires>**1. Patient personal details**

Name:

Date of Birth:year.....month..... day

Gender: female / male / no answer

Race: Asian-Indian / Black / White / other:

Town:

Population of your town:

Type: village in rural area / town / suburb of city / inner city

*Village (less than 5,000 person)**Town (about 5,000 – 20,000 person)**City (more than 20,000 person)*

Marital status:

Married (and not separated) / Living common law /

Widowed (not living common law) / Separated (not living common law) / Divorced (not living common law) / Single (not living common law)

Number of children:

GOULASH + No:

(Automatically generated)

COUNTRY:

TOWN:

HOSPITAL:

DOCTOR:

PATIENT NO:

DATE OF INTERVIEW:

.....YEAR.....MONTH.....DAY

2. Details from the medical history (in the last year)**1. Alcohol consumption:** yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (per occasion): g

for how many years:

total alcohol consumption in the last 2 weeks: g

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If not: did he/she drink alcohol earlier? yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (per occasion): g

for how many years:

how long ago did he/she stop drinking alcohol?

Guide for estimation of the amount:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl hard drink (50 vol. %) = ~40 g alcohol

2. Smoking: yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (cigarettes/day):

for how many years:

If not: did he/she smoke earlier? yes / no / no data

If yes: frequency: occasionally / monthly / weekly / daily

amount (cigarettes/day):

for how many years:

how long ago did he/she stop smoking?

Coffee consumption: yes/no

if yes: how many times: daily 1/2/3/4/ other.....

3. Drug abuse: yes / no / no data

If yes: type of drug:

frequency: occasionally / monthly / weekly / daily

amount (per occasion):

for how many years:

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Any re-hospitalization?: yes / no

if yes: Number of hospitalizations:

purpose of hospitalization with date:

- 1.....
- 2.....
- 3.....
- 4.....
-

recurrent AP: yes no

if yes: number of recurrent AP:

recurrent AP 1: severity: mild/moderate/severe

etiology: biliary/alcohol/diet/idiopathic/hipertrigliceridaemia/

other:.....

when?: early(within 30 days)/ late (after 30 days)

Complications:**Pancreatic:** yes no no data

if yes: fluid collections /pseudocyst / necrosis /

Organ failure: yes no

if yes:, lung /heart / kidney /other

Length of hospitalization:days**Intensive/ Subintensive unit admission:** yes/no

If yes.....days

Interventions: yes no no data

If yes: ERCP/EST/biliary stent implantation/ pancreatic

stent implantation/endoscopic pseudocyst drainage/

pseudocyst drainage through skin/

other:.....

recurrent AP 2: severity: mild/moderate/severe

etiology: biliary/alcohol/diet/idiopathic/hipertrigliceridaemia/

other:.....

when?: early(within 30 days)/ late (after 30 days)

Complications:**Pancreatic:** yes no no data

if yes: fluid collections /pseudocyst / necrosis /

Organ failure: yes no

if yes:, lung /heart / kidney /other

Length of hospitalization:days

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Intensive/ Subintensive unit admission: yes/ no

If yes.....days

Interventions: yes no no data

If yes: ERCP/EST/biliary stent implantation/ pancreatic
stent implantation/endoscopic pseudocyst drainage/
pseudocyst drainage through skin/
other:.....

recurrent AP 3: severity: mild/moderate/severe

etiology: biliary/alcohol/diet/idiopathic/hypertriglyceridaemia/

other:.....

when?: early(within 30 days)/ late (after 30 days)

Complications:

Pancreatic: yes no no data

if yes: fluid collections /pseudocyst / necrosis /

Organ failure: yes no

if yes:, lung /heart / kidney /other

Length of hospitalization:days

Intensive/ Subintensive unit admission: yes/ no

If yes days

Interventions: yes no no data

If yes: ERCP/EST/biliary stent implantation/ pancreatic
stent implantation/endoscopic pseudocyst drainage/
pseudocyst drainage through skin/
other:.....

operation: yes/no

if yes: cholecystectomy: yes no

if yes: when: early(during hospitalization with AP)/
later (4-6 weeks)/ later than 4-6 weeks

other operation:.....

Medications taken regularly in the last month: yes / no

Do you need any pancreatic enzyme replacement therapy?: yes/no

*Please specify the name of the active substance (e.g.**"acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)*

if yes:

name:.....active substance:.....dose(gram,milligram, etc.).....

if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3)

type of administration:..... other notes:.....

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name:.....active substance:.....dose(gram,milligram, etc.).....
 if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3)
 type of administration:.....other notes:

name:.....active substance:.....dose(gram,milligram, etc.).....
 if fluid, concentration (e.g. 10%, 1g/2ml, etc.)..... how many times per day (e.g. 3)
 type of administration:.....other notes:

.....

Diabetes before the index admission of GOULASH AP: yes/no

if yes Type1/ Type2/Type3/MODY

Diabetes developed after AP: yes/no

since when (year):.....

Chronic pancreatitis developed: yes/no

Diet: yes / no

if yes: diabetic/ low fatty/ vegetarianism/ vegan/ gluten-free/ lactose-free/ milk-free/ paleo/
 other

Did the patient change something in his/her eating habits since the acute pancreatitis? yes/no

if yes: Does the patient eat less fatty foods? yes/no/sometimes

Does the patient eat less spicy food? yes/no/sometimes

How many times does the patient eat? (daily) 1/2/3/4/5/6

3. Complain, symptoms

Abdominal pain: yes / no

if yes: how often? daily/ twice a week/ weekly, / less

when? before eating/ after eating/ in the morning/ in the evening/ no rules

type: cramping / dull / sharp

intensity (1-10):.....

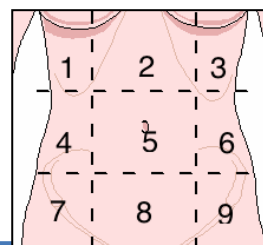
location: diffuse / localized

Please mark the location!

radiation:.....

Nausea: yes / no

if yes: how often?: daily/ twice a week/ weekly, / less



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Vomiting: yes / no
if yes: how often?: daily/ twice a week/ weekly, / less
contents of cast:.....

Distension/bloating: yes/no
if yes: how often? daily/ twice a week/ weekly, / less
Appetite: good / retained / bad

Weight loss: yes / no
if yes: how much (kg):.....
How long did it take? (weeks/months):.....
Body Weight at the moment (kg):
Body height (cm):.....
BMI:

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus
How often: daily once/ daily twice/ more:...../every second /third day/ other.....

Blood pressure:Hgmm Pulse:...../min

Abdominal tenderness: Yes/No No data Abdominal guarding: Yes/ No No data

5. Imaging examination

Abdominal ultrasonography:	yes	no
Endoscopic ultrasonography	yes	no
Computer tomography	yes	no

6. Complications *Please register pancreatic complication of fluid collection/pseudocyst/necrosis only if you had imaging proof on the day of admission, otherwise, please mark "no data".*

Pancreatic: yes no **no data**
if yes: fluid collections /pseudocyst / necrosis / diabetes

Organ failure: yes no
if yes:, lung /heart / kidney /other

Death: yes no
If yes: the exact date of death: e.g 10.25 or 22.45

7. Fecal elastase determination:

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Number of the sample:.....

Result: positive/negative

8. Epicrisis *A short summary (what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

.....

.....

.....

.....

.....

.....

4. Laboratory parameters

2ml serum has to be kept in frozen in order to measure any parameters later which can be correlated with the disease. At the end of the study all serum will be kept in the biobank at -80C in order to perform further studies related to the GOULASH study.

OBLIGATORY PARAMETERS

Amylase (U/l)	
Lipase (U/l)	
White blood cell (WBC) count (G/l)	
Red blood cell (RBC) count (T/l)	
Hemoglobin (g/l)	
Hematocrit (%)	
Thrombocyte (G/l)	
C-reactive protein (mg/l)	
OGTT test glucose level at 0. min (mmol/l)	
OGTT test glucose level at 60. min (mmol/l)	
OGTT test glucose level at 120. min (mmol/l)	
HgbA1C (%)	
C-peptide (pmol/l)	
Insulin level at 0. min (mmol/l)	
OGTT test insulin level at 60. min (mmol/l)	
OGTT test insulin level at 120. min (mmol/l)	
Blood urea nitrogen (mmol/l)	
Creatinine (umol/l)	
ASAT/GOT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Calcium (mmol/l)	
Sodium (mmol/l)	
Potassium (mmol/l)	
Total protein (g/l)	
Albumin (g/l)	
Cholesterol (mmol/l)	
HDL cholesterol (mmol/l)	
LDL cholesterol (mmol/l)	
Triglyceride (mmol/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	
Total bilirubin (umol/l)	
Alkaline phosphatase (U/l)	

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5. Imaging examination**Abdominal ultrasonography:**

- **Visualization:**
 - Good, complete (head at least partially visualized, body and neck well visualized, tail: partially visualized)
 - Partially, incomplete (only body or only head visualized)
 - Poor, non-diagnostic
- **Size:**
 - Normal
 - Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)
 - Definitely enlarged (any part over 3 cm AP diameter)
- **Peripancreatic fluid:**
 - none
 - present
 - Large pseudocyst(s)
- Size of peripancreatic fluid or pseudocyst: cm
- **Pancreas homogeneity:**
 - Homogenous
 - Inhomogeneous, includes area(s) of low echogenicity
 - Inhomogeneous, includes calcifications
- In case of circumscribed low echogenicity area, it's size:cm
- **Wirsung** dilatation: YES / NO (yes, diameter: mm)
- **Computer tomography** is needed: yes/ no
- **Endoscopic ultrasonography** is needed: yes/no
- **Cholecystectomy:** yes/ no

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Other Description:

.....

.....

.....

Abdominal Computed Tomography: yes no

Modified CTSI Score:0-10.....

*Please NOTE! Abdominal CT is compulsory if**- Abdominal ultrasonography is not fully completed OR**- There is any alteration on abdominal ultrasonography*

CTSI Score: (I) Normal pancreas 0 point, intrinsic pancreatic abnormalities with or without inflammatory changes in peripancreatic fat 2 points, Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis 4 points **(II)** Necrosis absent 0 Points, < 30% necrosis 2 Points, > 30% necrosis 4 points **(III)** presence of extrapancreatic findings 2 points.

MAXIMUM OF: 10 points

- **Pancreas Size:**

- ☐ Normal
- ☐ Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)
- ☐ Definitely enlarged (any part over 3 cm AP diameter)

Largest diameter of peripancreatic fat infiltrationcm

- **Peripancreatic fluid:**

- ☐ none
- ☐ present
- ☐ Large pseudocyst(s)

- Size of peripancreatic fluid or pseudocyst: cm

- **Necrotizing area (nonenhancement):**

- ☐ Largest diameter of necrosis area: cm
- ☐ Location of necrosis:
- ☐ Type: patchy / full width
- ☐ Estimated necrosis: 0% , < 30% , 30% - 60%, above 60%

- **Wirsung** dilatation: YES / NO (yes, diameter: mm)- **Calcification:** yes/no

Distant abdominal fluid

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- Small amount (hard to see, less than 2 cm in lesser pelvis, less than 1 cm around liver/spleen)
 - Moderate amount (easy to see, but without pevic or abdominal distension)
 - Large amount with abdominal/pelvic distension
- **Pleural effusion:**
- none
 - one sided:..... (AP diameter:.....cm)
 - Both sides, L - cm, R..... cm
- **Extrapancreatic findings:**
- Inflammation (Cholecystitis, Duodenitis, etc.) location:
 - Cholecystolithiasis
 - Choledocholithiasis
 - Sins of bowel ischaemia
 - Bowel distension, ileus
 - Venous thrombosis
 - Pseudoaneurysm
 - Parenchymal organ involvement, define:

Other Description:

.....

.....

6. Complications *Please register pancreatic complication of fluid collection/pseudocyst/necrosis only if you had imaging proof on the day of admission, otherwise, please mark "no data".*

Pancreatic: yes no no data
if yes: fluid collections /pseudocyst / necrosis / diabetes

Organ failure: yes no
if yes:, lung /heart / kidney /other

Death: yes no
If yes: the exact date of death: e.g 10.25 or 22.45

7. Fecal elastase determination:

Number of the sample:.....

Result: positive/negative

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fecal fat determination?

8. Epicrisis *A short summary (what happened with the patient after the hospitalization, any recommended control examinations, surgery).*

.....

.....

.....

.....

.....

.....

