

the Hawai'i Cancer Research Survey



University of Hawai'i
Cancer Research Center
of Hawai'i



Is the address label correct? _____

If not, please give the correct spelling of your name and your correct address.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

This survey is to be filled out **ONLY** by the person named on the address label.

If you have questions, please call 586-2996.

MARKING INSTRUCTIONS

- Use Pencil only.
One is provided for your use.



- Do NOT use ink or ballpoint pens.

- Fill in the circle completely, staying within the circle line.



CORRECT MARK



INCORRECT MARKS

- Erase cleanly any answer you wish to change.
- Do NOT make any stray marks in this booklet.
- Marking Examples:

If you are a female, you would fill in the circle like this:

SEX

- ☐ Male
☒ Female

If your place of birth is Canada, which is not listed, you would fill in the circle for "other" and write your answer in the box like this:

PLACE OF BIRTH

- ☐ USA (includes Hawai'i)
☐ Mexico
☐ Central or South America
☐ Europe
☐ Africa
☐ Cuba or Caribbean Islands
☐ China, Hong Kong, or Taiwan
☐ Japan (includes Okinawa)
☐ Korea
☐ Philippines
☒ Other: (write in)

Canada

KEEP HANDWRITING
WITHIN THE BOX

Sometimes questions are designed to help you line up numbers in certain columns. For questions like this, first write the numbers in the boxes, then fill in the correct circle in each column.

If your birthdate is February 2, 1906, you would write the day and the year in the boxes, and then fill in the circle for February, the circles 0 and 2 for the day, and the circles 0 and 6 for the year.

MONTH	DAY		YEAR			
☐ JAN	0	2	1	9	0	6
☒ FEB	☒	☐			☒	☐
☐ MAR	☐	☐			☐	☐
☐ APR	☐	☐			☐	☐
☐ MAY	☐	☒			☐	☐
☐ JUN	☐	☐			☐	☐
☐ JUL		☐			☐	☐
☐ AUG		☐			☐	☐
☐ SEP		☐			☐	☒
☐ OCT		☐			☐	☐
☐ NOV		☐			☐	☐
☐ DEC		☐			☐	☐

PLEASE BEGIN THIS SURVEY ON PAGE 1.

BACKGROUND INFORMATION

1. WHAT IS YOUR SEX?

- ☐ Male
- ☐ Female

2. WHAT IS YOUR CURRENT MARITAL STATUS?

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never Married

3. WHERE WERE YOU BORN?

- ☐ USA (includes Hawai'i)
- ☐ Mexico
- ☐ Central or South America
- ☐ Europe
- ☐ Africa
- ☐ Cuba or Caribbean Islands
- ☐ China, Hong Kong, or Taiwan
- ☐ Japan (includes Okinawa)
- ☐ Korea
- ☐ Philippines
- ☐ Other: (write in)

4. HOW MANY YEARS HAVE YOU LIVED IN THE UNITED STATES?

- ☐ 5 years or less
- ☐ 6 - 10 years
- ☐ 11 - 15 years
- ☐ 16 - 25 years
- ☐ 26 years or more

5. WHERE WAS YOUR MOTHER BORN?

- ☐ USA (includes Hawai'i)
- ☐ Mexico
- ☐ Central or South America
- ☐ Europe
- ☐ Africa
- ☐ Cuba or Caribbean Islands
- ☐ China, Hong Kong, or Taiwan
- ☐ Japan (includes Okinawa)
- ☐ Korea
- ☐ Philippines
- ☐ Other: (write in)

6. WHERE WAS YOUR FATHER BORN?

- ☐ USA (includes Hawai'i)
- ☐ Mexico
- ☐ Central or South America
- ☐ Europe
- ☐ Africa
- ☐ Cuba or Caribbean Islands
- ☐ China, Hong Kong, or Taiwan
- ☐ Japan (includes Okinawa)
- ☐ Korea
- ☐ Philippines
- ☐ Other: (write in)

7. WHAT IS YOUR ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- ☐ Black or African-American
- ☐ Chinese
- ☐ Filipino
- ☐ Hawaiian
- ☐ Japanese (includes Okinawan)
- ☐ Korean
- ☐ Mexican or other Hispanic
- ☐ White or Caucasian
- ☐ Other: (write in)

8. WHAT IS YOUR MOTHER'S ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- ☐ Black or African-American
- ☐ Chinese
- ☐ Filipino
- ☐ Hawaiian
- ☐ Japanese (includes Okinawan)
- ☐ Korean
- ☐ Mexican or other Hispanic
- ☐ White or Caucasian
- ☐ Other: (write in)

9. WHAT IS YOUR FATHER'S ETHNIC OR RACIAL BACKGROUND? (Mark all that apply)

- ☐ Black or African-American
- ☐ Chinese
- ☐ Filipino
- ☐ Hawaiian
- ☐ Japanese (includes Okinawan)
- ☐ Korean
- ☐ Mexican or other Hispanic
- ☐ White or Caucasian
- ☐ Other: (write in)

10. HOW MANY CHILDREN HAVE YOU HAD?
(Include any who may have died.)

- ☐ 0 ☐ 4
☐ 1 ☐ 5
☐ 2 ☐ 6
☐ 3 ☐ 7 or more

11. HOW MANY FULL SISTERS DO YOU HAVE?
(Include any who may have died.)

- ☐ 0 ☐ 4
☐ 1 ☐ 5
☐ 2 ☐ 6
☐ 3 ☐ 7 or more

12. HOW MANY FULL BROTHERS DO YOU HAVE?
(Include any who may have died.)

- ☐ 0 ☐ 4
☐ 1 ☐ 5
☐ 2 ☐ 6
☐ 3 ☐ 7 or more

13. HOW MUCH DO YOU CURRENTLY WEIGH?
(Record weight in pounds or kilograms)

POUNDS			OR	KILOGRAMS		
0	0	0		0	0	0
1	1	1		1	1	1
2	2	2		2	2	2
3	3	3		3	3	3
4	4	4		4	4	4
	5	5		5	5	5
	6	6		6	6	6
	7	7		7	7	7
	8	8		8	8	8
	9	9		9	9	9