SOCIOECONOMIC STATUS**3. Education***Source: NHANES 2015-16, Demographic background*

3.1. What is the highest grade or level of school you have completed or the highest degree you have received?

Never attended / Kindergarten only / 1st Grade / 2nd Grade / 3rd Grade / 4th Grade / 5th Grade / 6th Grade / 7th Grade / 8th Grade / 9th Grade / 10th Grade / 11th Grade / 12th Grade, no diploma / High school graduate / Ged or equivalent / Some college, no degree / Associate degree: occupational, technical, or vocational program / Associate degree: academic program / Bachelor's Degree (example: Ba, Ab, Bs, Bba) / Master's Degree (example: Ma, Ms, Meng, Med, Mba) / Professional School Degree (example: Md, Dds, Dvm, Jd) / Doctoral Degree (Example: Phd, Edd) / Refused / Don't Know

3.2. How many years have you spent at school or in full time study? _____

4. Occupation

4.1. What is your current occupation?

4.2. What is your current employment status?

Employed for wages (full time work) / Employed for wages (part time work) / Self-employed
Out of work and looking for work → since / Out of work but not currently looking for work → since:..... / A housewife / A student / Military / Retired → since:..... / Unable to work → since:.....

4.3. Please characterize your job:

Source: Federal Health Survey 1998

	Do you perceive it as a health threat?			
	Yes	No	Yes	No
Heavy physical labor				
Noise, dust, gases, vapors, "polluted" air				
Work stress (time pressure, concentration), worry about job security				

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Overtime, long working hours				
Shift work/night shift				
shift work without night shift				
shift work with night shift				
always night shift				

4.4. How long have you been doing that work? years month

5. Income

Monthly average income (net, €):

Less than 150 € / 150 € to 300 € / 300 € to 1000 € / 1000 € to 3500 € / 3500 € to 7500 € / over 7500 € /
No data

6. Subjective Social Status

Source: <http://www.macses.ucsf.edu/research/psychosocial/usladder.php>

Think of this ladder as representing where people stand in your country.

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please **place a large "X"** on the rung where you think you stand at this time in your life, relative to other people in your country.



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Physical Activity Questionnaire (general, last year)

Source: International Physical Activity Questionnaire (long, usual week, self-administered format and short, last week, self-administered format)

Reliability and validity: Craig CL et al. International Physical Activity Questionnaire: 12-Country Reliability and Validity (2003) In: Medicine & Science in Sports & Exercise, Issue: Volume 35(8), August 2003, pp 1381-1395

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active on a **usual week**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you do on a **usual week**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

☐ Yes

☐ No

→ Skip to PART 2: TRANSPORTATION

The next questions are about all the physical activity you do on a **usual week** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During a **usual week**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your **work**? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ days per week

☐ No vigorous job-related physical activity

→ Skip to question 4

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3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your **work**?
- _____ hours per day _____ minutes per day
4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** physical activities like carrying light loads as part of your **work**? Please do not include walking.
- _____ days per week
- ☐ No moderate job-related physical activity → **Skip to question 6**
5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your **work**?
- _____ hours per day _____ minutes per day
6. During a **usual week**, on how many days did you **walk** for at least 10 minutes at a time as part of your **work**? Please do not count any walking you did to travel to or from work.
- _____ days per week
- ☐ No job-related walking → **Skip to PART 2: TRANSPORTATION**
7. How much time did you usually spend on one of those days **walking** as part of your **work**?
- _____ hours per day _____ minutes per day

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.

8. During a **usual week**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?
- _____ days per week
- ☐ No traveling in a motor vehicle → **Skip to question 10**
9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

_____ hours per day _____ minutes per day

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Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. During a **usual week**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

_____ days per week

☐ No bicycling from place to place

→ **Skip to question 12**

11. How much time did you usually spend on one of those days to **bicycle from place to place**?

_____ hours per day

_____ minutes per day

12. During a **usual week**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

_____ days per week

☐ No walking from place to place

→ **Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY**

13. How much time did you usually spend on one of those days **walking from place to place**?

_____ hours per day

_____ minutes per day

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you do during a usual week in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the **garden or yard**?

_____ days per week

☐ No vigorous activity in garden or yard

→ **Skip to question 16**

15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the **garden or yard**?

_____ hours per day

_____ minutes per day

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16. Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking in the **garden or yard**?

_____ days per week

☐ No moderate activity in garden or yard

→ **Skip to question 18**

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the **garden or yard**?

_____ hours per day

_____ minutes per day

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside** your home?

_____ days per week

☐ No moderate activity inside home

→ **Skip to PART 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY**

19. How much time did you usually spend on one of those days doing **moderate** physical activities **inside** your home?

_____ hours per day

_____ minutes per day

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

*This section is about all the physical activities that you do on **usual week** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.*

20. Not counting any walking you have already mentioned, during a **usual week**, on how many days did you **walk** for at least 10 minutes at a time in your **leisure time**?

_____ days per week

☐ No walking in leisure time

→ **Skip to question 22**

21. How much time did you usually spend on one of those days **walking** in your **leisure time**?

_____ hours per day

_____ minutes per day

22. Think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming in your **leisure time**?

_____ days per week

☐ No vigorous activity in leisure time

→ **Skip to question 24**

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your **leisure time**?

_____ hours per day _____ minutes per day

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During a **usual week**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your **leisure time**?

_____ days per week

☐ No moderate activity in leisure time

→ **Skip to PART 5: TIME SPENT SITTING**

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your **leisure time**?

_____ hours per day _____ minutes per day

PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. During a **usual week**, how much time did you usually spend **sitting** on a **weekday**?

_____ hours per day _____ minutes per day

27. During a **usual week**, how much time did you usually spend **sitting** on a **weekend day**?

_____ hours per day _____ minutes per day

Stress Questionnaire (general, last year)

Source, reliability and validity: Perceived Stress Scale (10 item). Cohen S et al. A Global Measure of Perceived Stress (1983) In: Journal of Health and Social Behavior Vol. 24, No. 4 (Dec, 1983), 385-396.

The questions in this scale ask you about your feelings and thoughts **GENERALLY**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- | | | | | | |
|---|---|---|---|---|---|
| 1. In general, how often have you been upset because of something that happened unexpectedly? | 0 | 1 | 2 | 3 | 4 |
| 2. In general, how often have you felt that you were unable to control the important things in your life? | 0 | 1 | 2 | 3 | 4 |
| 3. In general, how often have you felt nervous and “stressed”? | 0 | 1 | 2 | 3 | 4 |
| 4. In general, how often have you felt confident about your ability to handle your personal problems? | 0 | 1 | 2 | 3 | 4 |
| 5. In general, how often have you felt that things were going your way? | 0 | 1 | 2 | 3 | 4 |
| 6. In general, how often have you found that you could not cope with all the things that you had to do? | 0 | 1 | 2 | 3 | 4 |
| 7. In general, how often have you been able to control irritations in your life? | 0 | 1 | 2 | 3 | 4 |
| 8. In general, how often have you felt that you were on top of things? | 0 | 1 | 2 | 3 | 4 |

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9. In general, how often have you been angered because of things that were outside of your control? 0 1 2 3 4

10. In general, how often have you felt difficulties were piling up so high that you could not overcome them? 0 1 2 3 4

DATE:

YEAR: MONTH: DAY: HOUR MIN:

NAME OF THE DOCTOR :SIGNATURE:

JOINT PROJECT ORGANIZED BY THE HUNGARIAN PANCREATIC STUDY GROUP AND THE INTERNATIONAL ASSOCIATION OF PANCREATOLOGY



36-Item Short Form Survey Instrument (SF-36)

RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

1. In general, would you say your health is:

- ☐ 1 - Excellent
- ☐ 2 - Very good
- ☐ 3 - Good
- ☐ 4 - Fair
- ☐ 5 - Poor

2. **Compared to one year ago**, how would you rate your health in general **now**?

- ☐ 1 - Much better now than one year ago
 - ☐ 2 - Somewhat better now than one year ago
 - ☐ 3 - About the same
 - ☐ 4 - Somewhat worse now than one year ago
 - ☐ 5 - Much worse now than one year ago
-

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Lifting or carrying groceries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Climbing several flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Climbing one flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Bending, kneeling, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Walking more than a mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Walking several blocks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. Bathing or dressing yourself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

- | | Yes | No |
|---|-------------------------|-------------------------|
| 13. Cut down the amount of time you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 14. Accomplished less than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 15. Were limited in the kind of work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> 1 | <input type="radio"/> 2 |
-

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

- | | Yes | No |
|--|-------------------------|-------------------------|
| 17. Cut down the amount of time you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 18. Accomplished less than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 19. Didn't do work or other activities as carefully as usual | <input type="radio"/> 1 | <input type="radio"/> 2 |
-

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ☐ 1 - Not at all
 - ☐ 2 - Slightly
 - ☐ 3 - Moderately
 - ☐ 4 - Quite a bit
 - ☐ 5 - Extremely
-

21. How much **bodily** pain have you had during the **past 4 weeks**?

- ☐ 1 - None
 - ☐ 2 - Very mild
 - ☐ 3 - Mild
 - ☐ 4 - Moderate
 - ☐ 5 - Severe
 - ☐ 6 - Very severe
-

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- ☐ 1 - Not at all
 - ☐ 2 - A little bit
 - ☐ 3 - Moderately
 - ☐ 4 - Quite a bit
 - 5 - Extremely
-

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
24. Have you been a very nervous person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
26. Have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
27. Did you have a lot of energy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
28. Have you felt downhearted and blue?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
29. Did you feel worn out?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
30. Have you been a happy person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
31. Did you feel tired?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

32. During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ 1 - All of the time
 - ☐ 2 - Most of the time
 - ☐ 3 - Some of the time
 - ☐ 4 - A little of the time
 - ☐ 5 - None of the time
-

How TRUE or FALSE is **each** of the following statements for you.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
34. I am as healthy as anybody I know	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
35. I expect my health to get worse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
36. My health is excellent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

ABOUT

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

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NATIONAL INSTITUTES OF HEALTH

Diet History Questionnaire II



GENERAL INSTRUCTIONS

- Answer each question as best you can. Estimate if you are not sure. A guess is better than leaving a blank.
- Use only a black ball-point pen. Do not use a pencil or felt-tip pen. Do not fold, staple, or tear the pages.
- Put an X in the box next to your answer.
- If you make any changes, cross out the incorrect answer and put an X in the box next to the correct answer. Also draw a circle around the correct answer.
- If you mark NEVER, NO, or DON'T KNOW for a question, please follow any arrows or instructions that direct you to the next question.

BEFORE TURNING THE PAGE, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Today's date:

In what month were you born?

In what year were you born?

Are you male or female?

MONTH	DAY	YEAR
<input type="checkbox"/> Jan	<input type="text"/>	<input type="checkbox"/> 2010
<input type="checkbox"/> Feb	<input type="text"/>	<input type="checkbox"/> 2011
<input type="checkbox"/> Mar	<input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 2012
<input type="checkbox"/> Apr	<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2013
<input type="checkbox"/> May	<input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 2014
<input type="checkbox"/> Jun	<input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 2015
<input type="checkbox"/> Jul	<input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 2016
<input type="checkbox"/> Aug	<input type="checkbox"/> 5 <input type="checkbox"/> 5	<input type="checkbox"/> 2017
<input type="checkbox"/> Sep	<input type="checkbox"/> 6 <input type="checkbox"/> 6	<input type="checkbox"/> 2018
<input type="checkbox"/> Oct	<input type="checkbox"/> 7 <input type="checkbox"/> 7	<input type="checkbox"/> 2019
<input type="checkbox"/> Nov	<input type="checkbox"/> 8 <input type="checkbox"/> 8	<input type="checkbox"/> 2020
<input type="checkbox"/> Dec	<input type="checkbox"/> 9 <input type="checkbox"/> 9	

<input type="checkbox"/> Jan
<input type="checkbox"/> Feb
<input type="checkbox"/> Mar
<input type="checkbox"/> Apr
<input type="checkbox"/> May
<input type="checkbox"/> Jun
<input type="checkbox"/> Jul
<input type="checkbox"/> Aug
<input type="checkbox"/> Sep
<input type="checkbox"/> Oct
<input type="checkbox"/> Nov
<input type="checkbox"/> Dec

19		
<input type="checkbox"/> 0	<input type="checkbox"/> 0	
<input type="checkbox"/> 1	<input type="checkbox"/> 1	
<input type="checkbox"/> 2	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<input type="checkbox"/> 4	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	<input type="checkbox"/> 5	
<input type="checkbox"/> 6	<input type="checkbox"/> 6	
<input type="checkbox"/> 7	<input type="checkbox"/> 7	
<input type="checkbox"/> 8	<input type="checkbox"/> 8	
<input type="checkbox"/> 9	<input type="checkbox"/> 9	

☐ Male
☐ Female

BAR CODE LABEL OR SUBJECT ID
HERE

1. Over the past 12 months, how often did you drink **carrot juice**?

☐ NEVER (GO TO QUESTION 2)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

1a. Each time you drank **carrot juice**, how much did you usually drink?