14. HOW MUCH DID YOU WEIGH AT AGE 21?
(Record weight in pounds or kilograms)

POUNDS			OR	KILOGRAMS		
0	0	0		0	0	0
1	1	1		1	1	1
2	2	2		2	2	2
3	3	3		3	3	3
4	4	4		4	4	4
	5	5		5	5	5
	6	6		6	6	6
	7	7		7	7	7
	8	8		8	8	8
	9	9		9	9	9

15. HOW TALL ARE YOU?
(Record height in feet/inches or centimeters)

FEET		INCHES	OR	CENTIMETERS		
		0		0	0	0
		1		1	1	1
		2		2	2	2
3		3		3	3	3
4		4		4	4	4
5		5		5	5	5
6		6		6	6	6
7		7		7	7	7
		8		8	8	8
		9		9	9	9
		10				
		11				

16. HOW MANY YEARS OF SCHOOL HAVE YOU FINISHED? (Mark the highest grade completed)

- ☐ Did not complete 6th grade
☐ 6th - 8th grade
☐ 9th - 10th grade
☐ 11th - 12th grade
☐ Vocational school
☐ Some college
☐ Graduated college
☐ Graduate or professional school

17. HAVE YOU EVER SMOKED A TOTAL OF 20 OR MORE PACKS OF CIGARETTES IN YOUR LIFETIME?

- ☐ No (go to question 18)
☐ Yes, and I currently smoke
☐ Yes, but I quit smoking

IF YES, WHAT IS THE TOTAL NUMBER OF YEARS YOU SMOKED?

- ☐ 10 years or less ☐ 31 - 40 years
☐ 11 - 20 years ☐ 41 years or more
☐ 21 - 30 years

WHAT IS THE AVERAGE NUMBER OF CIGARETTES THAT YOU SMOKED PER DAY?

- ☐ 5 cigarettes or less ☐ 21 - 30 cigarettes
☐ 6 - 10 cigarettes ☐ 31 cigarettes or more
☐ 11 - 20 cigarettes

IF YOU QUIT SMOKING, HOW LONG AGO DID YOU QUIT?

- ☐ Less than 1 year ☐ 11 - 15 years
☐ 1 - 2 years ☐ 16 - 20 years
☐ 3 - 5 years ☐ 21 years or more
☐ 6 - 10 years

18. WHAT WAS THE NATURAL COLOR OF YOUR HAIR AT AGE 20 ?

- ☐ Black
- ☐ Blonde
- ☐ Light brown
- ☐ Medium or dark brown
- ☐ Red

19. WHAT IS THE COLOR OF YOUR EYES?

- ☐ Brown or black
- ☐ Blue
- ☐ Gray
- ☐ Green

20. IF YOU HAD TO BE IN THE HOT SUN WITHOUT PROTECTION FOR ONE HOUR, YOU WOULD GET A. . .

- ☐ Severe burn with blistering
- ☐ Severe burn without blistering
- ☐ Mild burn, then tan or darken
- ☐ No burn, but would tan or darken
- ☐ No burn and no tan

21. IF YOU HAD TO BE IN THE SUN REPEATEDLY, YOUR SKIN WOULD TAN OR DARKEN. . .

- ☐ Deeply
- ☐ Moderately
- ☐ Lightly
- ☐ Not at all

22. HAVE YOU EVER BEEN SUNBURNED SEVERELY ENOUGH TO CAUSE BLISTERING?

- ☐ No (go to question 23)
- ☐ Yes

IF YES, AT WHAT AGE DID THIS FIRST OCCUR?

- ☐ 0 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 15 years
- ☐ 16 - 20 years
- ☐ 21 - 25 years
- ☐ 26 years or older

HOW MANY TIMES HAS THIS OCCURRED?

- ☐ 0 - 5 times
- ☐ 6 - 10 times
- ☐ 11 - 15 times
- ☐ 16 - 20 times
- ☐ 21 - 25 times
- ☐ 26 times or more

23. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING? (Mark all that apply)

- ☐ High blood pressure
- ☐ Heart attack or angina (chest pain on exertion that is relieved by medication)
- ☐ Stroke
- ☐ Diabetes (high blood sugar)
- ☐ Tuberculosis (TB)
- ☐ Gout (high uric acid)
- ☐ Polyps of intestines
- ☐ Ulcer (stomach or duodenal)
- ☐ Partial removal of stomach
- ☐ Kidney stones
- ☐ Gallstones
- ☐ Gallbladder removed
- ☐ Blood transfusions
- ☐ Asthma, hayfever, skin allergy, food allergy or any other allergy
- ☐ Glaucoma
- ☐ Cataract surgery
- ☐ Colon or rectal cancer
- ☐ Stomach cancer
- ☐ Melanoma
- ☐ Other skin cancer
- ☐ Breast cancer
- ☐ Prostate cancer (men only)
- ☐ Cervix cancer (women only)
- ☐ Other uterine cancer (women only)
- ☐ Other cancer (fill in circle and write in kind):
- ☐ None of the above

MEN ONLY

- ☐ Vasectomy
- ☐ Enlarged prostate
- ☐ Surgery for enlarged prostate

EATING HABITS

24. The next questions are about your usual eating habits DURING THE LAST YEAR. For each food group, please fill in the circle that best describes HOW OFTEN you ate those items and then fill in the circle that best describes your USUAL SERVING SIZE.

Most categories include examples. They are only suggestions, and you may not eat all of the listed items. Some ethnic foods are also listed. If you don't recognize the name, you probably don't eat that item.

For each item, please include any fresh, frozen, canned, and packaged foods you ate, such as TV dinners, frozen entrees, vegetables, or side dishes.

If you did not eat an item, or if you ate an item less than once a month, fill in the circle in the first column. DO NOT LEAVE BLANK. It is not necessary to choose a serving size for these items.

For some categories, pictures of food on a dinner plate are included to help you estimate your usual serving size. Please note that "1 cup" refers to an 8-ounce (240 ml.) measuring cup.

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.