- ☐ Less than ½ cup (4 ounces)
☐ ½ to 1¼ cups (4 to 10 ounces)
☐ More than 1¼ cups (10 ounces)

2. Over the past 12 months, how often did you drink **tomato juice** or **other vegetable juice**?
(Please do not include carrot juice.)

☐ NEVER (GO TO QUESTION 3)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

2a. Each time you drank **tomato juice** or **other vegetable juice**, how much did you usually drink?

- ☐ Less than ¾ cup (6 ounces)
☐ ¾ to 1¼ cups (6 to 10 ounces)
☐ More than 1¼ cups (10 ounces)

3. Over the past 12 months, how often did you drink **orange juice** or **grapefruit juice**?

☐ NEVER (GO TO QUESTION 4)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

3a. Each time you drank **orange juice** or **grapefruit juice**, how much did you usually drink?

- ☐ Less than ¾ cup (6 ounces)
☐ ¾ to 1¼ cups (6 to 10 ounces)
☐ More than 1¼ cups (10 ounces)

3b. How often was the orange juice or grapefruit juice you drank **calcium-fortified**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

4. Over the past 12 months, how often did you drink **other 100% fruit juice** or **100% fruit juice mixtures** (such as apple, grape, pineapple, or others)?

☐ NEVER (GO TO QUESTION 5)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

4a. Each time you drank **other 100% fruit juice** or **100% fruit juice mixtures**, how much did you usually drink?

- ☐ Less than ¾ cup (6 ounces)
☐ ¾ to 1½ cups (6 to 12 ounces)
☐ More than 1½ cups (12 ounces)

4b. How often were the other 100% fruit juice or 100% fruit juice mixtures you drank **calcium-fortified**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

5. How often did you drink **other fruit drinks** (such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular)?

☐ NEVER (GO TO QUESTION 6)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

Over the past 12 months...

5a. Each time you drank **fruit drinks**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 2 cups (8 to 16 ounces)
☐ More than 2 cups (16 ounces)

5b. How often were your fruit drinks **diet** or **sugar-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

6. How often did you drink **milk as a beverage** (NOT in coffee, NOT in cereal)? *(Please do not include chocolate milk and hot chocolate.)*

☐ NEVER (GO TO QUESTION 7)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

6a. Each time you drank **milk as a beverage**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 1½ cups (8 to 12 ounces)
☐ More than 1½ cups (12 ounces)

6b. What kind of **milk** did you usually drink?

- ☐ Whole milk
☐ 2% fat milk
☐ 1 % fat milk
☐ Skim, nonfat, or ½% fat milk
☐ Soy milk
☐ Rice milk
☐ Other

7. How often did you drink **chocolate milk** (including hot chocolate)?

☐ NEVER (GO TO QUESTION 8)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

7a. Each time you drank **chocolate milk**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 1½ cups (8 to 12 ounces)
☐ More than 1½ cups (12 ounces)

7b. How often was the chocolate milk **reduced-fat** or **fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

8. How often did you drink **meal replacement** or **high-protein beverages** (such as Instant Breakfast, Ensure, Slimfast, Sustacal or others)?

☐ NEVER (GO TO QUESTION 9)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

8a. Each time you drank **meal replacement** or **high-protein beverages**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 1½ cups (8 to 12 ounces)
☐ More than 1½ cups (12 ounces)

9. Over the past 12 months, did you drink **soda** or **pop**?

☐ NO (GO TO QUESTION 10)

☐ YES

9a. How often did you drink **soda** or **pop** **IN THE SUMMER**?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

Over the past 12 months...

9b. How often did you drink **soda** or **pop**
DURING THE REST OF THE YEAR?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

9c. Each time you drank **soda** or **pop**, how much did you usually drink?

- ☐ Less than 12 ounces or less than 1 can or bottle
☐ 12 to 16 ounces or 1 can or bottle
☐ More than 16 ounces or more than 1 can or bottle

9d. How often were these sodas or pop **diet** or **sugar-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

9e. How often were these sodas or pop **caffeine-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

10. Over the past 12 months, did you drink **sports drinks** (such as Propel, PowerAde, or Gatorade)?

☐ NO (GO TO QUESTION 11)

☐ YES

10a. How often did you drink **sports drinks** **IN THE SUMMER?**

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

10b. How often did you drink **sports drinks**
DURING THE REST OF THE YEAR?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

10c. Each time you drank **sports drinks**, how much did you usually drink?

- ☐ Less than 12 ounces or less than 1 bottle
☐ 12 to 24 ounces or 1 to 2 bottles
☐ More than 24 ounces or more than 2 bottles

11. Over the past 12 months, did you drink **energy drinks** (such as Red Bull or Jolt)?

☐ NO (GO TO QUESTION 12)

☐ YES

11a. How often did you drink **energy drinks** **IN THE SUMMER?**

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

11b. How often did you drink **energy drinks**
DURING THE REST OF THE YEAR?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

11c. Each time you drank **energy drinks**, how much did you usually drink?

- ☐ Less than 8 ounces or less than 1 cup
☐ 8 to 16 ounces or 1 to 2 cups
☐ More than 16 ounces or more than 2 cups

Over the past 12 months...

12. Over the past 12 months, did you drink **beer**?

☐ NO (GO TO QUESTION 13)

☐ YES

12a. How often did you drink **beer** **IN THE SUMMER**?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

12b. How often did you drink **beer** **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

12c. Each time you drank **beer**, how much did you usually drink?

- ☐ Less than a 12-ounce can or bottle
☐ 1 to 3 12-ounce cans or bottles
☐ More than 3 12-ounce cans or bottles



13. Over the past 12 months, did you drink **water** (including tap, bottled, and carbonated water)?

☐ NO (GO TO QUESTION 14)

☐ YES

13a. How often did you drink **water** (including tap, bottled, and carbonated water) **IN THE SUMMER**?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

13b. How often did you drink **water** (including tap, bottled, and carbonated water) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times |
| <input type="checkbox"/> 5–6 times per week | <input type="checkbox"/> per day |

13c. Each time you drank **water**, how much did you usually drink?

- ☐ Less than 12 ounces or less than 1 bottle
☐ 12 to 24 ounces or 1 to 2 bottles
☐ More than 24 ounces or more than 2 bottles

13d. How often was the water you drank **tap water**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

13e. How often was the water you drank **bottled, sweetened water** (with low or no-calorie sweetener, including carbonated water)?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

13f. How often was the water you drank **bottled, unsweetened water** (including carbonated water)?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

14. How often did you drink **wine** or **wine coolers**?

☐ NEVER (GO TO QUESTION 15)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

Over the past 12 months...

14a. Each time you drank **wine** or **wine coolers**, how much did you usually drink?

- ☐ Less than 5 ounces or less than 1 glass
☐ 5 to 12 ounces or 1 to 2 glasses
☐ More than 12 ounces or more than 2 glasses

15. How often did you drink **liquor** or **mixed drinks**?

☐ NEVER (GO TO QUESTION 16)

- | | |
|---|--|
| <input type="checkbox"/> 1 time per month or less | <input type="checkbox"/> 1 time per day 2– |
| <input type="checkbox"/> 3 times per month | <input type="checkbox"/> 2–3 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 4–5 times per day |
| <input type="checkbox"/> 3–4 times per week | <input type="checkbox"/> 6 or more times per day |
| <input type="checkbox"/> 5–6 times per week | |

15a. Each time you drank **liquor** or **mixed drinks**, how much did you usually drink?

- ☐ Less than 1 shot of liquor
☐ 1 to 3 shots of liquor
☐ More than 3 shots of liquor

16. Over the past 12 months, did you eat **oatmeal**, **grits**, or **other cooked cereal**?

☐ NO (GO TO QUESTION 17)

☐ YES

16a. How often did you eat **oatmeal**, **grits**, or **other cooked cereal IN THE WINTER**?

- ☐ NEVER
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per winter | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per winter | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

16b. How often did you eat **oatmeal**, **grits**, or **other cooked cereal DURING THE REST OF THE YEAR**?

- ☐ NEVER
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

16c. Each time you ate **oatmeal**, **grits**, or **other cooked cereal**, how much did you usually eat?

- ☐ Less than $\frac{3}{4}$ cup
☐ $\frac{3}{4}$ to $1\frac{1}{4}$ cups
☐ More than $1\frac{1}{4}$ cups

16d. How often was **butter** or **margarine** added to your oatmeal, grits or other cooked cereal?

- ☐ Almost never or never
☐ About $\frac{1}{4}$ of the time
☐ About $\frac{1}{2}$ of the time
☐ About $\frac{3}{4}$ of the time
☐ Almost always or always

17. How often did you eat **cold cereal**?

☐ NEVER (GO TO QUESTION 18)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

17a. Each time you ate **cold cereal**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to $2\frac{1}{2}$ cups
☐ More than $2\frac{1}{2}$ cups

17b. How often was the cold cereal you ate **Total Raisin Bran**, **Total Cereal**, or **Product 19**?

- ☐ Almost never or never
☐ About $\frac{1}{4}$ of the time
☐ About $\frac{1}{2}$ of the time
☐ About $\frac{3}{4}$ of the time
☐ Almost always or always

17c. How often was the cold cereal you ate **All Bran**, **Fiber One**, **100% Bran**, or **All-Bran Bran Buds**?

- ☐ Almost never or never
☐ About $\frac{1}{4}$ of the time
☐ About $\frac{1}{2}$ of the time
☐ About $\frac{3}{4}$ of the time
☐ Almost always or always

Over the **past 12 months**...

17d. How often was the cold cereal you ate **some other bran or fiber cereal** (such as Cheerios, Shredded Wheat, Raisin Bran, Bran Flakes, Grape-Nuts, Granola, Wheaties, or Healthy Choice)?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

17e. How often was the cold cereal you ate any **other type of cold cereal** (such as Corn Flakes, Rice Krispies, Frosted Flakes, Special K, Froot Loops, Cap'n Crunch, or others)?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

17f. Was **milk** added to your cold cereal?

☐ NO (GO TO QUESTION 18)

☐ YES

17g. What kind of **milk** was usually added?

- ☐ Whole milk
- ☐ 2% fat milk
- ☐ 1% fat milk
- ☐ Skim, nonfat, or ½% fat milk
- ☐ Soy milk
- ☐ Rice milk
- ☐ Other

17h. Each time **milk was added to your cold cereal**, how much was usually added?

- ☐ Less than ½ cup
- ☐ ½ to 1 cup
- ☐ More than 1 cup

18. How often did you eat **applesauce**?

☐ NEVER (GO TO QUESTION 19)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Question 19 appears in the next column

18a. Each time you ate **applesauce**, how much did you usually eat?

- ☐ Less than ½ cup
- ☐ ½ to 1 cup
- ☐ More than 1 cup

19. How often did you eat **apples**?

☐ NEVER (GO TO QUESTION 20)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

19a. Each time you ate **apples**, how many did you usually eat?

- ☐ Less than 1 apple
- ☐ 1 apple
- ☐ More than 1 apple

20. How often did you eat **pears** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 21)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

20a. Each time you ate **pears**, how many did you usually eat?

- ☐ Less than 1 pear
- ☐ 1 pear
- ☐ More than 1 pear

21. How often did you eat **bananas**?

☐ NEVER (GO TO QUESTION 22)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |



Question 22 appears on the next page

Over the past 12 months...

21a. Each time you ate **bananas**, how many did you usually eat?

- ☐ Less than 1 banana
☐ 1 banana
☐ More than 1 banana

22. How often did you eat **dried fruit** (such as prunes or raisins)? *(Please do not include dried apricots.)*

☐ NEVER (GO TO QUESTION 23)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

22a. Each time you ate **dried fruit**, how much did you usually eat?

- ☐ Less than 2 tablespoons
☐ 2 to 5 tablespoons
☐ More than 5 tablespoons

23. Over the past 12 months, did you eat **peaches, nectarines, or plums**?

☐ NO (GO TO QUESTION 24)

☐ YES

23a. How often did you eat **fresh peaches, nectarines, or plums WHEN IN SEASON**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

23b. How often did you eat **peaches, nectarines, or plums** (fresh, canned, or frozen) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

23c. Each time you ate **peaches, nectarines, or plums**, how much did you usually eat?

- ☐ Less than 1 fruit or less than ½ cup
☐ 1 to 2 fruits or ½ to ¾ cup
☐ More than 2 fruits or more than ¾ cup

24. How often did you eat **grapes**?

☐ NEVER (GO TO QUESTION 25)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

24a. Each time you ate **grapes**, how much did you usually eat?

- ☐ Less than ½ cup or less than 10 grapes
☐ ½ to 1 cup or 10 to 30 grapes
☐ More than 1 cup or more than 30 grapes

25. Over the past 12 months, did you eat **cantaloupe**?

☐ NO (GO TO QUESTION 26)

☐ YES

25a. How often did you eat **fresh cantaloupe WHEN IN SEASON**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

25b. How often did you eat **cantaloupe** (fresh or frozen) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

25c. Each time you ate **cantaloupe**, how much did you usually eat?

- ☐ Less than ¼ melon or less than ½ cup
☐ ¼ melon or ½ to 1 cup
☐ More than ¼ melon or more than 1 cup

26. Over the past 12 months, did you eat **melon, other than cantaloupe** (such as watermelon or honeydew)?

☐ NO (GO TO QUESTION 27)

☐ YES

26a. How often did you eat **fresh melon, other than cantaloupe, WHEN IN SEASON?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

26b. How often did you eat **melon other than cantaloupe** (fresh or frozen) **DURING THE REST OF THE YEAR?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

26c. Each time you ate **melon other than cantaloupe**, how much did you usually eat?

- ☐ Less than ½ cup or 1 small wedge
☐ ½ to 2 cups or 1 medium wedge
☐ More than 2 cups or 1 large wedge



Question 27 appears in the next column

27. Over the past 12 months, did you eat **strawberries**?

☐ NO (GO TO QUESTION 28)

☐ YES

27a. How often did you eat **fresh strawberries WHEN IN SEASON?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

27b. How often did you eat **strawberries** (fresh or frozen) **DURING THE REST OF THE YEAR?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

27c. Each time you ate **strawberries**, how much did you usually eat?

- ☐ Less than ¼ cup or less than 3 berries
☐ ¼ to ¾ cup or 3 to 8 berries
☐ More than ¾ cup or more than 8 berries

28. Over the past 12 months, did you eat **oranges, tangerines, or clementines**?

☐ NO (GO TO QUESTION 29)

☐ YES

28a. How often did you eat **fresh oranges, tangerines, or clementines WHEN IN SEASON?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Question 29 appears on the next page

Over the past 12 months...

28b. How often did you eat **oranges, tangerines, or clementines** (fresh or canned) **DURING THE REST OF THE YEAR?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

28c. Each time you ate **oranges, tangerines, or clementines**, how many did you usually eat?

- ☐ Less than 1 fruit
☐ 1 fruit
☐ More than 1 fruit

29. Over the past 12 months, did you eat **grapefruit?**

☐ NO (GO TO QUESTION 30)

☐ YES

29a. How often did you eat **fresh grapefruit WHEN IN SEASON?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

29b. How often did you eat **grapefruit** (fresh or canned) **DURING THE REST OF THE YEAR?**

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

29c. Each time you ate **grapefruit**, how much did you usually eat?

- ☐ Less than ½ grapefruit
☐ ½ grapefruit
☐ More than ½ grapefruit

30. How often did you eat **pineapple?**

☐ NEVER (GO TO QUESTION 31)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

30a. Each time you ate **pineapple**, how much did you usually eat?

- ☐ Less than ¼ cup or less than 1 medium slice
☐ ¼ to ¾ cup or 1 medium slice
☐ More than ¾ cup or more than 1 medium slice

31. How often did you eat **other kinds of fruit?**

☐ NEVER (GO TO QUESTION 32)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

31a. Each time you ate **other kinds of fruit**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to ¾ cup
☐ More than ¾ cup

32. How often did you eat **COOKED greens** (such as spinach, turnip, collard, mustard, chard, or kale)?

☐ NEVER (GO TO QUESTION 33)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

32a. Each time you ate **COOKED greens**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

33. How often did you eat **RAW greens** (such as spinach, turnip, collard, mustard, chard, or kale)? (*We will ask about lettuce later.*)

☐ NEVER (GO TO QUESTION 34)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

33a. Each time you ate **RAW greens**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

34. How often did you eat **coleslaw**?

☐ NEVER (GO TO QUESTION 35)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

34a. Each time you ate **coleslaw**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to ¾ cup
☐ More than ¾ cup

35. How often did you eat **sauerkraut or cabbage** (other than coleslaw)?

☐ NEVER (GO TO QUESTION 36)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

35a. Each time you ate **sauerkraut or cabbage**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to 1 cup
☐ More than 1 cup

36. How often did you eat **carrots** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 37)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

36a. Each time you ate **carrots**, how much did you usually eat?

- ☐ Less than ¼ cup or less than 2 baby carrots
☐ ¼ to ½ cup or 2 to 5 baby carrots
☐ More than ½ cup or more than 5 baby carrots

37. How often did you eat **string beans or green beans** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 38)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

37a. Each time you ate **string beans or green beans**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

38. How often did you eat **peas** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 39)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

38a. Each time you ate **peas**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to ¾ cup
☐ More than ¾ cup

39. Over the past 12 months, did you eat **corn**?

☐ NO (GO TO QUESTION 40)

↓ ☐ YES

39a. How often did you eat **fresh corn WHEN IN SEASON**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

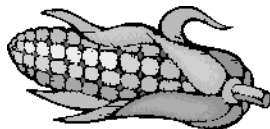
39b. How often did you eat **corn** (fresh, canned, or frozen) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

39c. Each time you ate **corn**, how much did you usually eat?

- ☐ Less than 1 ear or less than ½ cup
☐ 1 ear or ½ to 1 cup
☐ More than 1 ear or more than 1 cup



40. How often did you eat **broccoli** (fresh or frozen)?

☐ NEVER (GO TO QUESTION 41)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

40a. Each time you ate **broccoli**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to 1 cup
☐ More than 1 cup

41. How often did you eat **cauliflower** or **Brussels sprouts** (fresh or frozen)?

☐ NEVER (GO TO QUESTION 42)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

41a. Each time you ate **cauliflower** or **Brussels sprouts**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to ½ cup
☐ More than ½ cup

42. How often did you eat **asparagus** (fresh or frozen)?

☐ NEVER (GO TO QUESTION 43)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

42a.

Each time you ate **asparagus**, how much did you usually eat?

- ☐ Less than ⅓ cup or less than 4 spears
☐ ⅓ to ⅔ cup or 4 to 7 spears
☐ More than ⅔ cup or more than 7 spears

Over the past 12 months...

43. How often did you eat **winter squash** (such as pumpkin, butternut, or acorn)?

- ☐ NEVER (GO TO QUESTION 44)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

43a. Each time you ate **winter squash**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to ¾ cup
☐ More than ¾ cup

44. How often did you eat **mixed vegetables**?

- ☐ NEVER (GO TO QUESTION 45)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

44a. Each time you ate **mixed vegetables**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

45. How often did you eat **onions**?

- ☐ NEVER (GO TO QUESTION 46)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

45a. Each time you ate **onions**, how much did you usually eat?

- ☐ Less than 1 slice or less than 1 tablespoon
☐ 1 slice or 1 to 4 tablespoons
☐ More than 1 slice or more than 4 tablespoons

46. Now think about all the **cooked vegetables** you ate in the past 12 months and how they were prepared. How often were your vegetables **COOKED WITH** some sort of **fat**, including oil spray? (*Please do not include potatoes.*)

- ☐ NEVER (GO TO QUESTION 47)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |



46a. Which fats were usually added to your vegetables **DURING COOKING**? (*Please do not include potatoes. Mark all that apply.*)

- | | |
|--|---|
| <input type="checkbox"/> Margarine (including low-fat) | <input type="checkbox"/> Corn oil |
| <input type="checkbox"/> Butter (including low-fat) | <input type="checkbox"/> Canola or rapeseed oil |
| <input type="checkbox"/> Lard, fatback, or bacon fat | <input type="checkbox"/> Oil spray, such as Pam or others |
| <input type="checkbox"/> Olive oil | <input type="checkbox"/> Other kinds of oils |
| | <input type="checkbox"/> None of the above |

47. Now, thinking again about all the **cooked vegetables** you ate in the past 12 months, how often was some sort of fat, sauce, or dressing added **AFTER COOKING OR AT THE TABLE**? (*Please do not include potatoes.*)

- ☐ NEVER (GO TO QUESTION 48)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 2 times per day |
| <input type="checkbox"/> 1–2 times per week | <input type="checkbox"/> 3 or more times per day |

Over the **past 12 months**...

47a. Which fats, sauces, or dressings were usually added **AFTER COOKING OR AT THE TABLE**? (Please do not include potatoes. **Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Margarine (including low-fat) | <input type="checkbox"/> Salad dressing |
| <input type="checkbox"/> Butter (including low-fat) | <input type="checkbox"/> Cheese sauce |
| <input type="checkbox"/> Lard, fatback, or bacon fat | <input type="checkbox"/> White sauce |
| | <input type="checkbox"/> Other |

47b. If margarine, butter, lard, fatback, or bacon fat was added to your cooked vegetables **AFTER COOKING OR AT THE TABLE**, how much did you usually add?

- ☐ Did not usually add these
☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

47c. If salad dressing, cheese sauce, or white sauce was added to your cooked vegetables **AFTER COOKING OR AT THE TABLE**, how much did you usually add?

- ☐ Did not usually add these
☐ Less than 1 tablespoon
☐ 1 to 3 tablespoons
☐ More than 3 tablespoons

48. How often did you eat **sweet peppers** (green, red, or yellow)?

☐ NEVER (GO TO QUESTION 49)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

48a. Each time you ate **sweet peppers**, how much did you usually eat?

- ☐ Less than 1/8 pepper
☐ 1/8 to 1/4 pepper
☐ More than 1/4 pepper

49. Over the past 12 months, did you eat **fresh tomatoes** (including those in salads)?

☐ NO (GO TO QUESTION 50)

☐ YES

49a.

How often did you eat **fresh tomatoes** (including those in salads) **WHEN IN SEASON**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per season | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per season | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

49b.

How often did you eat **fresh tomatoes** (including those in salads) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

49c.

Each time you ate **fresh tomatoes**, how much did you usually eat?

- ☐ Less than 1/4 tomato
☐ 1/4 to 1/2 tomato
☐ More than 1/2 tomato

50. How often did you eat **lettuce salads** (with or without other vegetables)?

☐ NEVER (GO TO QUESTION 51)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the **past 12 months...**

50a. Each time you ate **lettuce salads**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to 1¼ cups
☐ More than 1¼ cups

50b. How often did the lettuce salads you ate include **dark green lettuce**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

51. How often did you eat **salad dressing** (including low-fat) **on salads**?

☐ NEVER (GO TO QUESTION 52)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

51a. Each time you ate **salad dressing on salads**, how much did you usually eat?

- ☐ Less than 2 tablespoons
☐ 2 to 4 tablespoons
☐ More than 4 tablespoons

52. How often did you eat **sweet potatoes** or **yams**?

☐ NEVER (GO TO QUESTION 53)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

52a. Each time you ate **sweet potatoes** or **yams**, how much did you usually eat?

- ☐ 1 small potato or less than ¼ cup
☐ 1 medium potato or ¼ to ¾ cup
☐ 1 large potato or more than ¾ cup

53. How often did you eat **French fries, home fries, hash browned potatoes, or tater tots**?

☐ NEVER (GO TO QUESTION 54)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

53a. Each time you ate **French fries, home fries, hash browned potatoes, or tater tots** how much did you usually eat?

- ☐ Less than 10 fries or less than ½ cup
☐ 10 to 25 fries or ½ to 1 cup
☐ More than 25 fries or more than 1 cup

54. How often did you eat **potato salad**?

☐ NEVER (GO TO QUESTION 55)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

54a. Each time you ate **potato salad**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

55. How often did you eat **baked, boiled, or mashed potatoes**?

☐ NEVER (GO TO QUESTION 56)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

55a. Each time you ate **baked, boiled, or mashed potatoes**, how much did you usually eat?

- ☐ 1 small potato or less than ½ cup
☐ 1 medium potato or ½ to 1 cup
☐ 1 large potato or more than 1 cup

Over the past 12 months...

55b. How often was **sour cream** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never (GO TO QUESTION 55d)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

55c. Each time **sour cream** was added to your potatoes, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

55d. How often was **margarine** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

55e. How often was **butter** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

55f. Each time **margarine** or **butter** was added to your potatoes, how much was usually added?

- ☐ Never added
- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

55g. How often was **cheese** or **cheese sauce** added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never (GO TO QUESTION 56)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

55h. Each time **cheese** or **cheese sauce** was added to your potatoes, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

56. How often did you eat **salsa**?

- ☐ NEVER (GO TO QUESTION 57)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

56a. Each time you ate **salsa**, how much did you usually eat?