SOUPS, RAMEN, AND JOOK	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Cream Soup or Chowder	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Dried Bean or Pea (Legume) Soup (such as Portuguese bean, split pea)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Tomato or Vegetable Soup (may include meat, poultry, or fish)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Miso Soup	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Broth with Noodles or Rice (such as beef noodle, chicken rice, won tun mein)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Mexican Meat Soup or Stew (such as menudo, albondigas, cocido, pozole)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Ramen or Saimin (Oriental noodles with broth)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)
Jook (rice gruel - may include meat, poultry, fish, or vegetables)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (about 1 cup) OR ☐ Large bowl (2 cups or more)

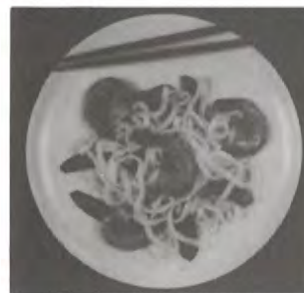
For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

NOODLES, SPAGHETTI, AND MIXED DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Chow Mein, Chow Fun, or Yakisoba (Oriental fried noodles)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Spaghetti, Ravioli, Lasagna, or Other Pasta with Tomato Sauce	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Macaroni and Cheese or Other Pasta and Cheese Casseroles	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Macaroni or Potato Salad (with mayonnaise)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Pasta or Somen Salad	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Noodle Casseroles (with tuna, chicken or turkey)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Pasta with Cream Sauce (such as linguine with clam sauce, beef stroganoff)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Arroz Con Pollo (rice with chicken)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Stew, Curry, Pot Pie or Empanada (with beef or lamb)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or 1 Empanada) OR ☐ Photo B (about 1 cup or 1 pie) OR ☐ Photo C (2 cups or more)
Stew, Curry, Pot Pie or Empanada (with chicken or turkey)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or 1 Empanada) OR ☐ Photo B (about 1 cup or 1 pie) OR ☐ Photo C (2 cups or more)

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

MIXED DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Stir-Fried Beef or Pork and Vegetables, or Fajitas (such as beef broccoli, pork tofu, chop suey, sukiyaki)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Stir-Fried Chicken and Vegetables, or Fajitas (such as sukiyaki, nishime, chicken long rice)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Stir-Fried Shrimp or Fish and Vegetables	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Stir-Fried Vegetables (no meat)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (2 cups or more)
Pork and Greens or Lauaus	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B or 1 laulau OR ☐ Photo C or 2 laulaus or more
Chili	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ Small bowl (1 cup) OR ☐ Large bowl (2 cups or more)
Hamburgers (on a bun)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 regular size burger OR ☐ 1 quarter-pound burger OR ☐ 1 large double burger
Cheeseburgers (on a bun)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 regular size burger OR ☐ 1 quarter-pound burger OR ☐ 1 large double burger
Meat Loaf, Meatballs, or Patties (not fast-food hamburgers)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 2 meatballs OR ☐ 1 patty or slice or 3 meatballs OR ☐ 1 large patty or 5 meatballs
Pizza	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 piece or slice or less OR ☐ 2 to 3 pieces OR ☐ 4 pieces or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

MEATS (NOT PART OF MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Beef Steak or Roast, Veal or Lamb (includes beef teriyaki, chile colorado and carne asada)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (3 oz. or 1 lamb chop) OR ☐ Photo C (5 ounces or more)
Shortribs	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (or 2 shortribs) OR ☐ Photo C (or 3 ribs or more)
Corned Beef (fresh or canned)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (or 1/4 12-oz. tin) OR ☐ Photo C (or 1/2 12-oz. tin or more)
Corned Beef Hash	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 patty) OR ☐ Photo B (or 2 patties) OR ☐ Photo C (or 3 patties or more)
Pork Chops or Roasts, Kalua Pig, or Carnitas (includes chile verde)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (3 ounces) OR ☐ Photo C (5 ounces or more)
Ham (includes baked, fried, or sandwich)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (3 ounces) OR ☐ Photo C (5 ounces or more)
Ham Hocks or Pig's Feet	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (3 ounces) OR ☐ Photo C (5 ounces or more)
Spareribs	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 3 small or 1 long rib or less OR ☐ 2 to 3 long ribs (5-7 inches) OR ☐ 4 long ribs or more
Liver	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (or 3 chicken livers) OR ☐ Photo C (5 ounces or more)
Chicken or Turkey Wings	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 chicken wings or less OR ☐ 3 chicken wings OR ☐ 1 turkey or 4 chicken wings or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

POULTRY AND FISH (NOT PART OF MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Fried Chicken (includes fried chicken sandwich, nuggets)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (or 1 drumstick) OR ☐ Photo B (or 1 breast, 2 thighs, 3 wings, or 1 sandwich) OR ☐ Photo C (or 2 breasts or 4 thighs)
Roasted, Baked, Grilled or Stewed Chicken (includes grilled chicken sandwich)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (or 1 drumstick) OR ☐ Photo B (or 1 breast, 2 thighs, 3 wings, or 1 sandwich) OR ☐ Photo C (or 2 breasts or 4 thighs)
Turkey (includes roast, ground, deli-style, or sandwich)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1 ounce or less) OR ☐ Photo B (3 ounces) OR ☐ Photo C (5 ounces or more)
Fried Shrimp or Other Shellfish (includes tempura, fried calamari or squid)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 3 items OR ☐ 4 to 5 items or 1/2 cup OR ☐ 6 items or more
Cooked, Canned, or Raw Shellfish (such as crab, squid, shrimp)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 5-6 shrimp or 1/4 cup OR ☐ 1 crab or 1/2 cup OR ☐ 1 lobster tail or 1 cup or more
Fried Fish (includes pan-fried fish, frozen fish sticks, fried fish sandwich)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (about 1 ounce) OR ☐ Photo B (3 oz. or 1 sandwich) OR ☐ Photo C (5 ounces or more)
Baked, Broiled, Boiled or Raw Fish (such as red snapper, salmon, sashimi)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (about 1 ounce) OR ☐ Photo B (3 ounces) OR ☐ Photo C (5 ounces or more)
Canned Tunafish (plain, salad, or sandwich)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cup or 1/2 sandwich OR ☐ 1/2 cup or 1 sandwich OR ☐ 1 cup or 2 sandwiches
Other Canned Fish (such as salmon, mackerel, sardines)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 3 small sardines or 1/4 cup OR ☐ 1/2 cup fish OR ☐ 1 cup fish or more
Salted and Dried Fish (such as ike, cuttlefish, iriko)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or strip or piece OR ☐ 2 slices OR ☐ 4 slices or more

PROCESSED MEATS AND MEXICAN DISHES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Bacon (includes Canadian bacon)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or strip or piece OR ☐ 2 slices OR ☐ 3 slices or more
Regular Hot Dogs (beef or pork)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 hot dog OR ☐ 1 hot dog OR ☐ 2 hot dogs or more
Chicken or Turkey Hot Dogs or Luncheon Meats	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 hot dog or 1 slice OR ☐ 1 hot dog or 2 slices OR ☐ 2 hot dogs or 3 slices or more
Spam, Bologna, Salami, Pastrami or Other Luncheon Meats	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice (1 ounce or less) OR ☐ 2 slices OR ☐ 3 slices or more
Sausage (such as pork, beef, chorizo, Polish, Vienna, Portuguese, hot links)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 piece or link OR ☐ 2-3 pieces or links or 1 patty OR ☐ 4 pieces or links or more
Tacos, Tostadas, Sopes, or Taco Salad (with beef or pork)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items OR ☐ 3 items or more
Tacos, Tostadas, Sopes, or Taco Salad (with chicken)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items OR ☐ 3 items or more
Meat Burritos (includes beef and bean and other combinations)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 fast-food burrito OR ☐ 1 medium burrito OR ☐ 1 large or 2 fast-food burritos
Vegetable or Bean Burritos, Tacos, or Tostadas (no meat)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items OR ☐ 3 items or more
Enchiladas with Chicken	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 enchilada or less OR ☐ 2 enchiladas OR ☐ 3 enchiladas or more
Enchiladas with Beef	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 enchilada or less OR ☐ 2 enchiladas OR ☐ 3 enchiladas or more
Enchiladas with Cheese, Quesadillas, or Nachos with Cheese	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 enchilada or small quesadilla OR ☐ 2 enchiladas or 1 serving nachos OR ☐ 3 enchiladas
Tamales	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 tamale or less OR ☐ 1 tamale OR ☐ 2 tamales or more
Chili Rellenos	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 chili relleno or less OR ☐ 1 chili relleno OR ☐ 2 chili rellenos or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.

RICE, POTATOES, TARO, AND POI	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
White Rice (includes musubi)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or 1 scoop or less OR ☐ 1 rice bowl (1 cup) or 1 musubi OR ☐ 2 rice bowls or 2 musubi or more
Sushi or Barazushi	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1-2 pieces or small cone OR ☐ 3-4 pieces or 1 large cone or 1/2 cup OR ☐ 5 pieces or 1 cup or more
Brown or Wild Rice	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or 1 scoop or less OR ☐ 1 cup or 2 scoops OR ☐ 2 cups or more
Mexican or Spanish Rice	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup OR ☐ 2 cups or more
Fried Rice	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup OR ☐ 2 cups or more
French-Fried, Hash-Browned or other Fried Potatoes	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ fast-food small order or 1 cup OR ☐ fast-food medium order OR ☐ fast-food large order or more
Mashed, Scalloped or Au Gratin Potatoes	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or 1 scoop or less OR ☐ 1 cup or 2 scoops OR ☐ 2 cups or more
Baked or Boiled White Potatoes	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small or 1/2 medium or less OR ☐ 1 medium (about 5 inches) OR ☐ 1 large potato or more
Yellow-Orange Sweet Potatoes or Yams	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small or 1/2 medium or less OR ☐ 1 medium (about 5 inches) OR ☐ 1 large potato or more
White or Purple Sweet Potatoes	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small or 1/2 medium or less OR ☐ 1 medium (about 5 inches) OR ☐ 1 large potato or more
Taro	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 taro or less OR ☐ 1/2 taro OR ☐ 1 whole taro or more
Poi	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cup or less OR ☐ 1/2 cup OR ☐ 1 cup or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

SALAD ITEMS, EGGS, AND OTHER NON-MEAT ITEMS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Light Green Lettuce or Tossed Salad (such as iceberg or head lettuce)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (1-1/2 cups or more)
Dark Green Lettuce (such as romaine, red, butter, manoa, endive)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/2 cup or less) OR ☐ Photo B (about 1 cup) OR ☐ Photo C (1-1/2 cups or more)
Tomatoes	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 slices or wedges or 2 cherry tomatoes or less OR ☐ 4 slices or 1/2 medium tomato OR ☐ 1 medium tomato or more
Coleslaw	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cup or less OR ☐ 1/2 cup OR ☐ 1 cup or more
Regular Salad Dressings or Mayonnaise Added to Salads	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 teaspoons or less OR ☐ 1 Tablespoon OR ☐ 2 Tablespoons or more
Low-Calorie or Diet Dressings Added to Salads	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 teaspoons or less OR ☐ 1 Tablespoon OR ☐ 2 Tablespoons or more
Eggs, Cooked or Raw (includes egg salad)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 egg OR ☐ 1 egg or 1 sandwich OR ☐ 2 eggs or more
Egg Substitute	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 Tablespoons OR ☐ 1/4 cup (= 1 egg) OR ☐ 1/2 cup (= 2 eggs) or more
Tofu (soybean curd)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 cubes or 1/4 cup OR ☐ 1/4 block or 1/2 cup OR ☐ 1/2 block or more
Vegetarian Meat Loaf, Meatballs or Patties	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 2 meatballs OR ☐ 1 patty or slice or 3 meatballs OR ☐ 1 large patty, 5 meatballs or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