- ☐ Less than 1 tablespoon
- ☐ 1 to 5 tablespoons
- ☐ More than 5 tablespoons

57. How often did you eat **catsup**?

- ☐ NEVER (GO TO QUESTION 58)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

57a. Each time you ate **catsup**, how much did you usually eat?

- ☐ Less than 1 teaspoon
- ☐ 1 to 6 teaspoons
- ☐ More than 6 teaspoons

58. How often did you eat **stuffing, dressing, or dumplings**?

- ☐ NEVER (GO TO QUESTION 59)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

58a. Each time you ate **stuffing, dressing, or dumplings**, how much did you usually eat?

- ☐ Less than ½ cup
- ☐ ½ to 1 cup
- ☐ More than 1 cup

Over the past 12 months...

59. How often did you eat **chili**?

- ☐ NEVER (GO TO QUESTION 60)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

59a. Each time you ate **chili**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1¼ cups
☐ More than 1¼ cups

60. How often did you eat **Mexican foods** (such as tacos, tostados, burritos, tamales, fajitas, enchiladas, quesadillas, and chimichangas)?

- ☐ NEVER (GO TO QUESTION 61)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

60a. Each time you ate **Mexican foods**, how much did you usually eat?

- ☐ Less than 1 taco, burrito, etc.
☐ 1 to 2 tacos, burritos, etc.
☐ More than 2 tacos, burritos, etc.

61. How often did you eat **cooked dried beans** (such as baked beans, pintos, kidney, blackeyed peas, lima, lentils, soybeans, or refried beans)? *(Please do not include bean soups or chili.)*

- ☐ NEVER (GO TO QUESTION 62)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

61a. Each time you ate **beans**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

61b. How often were the beans you ate **refried beans, beans prepared with any type of fat, or with meat added**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

62. How often did you eat **other kinds of vegetables**?

- ☐ NEVER (GO TO QUESTION 63)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

62a. Each time you ate **other kinds of vegetables**, how much did you usually eat?

- ☐ Less than ¼ cup
☐ ¼ to ½ cup
☐ More than ½ cup

63. How often did you eat **rice or other cooked grains** (such as bulgur, cracked wheat, or millet)?

- ☐ NEVER (GO TO QUESTION 64)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

63a. Each time you ate **rice or other cooked grains**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1½ cups
☐ More than 1½ cups

63b. How often was **butter, margarine, or oil** added to your rice or other cooked grains **IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

Over the **past 12 months**...

64. How often did you eat **pancakes, waffles, or French toast**?

☐ NEVER (GO TO QUESTION 65)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

64a. Each time you ate **pancakes, waffles, or French toast**, how much did you usually eat?

- ☐ Less than 1 medium piece
☐ 1 to 3 medium pieces
☐ More than 3 medium pieces

64b. How often was **margarine** (including low-fat) added to your pancakes, waffles, or French toast **AFTER COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

64c. How often was **butter** (including low-fat) added to your pancakes, waffles, or French toast **AFTER COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

64d. Each time **margarine** or **butter** was added to your pancakes, waffles, or French toast, how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

64e. How often was **syrup** added to your pancakes, waffles, or French toast?

- ☐ Almost never or never (GO TO QUESTION 65)
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

64f. Each time **syrup** was added to your pancakes, waffles, or French toast, how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 4 tablespoons
☐ More than 4 tablespoons

65. How often did you eat **lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini**?
(Please do not include spaghetti or other pasta.)

☐ NEVER (GO TO QUESTION 66)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

65a. Each time you ate **lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 cups
☐ More than 2 cups

66. How often did you eat **macaroni and cheese**?

☐ NEVER (GO TO QUESTION 67)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

66a. Each time you ate **macaroni and cheese**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 1½ cups
☐ More than 1½ cups

67. How often did you eat **pasta salad** or **macaroni salad**?

☐ NEVER (GO TO QUESTION 68)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the **past 12 months...**

67a. Each time you ate **pasta salad** or **macaroni salad**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1 cup
☐ More than 1 cup

68. Other than the pastas listed in Questions 65, 66, and 67, how often did you eat **pasta, spaghetti, or other noodles**?

☐ NEVER (GO TO QUESTION 69)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

68a. Each time you ate **pasta, spaghetti, or other noodles**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 3 cups
☐ More than 3 cups

68b. How often did you eat your pasta, spaghetti, or other noodles with **tomato sauce** or **spaghetti sauce made WITH meat**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

68c. How often did you eat your pasta, spaghetti, or other noodles with **tomato sauce** or **spaghetti sauce made WITHOUT meat**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

68d. How often did you eat your pasta, spaghetti, or other noodles with **margarine, butter, oil, or cream sauce**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

69. How often did you eat **bagels** or **English muffins**?

☐ NEVER (GO TO INTRODUCTION TO QUESTION 70)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

69a. How often were the bagels or English muffins you ate **whole wheat**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

69b. Each time you ate **bagels** or **English muffins**, how many did you usually eat?

- ☐ Less than 1 bagel or English muffin
☐ 1 bagel or English muffin
☐ More than 1 bagel or English muffin

69c. How often was **margarine** (including low-fat) added to your bagels or English muffins?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

69d. How often was **butter** (including low-fat) added to your bagels or English muffins?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

69e. Each time **margarine** or **butter** was added to your bagels or English muffins, how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 2 teaspoons
☐ More than 2 teaspoons

Over the past 12 months...

69f. How often was **cream cheese** (including low-fat) spread on your bagels or English muffins?

- ☐ Almost never or never (GO TO INTRODUCTION TO QUESTION 70)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

69g. Each time **cream cheese** was added to your bagels or English muffins, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 2 tablespoons
- ☐ More than 2 tablespoons

The next questions ask about your intake of breads other than bagels or English muffins. First, we will ask about bread you ate as part of sandwiches only. Then we will ask about all other bread you ate.

70. How often did you eat **breads or rolls AS PART OF SANDWICHES** (including burger and hot dog rolls)?
(Please do not include fast food sandwiches.)

- ☐ NEVER (GO TO QUESTION 71)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

70a. Each time you ate **breads or rolls AS PART OF SANDWICHES**, how many did you usually eat?

- ☐ 1 slice or ½ roll
- ☐ 2 slices or 1 roll
- ☐ More than 2 slices or more than 1 roll

70b. How often were the breads or rolls that you used for your sandwiches **white bread** (including burger and hot dog rolls)?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

70c. How often was **mayonnaise** or **mayonnaise-type dressing** (including low-fat) added to the breads or rolls used for your sandwiches?

- ☐ Almost never or never (GO TO QUESTION 70e)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

70d. Each time **mayonnaise** or **mayonnaise-type dressing** was added to the breads or rolls used for your sandwiches, how much was usually added?

- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

70e. How often was **margarine** (including low-fat) added to the breads or rolls used for your sandwiches?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

70f. How often was **butter** (including low-fat) added to the breads or rolls used for your sandwiches?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

70g. Each time **margarine** or **butter** was added to the breads or rolls used for your sandwiches, how much was usually added?

- ☐ Never added
- ☐ Less than 1 teaspoon
- ☐ 1 to 2 teaspoons
- ☐ More than 2 teaspoons

71. How often did you eat **breads or dinner rolls, NOT AS PART OF SANDWICHES**?

- ☐ NEVER (GO TO QUESTION 72)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

Over the past 12 months...

71a. Each time you ate **bread**s or **dinner rolls**, **NOT AS PART OF SANDWICHES**, how much did you usually eat?

- ☐ 1 slice or 1 dinner roll
- ☐ 2 slices or 2 dinner rolls
- ☐ More than 2 slices or 2 dinner rolls

71b. How often were the breads or rolls you ate **white bread**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

71c. How often was **margarine** (including low-fat) added to your breads or rolls?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

71d. How often was **butter** (including low-fat) added to your breads or rolls?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

71e. Each time **margarine** or **butter** was added to your breads or rolls, how much was usually added?

- ☐ Never added
- ☐ Less than 1 teaspoon
- ☐ 1 to 2 teaspoons
- ☐ More than 2 teaspoons

71f. How often was **cream cheese** (including low-fat) added to your breads or rolls?

- ☐ Almost never or never (GO TO QUESTION 72)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

Question 72 appears in the next column

71g. Each time **cream cheese** was added to your breads or rolls, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 2 tablespoons
- ☐ More than 2 tablespoons

72. How often did you eat **jam, jelly, or honey** on bagels, muffins, bread, rolls, or crackers?

- ☐ NEVER (GO TO QUESTION 73)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

72a. Each time you ate **jam, jelly, or honey**, how much did you usually eat?

- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

73. How often did you eat **peanut butter or other nut butter**?

- ☐ NEVER (GO TO QUESTION 74)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

73a. Each time you ate **peanut butter or other nut butter**, how much did you usually eat?

- ☐ Less than 1 tablespoon
- ☐ 1 to 2 tablespoons
- ☐ More than 2 tablespoons

74. How often did you eat **roast beef or steak IN SANDWICHES**?

- ☐ NEVER (GO TO QUESTION 75)
- ☐ 1–6 times per year
- ☐ 7–11 times per year
- ☐ 1 time per month
- ☐ 2–3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

Question 75 appears on the next page

Over the **past 12 months...**

74a. Each time you ate **roast beef** or **steak IN SANDWICHES**, how much did you usually eat?

- ☐ Less than 1 slice or less than 2 ounces
☐ 1 to 2 slices or 2 to 4 ounces
☐ More than 2 slices or more than 4 ounces

75. How often did you eat **turkey** or **chicken COLD CUTS** (such as loaf, luncheon meat, turkey ham, turkey salami, or turkey pastrami)? (*We will ask about other turkey or chicken later.*)

☐ NEVER (GO TO QUESTION 76)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

75a. Each time you ate **turkey** or **chicken COLD CUTS**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices

76. How often did you eat **luncheon** or **deli-style ham**? (*We will ask about other ham later.*)

☐ NEVER (GO TO QUESTION 77)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

76a. Each time you ate **luncheon** or **deli-style ham**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices

76b. How often was the luncheon or deli-style ham you ate **light, low-fat, or fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

77. How often did you eat **other cold cuts** or **luncheon meats** (such as bologna, salami, corned beef, pastrami, or others, including low-fat)? (*Please do not include ham, turkey, or chicken cold cuts.*)

☐ NEVER (GO TO QUESTION 78)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

77a. Each time you ate **other cold cuts** or **luncheon meats**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices

77b. How often were the other cold cuts or luncheon meats you ate **light, low-fat, or fat-free**? (*Please do not include ham, turkey, or chicken cold cuts.*)

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

78. How often did you eat **canned tuna** (including in salads, sandwiches, or casseroles)?

☐ NEVER (GO TO QUESTION 79)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

78a. Each time you ate **canned tuna**, how much did you usually eat?

- ☐ Less than ¼ cup or less than 2 ounces
☐ ¼ to ½ cup or 2 to 3 ounces
☐ More than ½ cup or more than 3 ounces

78b. How often was the canned tuna you ate **water-packed**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

Over the past 12 months...

78c. How often was the canned tuna you ate **prepared with mayonnaise or other dressing** (including low-fat)?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

79. How often did you eat **GROUND chicken or turkey?** *(We will ask about other chicken and turkey later.)*

☐ NEVER (GO TO QUESTION 80)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

79a. Each time you ate **GROUND chicken or turkey**, how much did you usually eat?

- ☐ Less than 2 ounces or less than ½ cup
- ☐ 2 to 4 ounces or ½ to 1 cup
- ☐ More than 4 ounces or more than 1 cup

80. How often did you eat **beef hamburgers or cheeseburgers** from a **FAST FOOD** or **OTHER RESTAURANT**?

☐ NEVER (GO TO QUESTION 81)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

80a. Each time you ate **beef hamburgers or cheeseburgers** from a **FAST FOOD** or **OTHER RESTAURANT**, what size did you usually eat?

- ☐ Small hamburger (such as a regular Burger King or McDonald's Hamburger)
- ☐ Medium (such as McDonald's or Burger King Double Burger or Cheeseburger)
- ☐ Large (such as Burger King Whopper or Double Whopper or a McDonald's Double Quarter Pounder)

Question 81 appears in the next column

80b. Each time you ate **beef hamburgers or cheeseburgers** from a **FAST FOOD** or **OTHER RESTAURANT**, how much did you usually eat?