A



B



C

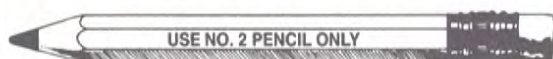
RAW OR COOKED VEGETABLES (NOT IN SOUPS OR MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Broccoli (raw or cooked)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Cabbage (such as head, Chinese or Napa cabbage, Brussels sprouts)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Dark Leafy Greens (such as spinach, collard, mustard or turnip greens, bok choy, watercress, chard)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Green Beans or Peas	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Other Green Vegetables (such as zucchini, celery, asparagus, green pepper, okra)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Cauliflower	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Carrots (raw or cooked)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (or 4-5 sticks or less) OR ☐ Photo B (1/2 cup or 1 med.) OR ☐ Photo C (1 cup or more)
Corn (fresh, frozen, or canned)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (1/2 cup or 1 cob) OR ☐ Photo C (1 cup or more)
Pumpkin or Yellow-Orange Winter Squash	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Other Vegetables (such as white or summer squash, beets, eggplant)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)

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DRIED BEANS (NOT IN SOUPS OR MIXED DISHES)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Refried Beans (not in burritos or tostadas)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Baked Beans or Pork and Beans	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)
Boiled Dried Beans or Peas (such as red, lima, pinto or soy beans, black-eyed peas, frijoles de la olla)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Photo A (1/4 cup or less) OR ☐ Photo B (about 1/2 cup) OR ☐ Photo C (1 cup or more)

FRUITS AND JUICES	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Oranges	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 orange or 1/2 cup or less OR ☐ 1 orange or 1 cup OR ☐ 2 oranges or more
Tangerines or Mandarin Oranges	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 tangerine or 1/2 cup or less OR ☐ 2 tangerines or 1 cup OR ☐ 3 tangerines or more
Grapefruit or Pomelo	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cup or less OR ☐ 1/2 grapefruit or 1/2 cup OR ☐ 1 cup or more
Papaya	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 papaya or less OR ☐ 1/2 papaya OR ☐ 1 papaya or more
Pineapple (fresh or canned)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or wedge or less OR ☐ 1/2 cup or 2 slices or wedges OR ☐ 1 cup or more
Peaches (fresh, canned, or dried)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 peach or less OR ☐ 1 peach or 2 halves or 1/2 cup OR ☐ 2 peaches or 1 cup or more
Apricots (fresh, canned, or dried)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 apricot or less OR ☐ 2 apricots or 1/2 cup OR ☐ 3 apricots or more
Pears (fresh, canned, or dried)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 pear or 1/2 cup OR ☐ 1 pear or 1 cup OR ☐ 2 pears or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.



FRUITS AND JUICES (continued)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Apples and Applesauce	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 apple or 1/2 cup OR ☐ 1 apple or 1 cup OR ☐ 2 apples or more
Bananas	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 banana OR ☐ 1 banana OR ☐ 2 bananas or more
Cantaloupe (in season)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cantaloupe or less OR ☐ 1/2 cantaloupe OR ☐ 1 cantaloupe or more
Watermelon (in season)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 quarter slice or 1/2 cup OR ☐ 1 half slice or 1 cup OR ☐ 1 whole slice or more
Mangoes (in season)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup slices OR ☐ 1 medium or Pirie or 1 cup OR ☐ 1 large or Hayden or more
Avocados and Guacamole	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 2 slices or 2 Tablespoons OR ☐ 1/4 avocado or 1/4 cup OR ☐ 1/2 avocado or 1/2 cup or more
Any Other Fruit (fresh, canned, or dried)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 fruit or 1 cup OR ☐ 2 fruits or more
Orange or Grapefruit Juice (not orange drinks or orange soda)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Small juice glass (1/2 cup) OR ☐ Large glass (8 ounces) OR ☐ 12-ounce can or more
Tomato or V-8 Juice	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Small juice glass (1/2 cup) OR ☐ Large glass (8 ounces) OR ☐ 12-ounce can or more
Other Fruit Juices or Fruit Drinks	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ Small juice glass (1/2 cup) OR ☐ Large glass (8 ounces) OR ☐ 12-ounce can or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.

BREAD ITEMS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
White Bread (includes sandwich, French, sourdough, pan dulce, Portuguese sweet bread)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or less OR ☐ 2 slices OR ☐ 3 slices or more
Whole Wheat or Rye Bread (includes pumpernickel, whole wheat pita bread)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or less OR ☐ 2 slices OR ☐ 3 slices or more
Other Bread (such as mixed grain, oat bran, raisin bread)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 slice or less OR ☐ 2 slices OR ☐ 3 slices or more
Rolls, Buns, Biscuits, or Flour Tortillas (includes bagels, English muffins)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items or 1 bagel or English muffin OR ☐ 3 items or more
Corn Tortillas, Corn Muffins, or Cornbread (includes cornbread stuffing)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 tortilla or 1 piece cornbread or 1/2 cup stuffing OR ☐ 2 tortillas or 1 muffin OR ☐ 3 tortillas or 2 muffins or more
Bran, Blueberry or Other Muffins, Banana or Mango Bread	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 regular muffin or 1 slice OR ☐ 1 large muffin or 2 slices OR ☐ 3 muffins or slices or more
Sweet Rolls, Croissants, Doughnuts, Danish Pastry, or Coffee Cake	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items OR ☐ 3 items or more
Pancakes, Waffles, or French Toast	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 item or less OR ☐ 2 items OR ☐ 3 items or more
Margarine Added to Bread Items	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ spread thin OR ☐ spread thick
Butter Added to Bread Items	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ spread thin OR ☐ spread thick
Peanut Butter Added to Bread Items	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ spread thin OR ☐ spread thick
Jam or Jelly Added to Bread Items	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ spread thin OR ☐ spread thick
Mayonnaise in Sandwiches	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ spread thin OR ☐ spread thick

BREAKFAST CEREALS, MILK, AND CHEESE	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Highly Fortified Cereals (such as Product 19, Total, Most)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or individual box OR ☐ 1-1/2 cups or more
Bran or High Fiber Cereals	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or individual box OR ☐ 1-1/2 cups or more
Other Cold Cereals (such as corn flakes, Cheerios, granola)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or individual box OR ☐ 1-1/2 cups or more
Cooked Cereals (such as oatmeal, cream of wheat, corn grits)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or individual packet OR ☐ 1-1/2 cups or more
Whole Milk (as beverage or added to cereal)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or half-pint carton OR ☐ 2 cups or more
Lowfat Milk (1% or 2%) (as beverage or added to cereal - includes lactaid and acidophilus milk)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or half-pint carton OR ☐ 2 cups or more
Nonfat or Skim Milk or Buttermilk (as beverage or added to cereal)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup or half-pint carton OR ☐ 2 cups or more
Yogurt (includes lowfat and nonfat)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or 4-6 oz. carton OR ☐ 1 cup or 8 oz. carton OR ☐ 2 cups or more
Chocolate Milk, Cocoa, or Ovaltine	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 cup or less OR ☐ 1 cup OR ☐ 2 cups or more
Milkshakes or Malts	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 milkshake or malt OR ☐ 1 milkshake or malt (12 oz.) OR ☐ 2 milkshakes or malts
Cottage Cheese (includes farmer's and ricotta cheese)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/4 cup or less OR ☐ 1/2 cup or 1 scoop OR ☐ 1 cup or more
Lowfat Cheese (such as lowfat American, lowfat Swiss, mozzarella)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 slice OR ☐ 1 slice (1 ounce) OR ☐ 2 slices (2 ounces) or more
Other Cheese (such as American, cheddar, cream cheese)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 slice or 1 Tablespoon OR ☐ 1 slice (1 ounce) OR ☐ 2 slices (2 ounces) or more

DESSERTS AND SNACKS	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Ice Cream	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 scoop (1/2 cup) or less OR ☐ 2 scoops (1 cup) or 1 bar OR ☐ 3 to 4 scoops (1 pint) or more
Ice Milk, Frozen Yogurt, or Sherbet	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 scoop (1/2 cup) or less OR ☐ 2 scoops (1 cup) or 1 bar OR ☐ 3 to 4 scoops (1 pint) or more
Cookies, Brownies, or Fruit Bars	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 2 average size cookies OR ☐ 3 to 4 average or 1 extra large cookie or 1 brownie or fruit bar OR ☐ 2 large cookies or brownies or more
Cake	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small piece or cupcake OR ☐ 1 average piece (1/12 of cake) OR ☐ 2 pieces or more
Apple or Other Fruit Pies, Tarts, Cobblers, or Turnovers	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small piece OR ☐ 1 piece (1/8 pie) or 1 item OR ☐ 1/6 pie or more
Pumpkin, Sweet Potato, or Carrot Pies	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small piece OR ☐ 1 average piece (1/8 pie) OR ☐ 1/6 pie or more
Cream or Custard Pies, Eclairs, or Cream Puffs	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 small piece OR ☐ 1 average piece or 1 item OR ☐ 1/6 pie or more
Puddings or Custards (includes flan)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 snack-size or 1/2 cup OR ☐ 2 snack-size or 1 cup OR ☐ 3 snack-size or 1-1/2 cups
Chocolate Candy	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 3 pieces OR ☐ 1 regular-size bar OR ☐ 1 giant-size bar or more
Dim Sum, such as Bao or Manapua (Chinese bun with meat and vegetables)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 bao or less OR ☐ 1 bao OR ☐ 2 bao or more
Other Dim Sum (such as pork hash, gau gee, fried won ton, eggroll)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 2 pieces OR ☐ 3 to 4 pieces OR ☐ 5 pieces or more
Crackers and Pretzels (such as soda, graham, Japanese rice crackers, wheat thins)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 4 to 5 snack or 1 large cracker OR ☐ 6 to 10 snack or 2 large crackers OR ☐ 3 large crackers or more
Peanuts or Other Nuts	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 12 nuts or less OR ☐ 1/4 cup OR ☐ 1/2 cup or more

For EACH FOOD GROUP, fill in the circle ☐ that best describes HOW OFTEN you ate those items during the last year. Then fill in the circle ☐ that best describes your USUAL SERVING SIZE.

SNACKS (continued)	AVERAGE USE DURING LAST YEAR								YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Potato, Corn, Tortilla or Other Chips, or Chicharrones (pork rinds)	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 snack bag or 1/2 cup OR ☐ 1-ounce bag (1 cup) OR ☐ 1/2 twin-pack or more
Popcorn	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 to 3 cups or less OR ☐ 1 microwave bag OR ☐ 1 medium theater tub or more

ALCOHOLIC AND OTHER BEVERAGES	AVERAGE USE DURING LAST YEAR									YOUR USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 or more times a day	
Regular or Draft Beer	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 can or bottle or less OR ☐ 2 cans or bottles OR ☐ 3 cans or bottles OR ☐ 4 cans or bottles or more
Light Beer	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 can or bottle or less OR ☐ 2 cans or bottles OR ☐ 3 cans or bottles OR ☐ 4 cans or bottles or more
White or Pink Wine (includes champagne and sake)	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 glass or less OR ☐ 2 glasses OR ☐ 3 glasses OR ☐ 4 glasses or more
Red Wine	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 glass or less OR ☐ 2 glasses OR ☐ 3 glasses OR ☐ 4 glasses or more
Hard Liquor (such as bourbon, scotch, gin, vodka, tequila, rum, cocktails)	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1 drink or less OR ☐ 2 drinks OR ☐ 3 drinks OR ☐ 4 drinks or more
Regular Sodas (such as Coca-Cola, Pepsi, 7-Up)	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 can or small glass OR ☐ 1 can or large glass OR ☐ 2 cans or glasses OR ☐ 3 cans or glasses or more
Diet Sodas (such as Diet Coke, Diet Pepsi, Diet 7-Up)	☐	☐	☐	☐	☐	☐	☐	☐	☐	CHOOSE ONE ☐ 1/2 can or small glass OR ☐ 1 can or large glass OR ☐ 2 cans or glasses OR ☐ 3 cans or glasses or more