- ☐ Less than 1 burger
- ☐ 1 burger
- ☐ More than 1 burger

80c. How often did you have **cheeseburgers** rather than **hamburgers**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

81. How often did you eat **beef hamburgers or cheeseburgers** that were **NOT FROM A FAST FOOD** or **OTHER RESTAURANT**?

☐ NEVER (GO TO QUESTION 82)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

81a. Each time you ate **beef hamburgers or cheeseburgers** that were **NOT FROM A FAST FOOD** or **OTHER RESTAURANT**, how much did you usually eat?

- ☐ Less than 1 patty or less than 2 ounces
- ☐ 1 patty or 2 to 4 ounces
- ☐ More than 1 patty or more than 4 ounces

81b. How often were these beef hamburgers or cheeseburgers made with **lean ground beef**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

82. How often did you eat **ground beef in mixtures** (such as meatballs, casseroles, chili, or meatloaf)?

☐ NEVER (GO TO QUESTION 83)

- | | |
|--|---|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |

Question 83 appears on the next page

☐ 1 time per week

☐ 2 or more times per day

Over the past 12 months...

82a. Each time you ate **ground beef in mixtures**, how much did you usually eat?

- ☐ Less than 3 ounces or less than ½ cup
☐ 3 to 8 ounces or ½ to 1 cup
☐ More than 8 ounces or more than 1 cup

83. How often did you eat **hot dogs or frankfurters**? (*Please do not include sausages or vegetarian hot dogs.*)

☐ NEVER (GO TO QUESTION 84)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

83a. Each time you ate **hot dogs or frankfurters**, how many did you usually eat?

- ☐ Less than 1 hot dog
☐ 1 to 2 hot dogs
☐ More than 2 hot dogs

83b. How often were the hot dogs or frankfurters you ate **light** or **low-fat**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

84. How often did you eat **beef mixtures** (such as beef stew, beef pot pie, beef and noodles, or beef and vegetables)?

☐ NEVER (GO TO QUESTION 85)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

84a. Each time you ate **beef mixtures**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 cups
☐ More than 2 cups

85. How often did you eat **roast beef** or **pot roast**?
(Please do not include roast beef or pot roast in sandwiches.)

- ☐ NEVER (GO TO QUESTION 86)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

85a. Each time you ate **roast beef** or **pot roast**, how much did you usually eat?

- ☐ Less than 2 ounces
☐ 2 to 5 ounces
☐ More than 5 ounces

86. How often did you eat **steak** (beef)?
(Please do not include steak in sandwiches)

- ☐ NEVER (GO TO QUESTION 87)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

86a. Each time you ate **steak** (beef), how much did you usually eat?

- ☐ Less than 3 ounces
☐ 3 to 7 ounces
☐ More than 7 ounces

86b. How often was the steak you ate **lean steak**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

87. How often did you eat **pork** or **beef spareribs**?

- ☐ NEVER (GO TO QUESTION 88)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

87a. Each time you ate **pork** or **beef spareribs**, how much did you usually eat?

- ☐ Less than 4 ribs
☐ 4 to 12 ribs
☐ More than 12 ribs

88. How often did you eat **roast turkey**, **turkey cutlets**, or **turkey nuggets** (including in sandwiches)?

- ☐ NEVER (GO TO QUESTION 89)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

88a. Each time you ate **roast turkey**, **turkey cutlets**, or **turkey nuggets**, how much did you usually eat? (Please note: 4 to 8 turkey nuggets = 3 ounces.)

- ☐ Less than 2 ounces
☐ 2 to 4 ounces
☐ More than 4 ounces

89. How often did you eat **chicken mixtures** (such as salads, sandwiches, casseroles, stews, or other mixtures)?

- ☐ NEVER (GO TO QUESTION 90)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

89a. Each time you ate **chicken mixtures**, how much did you usually eat?

- ☐ Less than ½ cup
☐ ½ to 1½ cups
☐ More than 1½ cups

90. How often did you eat **baked, broiled, roasted, stewed, or fried chicken** (including nuggets)?
(Please do not include chicken in mixtures.)

☐ NEVER (GO TO QUESTION 91)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

90a. Each time you ate **baked, broiled, roasted, stewed, or fried chicken** (including nuggets), how much did you usually eat?

- ☐ Less than 2 drumsticks or wings, less than 1 breast or thigh, or less than 4 nuggets
- ☐ 2 drumsticks or wings, 1 breast or thigh, or 4 to 8 nuggets
- ☐ More than 2 drumsticks or wings, more than 1 breast or thigh, or more than 8 nuggets

90b. How often was the chicken you ate **fried chicken** (including deep fried) or **chicken nuggets**?

- ☐ Almost never or never
- ☐ About $\frac{1}{4}$ of the time
- ☐ About $\frac{1}{2}$ of the time
- ☐ About $\frac{3}{4}$ of the time
- ☐ Almost always or always

90c. How often was the chicken you ate **WHITE meat**?

- ☐ Almost never or never
- ☐ About $\frac{1}{4}$ of the time
- ☐ About $\frac{1}{2}$ of the time
- ☐ About $\frac{3}{4}$ of the time
- ☐ Almost always or always

90d. How often did you eat chicken **WITH skin**?

- ☐ Almost never or never
- ☐ About $\frac{1}{4}$ of the time
- ☐ About $\frac{1}{2}$ of the time
- ☐ About $\frac{3}{4}$ of the time
- ☐ Almost always or always

91. How often did you eat **baked ham or ham steak**?

☐ NEVER (GO TO QUESTION 92)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

91a. Each time you ate **baked ham** or **ham steak**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 3 ounces
☐ More than 3 ounces

92. How often did you eat **pork** (including chops, roasts, and in mixed dishes)? *(Please do not include ham, ham steak, or sausage.)*

☐ NEVER (GO TO QUESTION 93)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

92a. Each time you ate **pork**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 chop
☐ 2 to 5 ounces or 1 chop
☐ More than 5 ounces or more than 1 chop

93. How often did you eat **gravy** on meat, chicken, potatoes, rice, etc.?

☐ NEVER (GO TO QUESTION 94)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

93a. Each time you ate **gravy** on meat, chicken, potatoes, rice, etc., how much did you usually eat?

- ☐ Less than $\frac{1}{8}$ cup
☐ $\frac{1}{8}$ to $\frac{1}{2}$ cup
☐ More than $\frac{1}{2}$ cup

94. How often did you eat **liver** (all kinds) or **liverwurst**?

☐ NEVER (GO TO QUESTION 95)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

94a. Each time you ate **liver** or **liverwurst**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 4 ounces
☐ More than 4 ounces

95. How often did you eat **bacon** (including low-fat)?

☐ NEVER (GO TO QUESTION 96)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

95a. Each time you ate **bacon**, how much did you usually eat?

- ☐ Fewer than 2 slices
☐ 2 to 3 slices
☐ More than 3 slices

95b. How often was the bacon you ate **light, low-fat, or lean**?

- ☐ Almost never or never
☐ About $\frac{1}{4}$ of the time
☐ About $\frac{1}{2}$ of the time
☐ About $\frac{3}{4}$ of the time
☐ Almost always or always

96. How often did you eat **sausage** (including low-fat)?

☐ NEVER (GO TO QUESTION 97)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

96a. Each time you ate **sausage**, how much did you usually eat?

- ☐ Less than 1 patty or 2 links
☐ 1 to 3 patties or 2 to 5 links
☐ More than 3 patties or 5 links

96b. How often was the sausage you ate **light, low-fat, or lean**?

- ☐ Almost never or never
☐ About $\frac{1}{4}$ of the time
☐ About $\frac{1}{2}$ of the time
☐ About $\frac{3}{4}$ of the time
☐ Almost always or always

Over the **past 12 months**...

97. How often did you eat **fried shellfish** (such as crab, lobster, shrimp)?

☐ NEVER (GO TO QUESTION 98)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

97a. Each time you ate **fried shellfish**, how much did you usually eat?

- ☐ Less than 2 ounces
☐ 2 to 4 ounces
☐ More than 4 ounces

98. How often did you eat **shellfish** (such as crab, lobster, shrimp) **that was NOT FRIED**?

☐ NEVER (GO TO QUESTION 99)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

98a. Each time you ate **shellfish that was NOT FRIED**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 4 ounces
☐ More than 4 ounces

99. How often did you eat **salmon, fresh tuna or trout**?

☐ NEVER (GO TO QUESTION 100)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

99a. Each time you ate **salmon, fresh tuna or trout**, how much did you usually eat?

- ☐ Less than 2 ounces
☐ 2 to 6 ounces
☐ More than 6 ounces

100. How often did you eat **fish sticks** or other **fried fish** (not including shellfish)?

☐ NEVER (GO TO QUESTION 101)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

100a. Each time you ate **fish sticks** or other **fried fish**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 7 ounces or 1 fillet
☐ More than 7 ounces or more than 1 fillet

101. How often did you eat **other fish that was NOT FRIED** (not including shellfish)?

☐ NEVER (GO TO INTRODUCTION TO QUESTION 102)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

101a. Each time you ate **other fish that was NOT FRIED**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 5 ounces or 1 fillet
☐ More than 5 ounces or more than 1 fillet

Now think about all the meat, poultry, and fish you ate in the past 12 months and how they were prepared.

102. How often was **oil, butter, margarine, or other fat** used to **FRY, SAUTE, BASTE, OR MARINATE** any meat, poultry, or fish you ate? *(Please do not include deep frying.)*

☐ NEVER (GO TO QUESTION 103)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

102a. Which of the following **fats** were regularly used to prepare your meat, poultry, or fish?
(Mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Margarine (including low-fat) | <input type="checkbox"/> Corn oil |
| <input type="checkbox"/> Butter (including low-fat) | <input type="checkbox"/> Canola or rapeseed oil |
| <input type="checkbox"/> Lard, fatback, or bacon fat | <input type="checkbox"/> Oil spray (such as Pam or others) |
| <input type="checkbox"/> Olive oil | <input type="checkbox"/> Other kinds of oils |
| | <input type="checkbox"/> None of the above |

103. How often did you eat **tofu, soy burgers, or soy meat-substitutes**?

- ☐ NEVER (GO TO QUESTION 104)
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

103a. Each time you ate **tofu, soy burgers, or soy meat-substitutes**, how much did you usually eat?

- ☐ Less than ¼ cup or less than 2 ounces
☐ ¼ to ½ cup or 2 to 4 ounces
☐ More than ½ cup or more than 4 ounces

104. Over the past 12 months, did you eat **soups**?

☐ NO (GO TO QUESTION 105)

☐ YES

104a. How often did you eat **soup IN THE WINTER**?

- ☐ NEVER
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per winter | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per winter | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

104b. How often did you eat **soup DURING THE REST OF THE YEAR**?

- ☐ NEVER
- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

104c. Each time you ate **soup**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 cups
☐ More than 2 cups

104d. How often were the soups you ate **bean soups**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

104e. How often were the soups you ate **cream soups** (including chowders)?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

104f. How often were the soups you ate **tomato or vegetable soups**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

104g. How often were the soups you ate **broth soups** (including chicken) **with or without noodles or rice**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

105. How often did you eat **pizza**?

☐ NEVER (GO TO QUESTION 106)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the **past 12 months...**

105a. Each time you ate **pizza**, how much did you usually eat?

- ☐ Less than 1 slice or less than 1 mini pizza
- ☐ 1 to 3 slices or 1 mini pizza
- ☐ More than 3 slices or more than 1 mini pizza

105b. How often did you eat pizza with **pepperoni, sausage, or other meat**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

106. How often did you eat **crackers**?

☐ NEVER (GO TO QUESTION 107)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

106a. Each time you ate **crackers**, how many did you usually eat?

- ☐ Fewer than 4 crackers
- ☐ 4 to 10 crackers
- ☐ More than 10 crackers

107. How often did you eat **corn bread or corn muffins**?

☐ NEVER (GO TO QUESTION 108)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

107a. Each time you ate **corn bread or corn muffins**, how much did you usually eat?

- ☐ Less than 1 piece or muffin
- ☐ 1 to 2 pieces or muffins
- ☐ More than 2 pieces or muffins

108. How often did you eat **biscuits**?

☐ NEVER (GO TO QUESTION 109)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

108a. Each time you ate **biscuits**, how many did you usually eat?

- ☐ Fewer than 1 biscuit
- ☐ 1 to 2 biscuits
- ☐ More than 2 biscuits

109. How often did you eat **potato chips** (including low-fat, fat-free, or low-salt)?

☐ NEVER (GO TO QUESTION 110)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

109a. Each time you ate **potato chips**, how much did you usually eat?