OTHER BEVERAGES	AVERAGE USE DURING LAST YEAR									WHAT DID YOU USUALLY ADD?
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 or more times a day	
Cappuccino - 1 cup or mug (includes café au lait, caffè latte, café con leche)	☐	☐	☐	☐	☐	☐	☐	☐	☐	MARK ALL THAT APPLY ☐ Sugar or honey ☐ Sugar substitute
Regular Coffee - 1 cup or mug (brewed or instant)	☐	☐	☐	☐	☐	☐	☐	☐	☐	MARK ALL THAT APPLY ☐ Cream or half & half ☐ Milk ☐ Non-dairy cream ☐ Sugar or honey ☐ Sugar substitute
Decaffeinated ("Decaf") Coffee - 1 cup or mug (brewed or instant)	☐	☐	☐	☐	☐	☐	☐	☐	☐	MARK ALL THAT APPLY ☐ Cream or half & half ☐ Milk ☐ Non-dairy cream ☐ Sugar or honey ☐ Sugar substitute
Black Tea - 1 cup or glass (such as Lipton's, oolong, iced tea)	☐	☐	☐	☐	☐	☐	☐	☐	☐	MARK ALL THAT APPLY ☐ Cream or half & half ☐ Milk ☐ Non-dairy cream ☐ Sugar or honey ☐ Sugar substitute
Green, Herbal, or Other Tea - 1 cup	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Fortified Diet Beverages - 1 glass or can (such as Slimfast)	☐	☐	☐	☐	☐	☐	☐	☐	☐	

HOW OFTEN DID YOU EAT THE FOLLOWING ITEMS?	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Western Pickles or Relish (such as dill or sweet pickles)	☐	☐	☐	☐	☐	☐	☐	☐
Olives	☐	☐	☐	☐	☐	☐	☐	☐
Salsa or Hot Chili Peppers (red or green)	☐	☐	☐	☐	☐	☐	☐	☐
Garlic	☐	☐	☐	☐	☐	☐	☐	☐
Onions	☐	☐	☐	☐	☐	☐	☐	☐
Oriental Salted or Pickled Vegetables (such as salted cabbage or leafy greens, takuwan, kim chee)	☐	☐	☐	☐	☐	☐	☐	☐
Seaweed (fresh or dried) (such as ogo limu, furikake)	☐	☐	☐	☐	☐	☐	☐	☐
Gravy on meat, potatoes, rice	☐	☐	☐	☐	☐	☐	☐	☐

HOW OFTEN DID YOU ADD THE FOLLOWING ITEMS TO YOUR FOODS AT THE TABLE. . .	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Salt	☐	☐	☐	☐	☐	☐	☐	☐
Shoyu (Soy Sauce) or Teriyaki Sauce	☐	☐	☐	☐	☐	☐	☐	☐
Mustard	☐	☐	☐	☐	☐	☐	☐	☐
Catsup	☐	☐	☐	☐	☐	☐	☐	☐
Sour Cream	☐	☐	☐	☐	☐	☐	☐	☐

HOW OFTEN DID YOU EAT YOUR MEAT, POULTRY, OR FISH PREPARED IN THE FOLLOWING WAYS. . .	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Charcoal-broiled	☐	☐	☐	☐	☐	☐	☐	☐
Oven-broiled	☐	☐	☐	☐	☐	☐	☐	☐
Fried	☐	☐	☐	☐	☐	☐	☐	☐
Barbecued	☐	☐	☐	☐	☐	☐	☐	☐

HOW OFTEN DID YOU EAT MEAT, CHICKEN, OR FISH COOKED WITH. . .	AVERAGE USE DURING LAST YEAR							
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day
Vegetable Oil	☐	☐	☐	☐	☐	☐	☐	☐
Salt Pork, Lard, or Bacon Fat	☐	☐	☐	☐	☐	☐	☐	☐
Vegetable Shortening (such as Crisco)	☐	☐	☐	☐	☐	☐	☐	☐
Margarine	☐	☐	☐	☐	☐	☐	☐	☐
Butter	☐	☐	☐	☐	☐	☐	☐	☐
Vegetable spray, water, or non-stick pan	☐	☐	☐	☐	☐	☐	☐	☐

ANSWER THE FOLLOWING FOR THE LAST YEAR:

WHEN YOU ATE MEAT, HOW WAS IT USUALLY PREPARED? ☐ Rare ☐ Medium ☐ Well-done ☐ Don't eat meat	WHEN YOU ATE MEAT, DID YOU EAT THE FAT: ☐ Most of the time ☐ Some of the time ☐ Never or hardly ever ☐ Don't eat meat	WHEN YOU ATE CHICKEN, DID YOU EAT THE SKIN: ☐ Most of the time ☐ Some of the time ☐ Never or hardly ever ☐ Don't eat chicken
WHAT KIND OF MARGARINE DID YOU USUALLY USE? (mark only one) ☐ Regular Stick OR ☐ Regular Tub OR ☐ Diet or Spread OR ☐ Don't use margarine ☐ Don't know	WHAT KIND OF BUTTER DID YOU USUALLY USE? (mark only one) ☐ Regular OR ☐ Whipped OR ☐ Don't use butter ☐ Don't know	WHAT KIND OF VEGETABLE OIL DID YOU USUALLY USE? (mark only one) ☐ Soybean or corn oil ☐ Olive oil ☐ Canola oil ☐ Any other oil ☐ Don't use oil ☐ Don't know

VITAMINS AND MINERALS

25. DID YOU TAKE ANY MULTIVITAMINS OR MULTIVITAMINS WITH MINERALS DURING THE LAST YEAR (at least once a week)?

- ☐ No
☐ Yes

IF YES, HOW MANY VITAMIN TABLETS DID YOU TAKE?

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

IF YES, HOW MANY YEARS HAVE YOU TAKEN THEM?

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

26. DID YOU TAKE ANY OF THE FOLLOWING VITAMINS OR MINERALS BY ITSELF DURING THE LAST YEAR (at least once a week)?

**VITAMIN A
(BY ITSELF)**

- ☐ No
☐ Yes

IF YES, HOW MANY TABLETS DID YOU TAKE?

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

IF YES, HOW MANY YEARS HAVE YOU TAKEN THEM?

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

IF YES, WHAT WAS THE DOSE PER TABLET?