- ☐ Fewer than 10 chips or less than 1 cup
- ☐ 10 to 25 chips or 1 to 2 cups
- ☐ More than 25 chips or more than 2 cups

109b. How often were the potato chips you ate **fat-free**? (*Please do not include reduced-fat chips.*)

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

110. How often did you eat **corn chips or tortilla chips** (including low-fat, fat-free, or low-salt)?

☐ NEVER (GO TO QUESTION 111)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

110a. Each time you ate **corn chips**, how much did you usually eat?

- ☐ Fewer than 10 chips or less than 1 cup
- ☐ 10 to 25 chips or 1 to 1½ cups
- ☐ More than 25 chips or more than 1½ cups

110b. How often were the corn chips or tortilla chips you ate **fat-free**? (*Please do not include reduced-fat chips.*)

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

111. How often did you eat **popcorn** (including low-fat)?

☐ NEVER (GO TO QUESTION 112)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

111a. Each time you ate **popcorn**, how much did you usually eat?

- ☐ Less than 2 cups, popped
- ☐ 2 to 5 cups, popped
- ☐ More than 5 cups, popped

112. How often did you eat **pretzels**?

☐ NEVER (GO TO QUESTION 113)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

112a. Each time you ate **pretzels**, how many did you usually eat?

- ☐ Fewer than 5 average twists
- ☐ 5 to 20 average twists
- ☐ More than 20 average twists

113. How often did you eat **peanuts, walnuts, seeds, or other nuts**?

☐ NEVER (GO TO QUESTION 114)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

113a. Each time you ate **peanuts, walnuts, seeds, or other nuts**, how much did you usually eat?

- ☐ Less than ¼ cup
- ☐ ¼ to ½ cup
- ☐ More than ½ cup

114. How often did you eat **energy, high-protein, or breakfast bars** (such as Power Bars, Balance, Clif, or others)?

☐ NEVER (GO TO QUESTION 115)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

114a. Each time you ate **energy, high-protein, or breakfast bars**, how much did you usually eat?

- ☐ Less than 1 bar
- ☐ 1 bar
- ☐ More than 1 bar

115. How often did you eat **yogurt** (NOT including frozen yogurt)?

☐ NEVER (GO TO QUESTION 116)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

115a. Each time you ate **yogurt**, how much did you usually eat?

- ☐ Less than ½ cup or less than 1 container
- ☐ ½ to 1 cup or 1 container
- ☐ More than 1 cup or more than 1 container

Over the **past 12 months...**

115b. How often was the **yogurt** you ate **low-fat** or **fat-free**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

116. How often did you eat **cottage cheese** (including low-fat)?

☐ NEVER (GO TO QUESTION 117)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

116a. Each time you ate **cottage cheese**, how much did you usually eat?

- ☐ Less than ¼ cup
- ☐ ¼ to 1 cup
- ☐ More than 1 cup

117. How often did you eat **cheese** (including low-fat; including on cheeseburgers or in sandwiches or subs)?

☐ NEVER (GO TO QUESTION 118)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

117a. Each time you ate **cheese**, how much did you usually eat?

- ☐ Less than ½ ounce or less than 1 slice
- ☐ ½ to 1½ ounces or 1 slice
- ☐ More than 1½ ounces or more than 1 slice

117b. How often was the cheese you ate **low-fat** or **fat-free**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

118. How often did you eat **frozen yogurt, sorbet, or ices** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 119)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

118a. Each time you ate **frozen yogurt, sorbet, or ices**, how much did you usually eat?

- ☐ Less than ½ cup or less than 1 scoop
- ☐ ½ to 1 cup or 1 to 2 scoops
- ☐ More than 1 cup or more than 2 scoops

119. How often did you eat **ice cream, ice cream bars, or sherbet** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 120)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

119a. Each time you ate **ice cream, ice cream bars, or sherbet**, how much did you usually eat?

- ☐ Less than ½ cup or less than 1 scoop
- ☐ ½ to 1½ cups or 1 to 2 scoops
- ☐ More than 1½ cups or more than 2 scoops

119b. How often was the ice cream you ate **light, low-fat, or fat-free ice cream** or **sherbet**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

120. How often did you eat **cake** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 121)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

Over the past 12 months...

120a. Each time you ate **cake**, how much did you usually eat?

- ☐ Less than 1 medium piece
- ☐ 1 medium piece
- ☐ More than 1 medium piece

121. How often did you eat **cookies** or **brownies** (including low-fat or fat-free)?

- ☐ NEVER (GO TO QUESTION 122)
- ☐ 1–6 times per year ☐ 2 times per week
- ☐ 7–11 times per year ☐ 3–4 times per week
- ☐ 1 time per month ☐ 5–6 times per week
- ☐ 2–3 times per month ☐ 1 time per day
- ☐ 1 time per week ☐ 2 or more times per day

121a. Each time you ate **cookies** or **brownies**, how much did you usually eat?

- ☐ Less than 2 cookies or 1 small brownie
- ☐ 2 to 4 cookies or 1 medium brownie
- ☐ More than 4 cookies or 1 large brownie

122. How often did you eat **doughnuts**, **sweet rolls**, **Danish**, or **pop-tarts**?

- ☐ NEVER (GO TO QUESTION 123)
- ☐ 1–6 times per year ☐ 2 times per week
- ☐ 7–11 times per year ☐ 3–4 times per week
- ☐ 1 time per month ☐ 5–6 times per week
- ☐ 2–3 times per month ☐ 1 time per day
- ☐ 1 time per week ☐ 2 or more times per day

122a. Each time you ate **doughnuts**, **sweet rolls**, **Danish**, or **pop-tarts**, how much did you usually eat?

- ☐ Less than 1 piece
- ☐ 1 to 2 pieces
- ☐ More than 2 pieces

123. How often did you eat **sweet muffins** or **dessert breads** (including low-fat or fat-free)?

- ☐ NEVER (GO TO QUESTION 124)
- ☐ 1–6 times per year ☐ 2 times per week
- ☐ 7–11 times per year ☐ 3–4 times per week
- ☐ 1 time per month ☐ 5–6 times per week
- ☐ 2–3 times per month ☐ 1 time per day
- ☐ 1 time per week ☐ 2 or more times per day

Question 124 appears in the next column

123a. Each time you ate **sweet muffins** or **dessert breads**, how much did you usually eat?

- ☐ Less than 1 medium piece
- ☐ 1 medium piece
- ☐ More than 1 medium piece

124. How often did you eat **fruit crisp**, **cobbler**, or **strudel**?

- ☐ NEVER (GO TO QUESTION 125)
- ☐ 1–6 times per year ☐ 2 times per week
- ☐ 7–11 times per year ☐ 3–4 times per week
- ☐ 1 time per month ☐ 5–6 times per week
- ☐ 2–3 times per month ☐ 1 time per day
- ☐ 1 time per week ☐ 2 or more times per day

124a. Each time you ate **fruit crisp**, **cobbler**, or **strudel**, how much did you usually eat?

- ☐ Less than ½ cup
- ☐ ½ to 1 cup
- ☐ More than 1 cup

125. How often did you eat **pie**?

- ☐ NEVER (GO TO QUESTION 126)
- ☐ 1–6 times per year ☐ 2 times per week
- ☐ 7–11 times per year ☐ 3–4 times per week
- ☐ 1 time per month ☐ 5–6 times per week
- ☐ 2–3 times per month ☐ 1 time per day
- ☐ 1 time per week ☐ 2 or more times per day

125a. Each time you ate **pie**, how much did you usually eat?

- ☐ Less than ⅛ of a pie
- ☐ About ⅛ of a pie
- ☐ More than ⅛ of a pie

The next four questions ask about the kinds of pie you ate. Please read all four questions before answering.

125b. How often were the pies you ate **fruit pie** (such as apple, blueberry, others)?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

Question 126 appears on the next page

Over the past 12 months...

125c. How often were the pies you ate **cream, pudding, custard, or meringue pie**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

125d. How often were the pies you ate **pumpkin or sweet potato pie**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

125e. How often were the pies you ate **pecan pie**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

126. How often did you eat **chocolate candy**?

☐ NEVER (GO TO QUESTION 127)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

126a. Each time you ate **chocolate candy**, how much did you usually eat?

- ☐ Less than 1 average bar or less than 1 ounce
- ☐ 1 average bar or 1 to 2 ounces
- ☐ More than 1 average bar or more than 2 ounces

127. How often did you eat **other candy**?

☐ NEVER (GO TO QUESTION 128)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

127a. Each time you ate **other candy**, how much did you usually eat?

- ☐ Fewer than 2 pieces
- ☐ 2 to 9 pieces
- ☐ More than 9 pieces

Question 128 appears in the next column

128. How often did you eat **eggs, egg whites, or egg substitutes** (NOT counting eggs in baked goods and desserts)? *(Please include eggs in salads, quiche, and soufflés.)*

☐ NEVER (GO TO QUESTION 129)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

128a. Each time you ate **eggs**, how many did you usually eat?

- ☐ 1 egg
- ☐ 2 eggs
- ☐ 3 or more eggs

128b. How often were the eggs you ate **egg substitutes or egg whites only**?

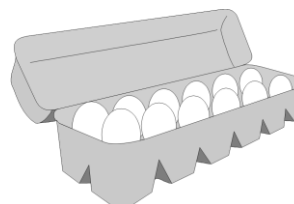
- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

128c. How often were the eggs you ate **regular whole eggs**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

128d. How often were the eggs you ate **cooked in oil, butter, or margarine**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always



Question 129 appears on the next page

Over the past 12 months...

128e. How often were the eggs you ate part of **egg salad**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

129. How many cups of **coffee**, caffeinated or decaffeinated, did you drink (including coffee drinks such as Latte, Mocha, Frappuccino, etc.)?

- ☐ NONE (GO TO QUESTION 130)
- ☐ Less than 1 cup 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 or more cups per day

129a. How often was the coffee you drank **decaffeinated**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

130. How many glasses, cans, or bottles of **COLD** or **ICED tea**, caffeinated or decaffeinated, did you drink?

- ☐ NONE (GO TO QUESTION 131)
- ☐ Less than 1 glass, can or bottle per month
- ☐ 3 glasses, cans or bottles per month
- ☐ 1 glass, can or bottle per week
- ☐ 2–4 glasses, cans or bottles per week
- ☐ 5–6 glasses, cans or bottles per week
- ☐ 1 glass, can or bottle per day
- ☐ 2–3 glasses, cans or bottles per day
- ☐ 4–5 glasses, cans or bottles per day
- ☐ 6 or more glasses, cans or bottles per day

130a. How often was the cold or iced tea you drank **decaffeinated** or **herbal**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

Question 131 appears in the next column

130b. How often was the cold or iced tea you drank **presweetened with either sugar or artificial sweeteners** (such as Splenda, Equal, Sweet'N Low or others)?

- ☐ Almost never or never (GO TO QUESTION 131)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

130c. What kind of **sweetener** was added to your presweetened cold or iced tea most of the time?

- ☐ Sugar or honey
- ☐ Artificial sweeteners (such as Splenda, Equal, Sweet'N Low or others)

131. How many cups of **HOT tea**, caffeinated or decaffeinated, did you drink?

- ☐ NONE (GO TO QUESTION 132)
- ☐ Less than 1 cup 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 or more cups per day

131a. How often was the hot tea you drank **decaffeinated** or **herbal**?

- ☐ Almost never or never
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

132. Over the past 12 months, did you add **sugar, honey or other sweeteners** to your tea or coffee (hot or iced)?

- ☐ NO (GO TO QUESTION 133)
- ☐ YES

132a. How often did you add **sugar** or **honey** to your coffee or tea (hot or iced)?

- ☐ Almost never or never (GO TO QUESTION 132c)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

Question 133 appears on the next page

Over the **past 12 months**...

132b. Each time **sugar** or **honey** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

132c. How often did you add **artificial sweetener** (such as Splenda, Equal, Sweet'N Low or others) to your coffee or tea?

- ☐ Almost never or never (GO TO QUESTION 133)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

132d. What kind of **artificial sweetener** did you usually use?

- ☐ Equal or aspartame
- ☐ Sweet'N Low or saccharin
- ☐ Splenda or sucralose
- ☐ Herbal extracts or other kind

132e. Each time **artificial sweetener** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 packet or less than 1 teaspoon
- ☐ 1 packet or 1 teaspoon
- ☐ More than 1 packet or more than 1 teaspoon

133. Over the past 12 months, did you add **whiteners** (such as cream, milk, or non-dairy creamer) to your tea or coffee?

☐ NO (GO TO QUESTION 134)

☐ YES

133a. How often was **non-dairy creamer** added to your coffee or tea?

- ☐ Almost never or never (GO TO QUESTION 133d)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

Question 133d appears in the next column

Question 134 appears on the next page

133b. Each time **non-dairy creamer** was added to your coffee or tea, how much was usually used?

- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

133c. What kind of **non-dairy creamer** did you usually use?

- ☐ Regular powdered
- ☐ Low-fat or fat-free powdered
- ☐ Regular liquid
- ☐ Low-fat or fat-free liquid

133d. How often was **cream** or **half and half** added to your coffee or tea?

- ☐ Almost never or never (GO TO QUESTION 133f)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

133e. Each time **cream** or **half and half** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 2 tablespoons
- ☐ More than 2 tablespoons

133f. How often was **milk** added to your coffee or tea?

- ☐ Almost never or never (GO TO QUESTION 134)
- ☐ About ¼ of the time
- ☐ About ½ of the time
- ☐ About ¾ of the time
- ☐ Almost always or always

133g. Each time **milk** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

133h. What kind of **milk** was usually added to your coffee or tea?

- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% milk
- ☐ Skim, nonfat, or ½% milk
- ☐ Evaporated or condensed (canned) milk
- ☐ Soy milk
- ☐ Rice milk
- ☐ Other

Question 134 appears on the next page

Over the past 12 months...

134. How often was **sugar** or **honey** added to foods you ate? (*Please do not include sugar in coffee, tea, other beverages, or baked goods.*)

☐ NEVER (GO TO INTRODUCTION TO QUESTION 135)

- | | |
|--|--|
| <input type="checkbox"/> 1–6 times per year | <input type="checkbox"/> 2 times per week |
| <input type="checkbox"/> 7–11 times per year | <input type="checkbox"/> 3–4 times per week |
| <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 5–6 times per week |
| <input type="checkbox"/> 2–3 times per month | <input type="checkbox"/> 1 time per day |
| <input type="checkbox"/> 1 time per week | <input type="checkbox"/> 2 or more times per day |

134a. Each time **sugar** or **honey** was added to foods you ate, how much was usually added?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

The following questions are about the kinds of margarine, mayonnaise, sour cream, cream cheese, and salad dressing that you ate. If possible, please check the labels of these foods to help you answer.

135. Over the past 12 months, did you eat **margarine**?

☐ NO (GO TO QUESTION 136)

☐ YES

135a. How often was the margarine you ate **light, low-fat, or fat-free** (stick or tub)?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

136. Over the past 12 months, did you eat **butter**?

☐ NO (GO TO QUESTION 137)

☐ YES

136a. How often was the butter you ate **light or low-fat**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

Question 137 appears in the next column

137.

Over the past 12 months, did you eat **mayonnaise** or **mayonnaise-type dressing**?

☐ NO (GO TO QUESTION 138)

☐ YES

137a. How often was the mayonnaise you ate **light, low-fat or fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

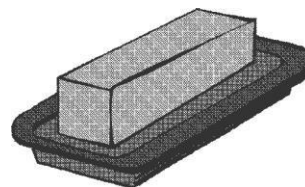
138. Over the past 12 months, did you eat **sour cream**?

☐ NO (GO TO QUESTION 139)

☐ YES

138a. How often was the sour cream you ate **light, low-fat, or fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always



139. Over the past 12 months, did you eat **cream cheese**?

☐ NO (GO TO QUESTION 140)

☐ YES

139a. How often was the cream cheese you ate **light, low-fat, or fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

Question 140 appears on the next page

Over the past 12 months...

140. Over the past 12 months, did you eat **salad dressing**?

☐ NO (GO TO INTRODUCTION TO QUESTION 141)

☐ YES

140a. How often was the salad dressing you ate **light, low-fat or fat-free**?

- ☐ Almost never or never
☐ About ¼ of the time
☐ About ½ of the time
☐ About ¾ of the time
☐ Almost always or always

The following two questions ask you to summarize your usual intake of vegetables and

fruits. Please do not include salads, potatoes, or juices.

141. Over the past 12 months, how many servings of **vegetables** (not including salad or potatoes) did you eat per week or per day?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 per week | <input type="checkbox"/> 2 per day |
| <input type="checkbox"/> 1–2 per week | <input type="checkbox"/> 3 per day |
| <input type="checkbox"/> 3–4 per week | <input type="checkbox"/> 4 per day |
| <input type="checkbox"/> 5–6 per week | <input type="checkbox"/> 5 or more per day |
| <input type="checkbox"/> 1 per day | |

142. Over the past 12 months, how many servings of **fruit** (not including juices) did you eat per week or per day?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 per week | <input type="checkbox"/> 2 per day |
| <input type="checkbox"/> 1–2 per week | <input type="checkbox"/> 3 per day |
| <input type="checkbox"/> 3–4 per week | <input type="checkbox"/> 4 per day |
| <input type="checkbox"/> 5–6 per week | <input type="checkbox"/> 5 or more per day |
| <input type="checkbox"/> 1 per day | |

143. Over the past month, which of the following foods did you eat **AT LEAST THREE TIMES**? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Avocado, guacamole | <input type="checkbox"/> Olives |
| <input type="checkbox"/> Cheesecake | <input type="checkbox"/> Oysters |
| <input type="checkbox"/> Chocolate, fudge, or butterscotch toppings or syrups | <input type="checkbox"/> Pickles or pickled vegetables or fruit |
| <input type="checkbox"/> Chow mein noodles | <input type="checkbox"/> Plantains |
| <input type="checkbox"/> Croissants | <input type="checkbox"/> Pork neck bones, hock, head, feet |
| <input type="checkbox"/> Dried apricots | <input type="checkbox"/> Pudding or custard |
| <input type="checkbox"/> Egg rolls | <input type="checkbox"/> Veal, venison, lamb |
| <input type="checkbox"/> Granola bars | <input type="checkbox"/> Whipped cream, regular |
| <input type="checkbox"/> Hot peppers | <input type="checkbox"/> Whipped cream, substitute |
| <input type="checkbox"/> Ice-cream sodas | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Jelly-O, gelatin | |
| <input type="checkbox"/> Mangoes | |
| <input type="checkbox"/> Milkshakes or | |

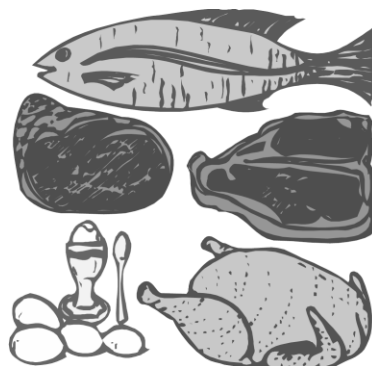
144. For **ALL** of the past 12 months, have you followed any type of **vegetarian diet**?

☐ NO (GO TO INTRODUCTION TO QUESTION 145)

☐ YES

144a. Which of the following foods did you **TOTALLY EXCLUDE** from your diet? (Mark all that apply.)

- ☐ Meat (beef, pork, lamb, etc.)
☐ Poultry (chicken, turkey, duck)
☐ Fish and seafood
☐ Eggs
☐ Dairy products (milk, cheese, etc.)



Introduction to Question 145 appears on the next page

The next questions are about your use of vitamin pills or other supplements.

145. Over the past 12 months, did you take any **multivitamins**, such as One-a-Day-, Theragran-, Centrum-, or Prenatal-type multivitamins (as pills, liquids, or packets)?

☐ NO (GO TO INTRODUCTION TO QUESTION 147)

↓ ☐ YES

146. How often did you take **One-a-day-, Theragran-, Centrum- or Prenatal-type** multivitamins?

- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

146a. Did your **multivitamin** usually contain **minerals** (such as iron, zinc, etc.)?

- ☐ NO
- ☐ YES
- ☐ Don't know

146b. For how many years have you taken **multivitamins**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

146c. Over the past 12 months, did you take any **vitamins, minerals, or other herbal supplements** other than your multivitamin?

☐ NO

Thank you **very much** for completing this questionnaire! Because we want to be able to use all the information you have provided, we would greatly appreciate it if you would please take a moment to review each page making sure that you:

- Did not skip any pages and
- Crossed out the incorrect answer and circled the correct answer if you made any changes.

☐ YES (GO TO INTRODUCTION TO QUESTION 147)

These last questions are about the vitamins, minerals, or herbal supplements you took that are **NOT** part of a One-a-day-, Theragran-, or Centrum-type of multivitamin.

Over the past 12 months...

147. How often did you take **Antacids such as Tums or Roloids**?

☐ NEVER (GO TO QUESTION 148)

- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

147a. When you took **Antacids such as Tums or Roloids**, about how many tablets or lozenges did you take in one day?

- ☐ Less than 1
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Don't know

147b. Was your antacid usually “extra strength”?

- ☐ NO
- ☐ YES
- ☐ Don't know

147c. For how many years have you taken **Antacids such as Tums or Roloids**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

148. How often did you take **Calcium** (with or without Vitamin D) (**NOT** as part of a multivitamin in Question 146 or antacid in Question 147)?

☐ NEVER (GO TO QUESTION 149)

- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

Over the **past 12 months...**

148a. When you took **Calcium**, about how much elemental calcium did you take in one day?
(If possible, please check the label for elemental calcium.)

- ☐ Less than 500 mg
- ☐ 500–599 mg
- ☐ 600–999 mg
- ☐ 1,000 mg or more
- ☐ Don't know

148b. Did your **Calcium** usually contain **Vitamin D**?

- ☐ NO
- ☐ YES
- ☐ Don't know

148c. Did your **Calcium** usually contain **Magnesium**?

- ☐ NO
- ☐ YES
- ☐ Don't know

148d. Did your **Calcium** usually contain **Zinc**?

- ☐ NO
- ☐ YES
- ☐ Don't know

148e. For how many years have you taken **Calcium**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

149. How often did you take **Iron** (**NOT** as part of a multivitamin in Question 146)?

- ☐ NEVER (GO TO QUESTION 150)
- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

149a. For how many years have you taken **Iron**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

Question 150 appears in the next column

150. How often did you take **Vitamin C** (**NOT** as part of a multivitamin in Question 146)?

- ☐ NEVER (GO TO QUESTION 151)
- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

150a. When you took **Vitamin C**, about how much did you take in one day?

- ☐ Less than 500 mg
- ☐ 500–999 mg
- ☐ 1,000–1,499 mg
- ☐ 1,500–1,999 mg
- ☐ 2,000 mg or more
- ☐ Don't know

150b. For how many years have you taken **Vitamin C**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

151. How often did you take **Vitamin E** (**NOT** as part of a multivitamin in Question 146)?

- ☐ NEVER (GO TO INTRODUCTION TO QUESTION 152)
- ☐ Less than 1 day per month
- ☐ 1–3 days per month
- ☐ 1–3 days per week
- ☐ 4–6 days per week
- ☐ Every day

151a. When you took **Vitamin E**, about how much did you take in one day?

- ☐ Less than 400 IU
- ☐ 400–799 IU
- ☐ 800–999 IU
- ☐ 1,000 IU or more
- ☐ Don't know

151b. For how many years have you taken **Vitamin E**?

- ☐ Less than 1 year
- ☐ 1–4 years
- ☐ 5–9 years
- ☐ 10 or more years

Over the past 12 months...

The last two questions ask you about other supplements you took more than once per week.

152. Please mark any of the following **single supplements** you took more than once per week (**NOT** as part of a multivitamin in Question 147):

- | | |
|--|---|
| <input type="checkbox"/> B-6 | <input type="checkbox"/> Occu-vite/Eye health |
| <input type="checkbox"/> B-complex | <input type="checkbox"/> Potassium |
| <input type="checkbox"/> B-12 | <input type="checkbox"/> Selenium |
| <input type="checkbox"/> Beta-carotene | <input type="checkbox"/> Vitamin A |
| <input type="checkbox"/> Folic acid/folate | <input type="checkbox"/> Vitamin D |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> Zinc |

153. Please mark any of the following **herbal, botanical, or other supplements** you took more than once per week.

- | | |
|---|--|
| <input type="checkbox"/> Chondroitin | <input type="checkbox"/> Ginseng |
| <input type="checkbox"/> Coenzyme Q-10 | <input type="checkbox"/> Glucosamine/
chondroitin |
| <input type="checkbox"/> Echinacea | <input type="checkbox"/> Peppermint |
| <input type="checkbox"/> Energy supplements | <input type="checkbox"/> Probiotics |
| <input type="checkbox"/> Fish oil/omega 3's | <input type="checkbox"/> Saw palmetto |
| <input type="checkbox"/> Flaxseed/oil | <input type="checkbox"/> Soy supplement |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Sports supplements |
| <input type="checkbox"/> Ginger | <input type="checkbox"/> St. John's wort |
| <input type="checkbox"/> Ginkgo biloba | <input type="checkbox"/> Other |

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