- ☐ 5,000 I.U. (International Units) or less
☐ 6,000 to 10,000 I.U.
☐ 11,000 to 24,000 I.U.
☐ 25,000 I.U. or more
☐ Don't know

**VITAMIN C
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 250 mg (milligrams) or less
☐ 300 to 500 mg.
☐ 600 to 4,000 mg.
☐ 5,000 to 9,000 mg.
☐ 10,000 mg. or more
☐ Don't know

**VITAMIN E
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 200 I.U. (International Units) or less
☐ 250 to 800 I.U.
☐ 825 to 1,200 I.U.
☐ 1,250 I.U. or more
☐ Don't know

**BETA-CAROTENE
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 6,000 mcg (micrograms) or less
☐ 7,000 to 15,000 mcg.
☐ 16,000 mcg. or more
☐ Don't know

**CALCIUM
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 250 mg (milligrams) or less
☐ 300 to 600 mg.
☐ 625 to 1,000 mg.
☐ 1,250 mg. or more
☐ Don't know

**SELENIUM
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 75 mcg. (micrograms) or less
☐ 100 to 150 mcg.
☐ 200 to 225 mcg.
☐ 250 mcg. or more
☐ Don't know

**IRON
(BY ITSELF)**

- ☐ No
☐ Yes

- ☐ 1 to 3 a week
☐ 4 to 6 a week
☐ 1 a day
☐ 2 a day
☐ 3 or more a day

- ☐ 1 year or less
☐ 2 to 4 years
☐ 5 years or more

- ☐ 50 mg. (milligrams) or less
☐ 51 to 150 mg.
☐ 151 mg. or more
☐ Don't know

MEDICATION HISTORY

27. HAVE YOU EVER TAKEN ANY OF THE FOLLOWING MEDICATIONS AT LEAST TWO TIMES PER WEEK (for one month or longer)?

IF YES, HOW MANY YEARS HAVE YOU EVER TAKEN THEM?

Aspirin (Anacin, Bufferin, Bayer, Excedrin, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Acetaminophen (Tylenol, Anacin-3, Panadol, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Other Pain Relief Medication (Motrin, Nuprin, Advil, Indocin, Naprosyn, Medipren, Ibuprofen, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Water Pills for High Blood Pressure or other Reasons (Diuril, Hydrodiuril, Dyazide, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Reserpine (Raudixin, Ser-Ap-Es, Hydropres, Rauwolfia, Metatensin, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Other Blood Pressure Medication (Aldomet, Hygroton, Minipress, Cardizem, Procardia, Vasotec, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Antacids (Tums, Rolaids, Digel, Maalox, Gelusil, Alka-Seltzer, or other)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Tagamet, Zantac, or Pepcid for Peptic Ulcer	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Allergy Pills or Shots (Antihistamines)	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more
Laxatives	☐ No ☐ Yes, but not at this time ☐ Yes, currently	☐ 1 year or less ☐ 2 to 3 years ☐ 4 to 5 years ☐ 6 to 10 years ☐ 11 years or more

WORK HISTORY

28. IN WHICH OCCUPATIONAL CATEGORY HAVE YOU WORKED THE LONGEST? (Mark only one)

- | | | |
|--|--|--|
| ☐ Laborer or Farm Worker | ☐ Sales | ☐ Professional/Technical |
| ☐ Factory Worker or Machine Operator | ☐ Manager or Administrator | ☐ Unemployed |
| ☐ Clerical or Office Worker | ☐ Craftsperson | ☐ Other (write in) |
| | ☐ Small Business Owner | |

29. PLEASE MARK ANY OF THE FOLLOWING INDUSTRIES OR OCCUPATIONS IN WHICH YOU WERE EMPLOYED FOR 10 YEARS OR LONGER. (You may mark more than one.)

- | | | |
|--|--|--|
| ☐ Metal production or processing | ☐ Gasoline refining or distribution | ☐ Furniture making or woodworking |
| ☐ Mining, quarrying, rock crushing, or cement manufacturing | ☐ Chemical production or use | ☐ Automotive repair |
| ☐ Cotton, wool, or textile processing | ☐ Rubber or tire manufacturing | ☐ Pesticide production |
| ☐ Plastic production or processing | ☐ Shipyard work | ☐ Paint production or use |
| | ☐ Farming | ☐ None of these |

PHYSICAL ACTIVITY

30. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A DAY DID YOU SLEEP (include naps)?

- ☐ 5 hours or less ☐ 7 hours ☐ 9 hours
☐ 6 hours ☐ 8 hours ☐ 10 hours or more

31. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A DAY DID YOU SPEND IN THE FOLLOWING SITTING ACTIVITIES?

	NEVER	Less than 1 hr.	1 to 2 hrs.	3 to 4 hrs.	5 to 6 hrs.	7 to 10 hrs.	11 hrs. or more
Sitting in car or bus	☐	☐	☐	☐	☐	☐	☐
Sitting at work	☐	☐	☐	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐	☐	☐	☐
Sitting at meals	☐	☐	☐	☐	☐	☐	☐
Other sitting activities (such as reading, playing cards, sewing)	☐	☐	☐	☐	☐	☐	☐

32. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS IN A WEEK DID YOU SPEND IN THE FOLLOWING ACTIVITIES?

	NEVER	1/2 to 1 hr.	2 to 3 hrs.	4 to 6 hrs.	7 to 10 hrs.	11 to 20 hrs.	21 to 30 hrs.	31 hrs. or more
Strenuous Sports (such as jogging, bicycling on hills, tennis, racquetball, swimming laps, aerobics)	☐	☐	☐	☐	☐	☐	☐	☐
Vigorous Work (such as moving heavy furniture, loading or unloading trucks, shoveling, weight lifting, or equivalent manual labor)	☐	☐	☐	☐	☐	☐	☐	☐
Moderate Activity (such as housework, brisk walking, golfing, bowling, bicycling on level ground, gardening)	☐	☐	☐	☐	☐	☐	☐	☐

33. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY TIMES A WEEK DID YOU TAKE PART IN VIGOROUS PHYSICAL ACTIVITY (STRENUOUS SPORTS OR WORK) LONG ENOUGH TO WORK UP A SWEAT?

- ☐ NEVER ☐ 2 times ☐ 4 times ☐ 6 times
☐ 1 time ☐ 3 times ☐ 5 times ☐ 7 times or more

MEN, PLEASE GO TO PAGE 26

WOMEN, PLEASE GO TO NEXT PAGE

34. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD?

- ☐ Less than 11 years
- ☐ 11 - 12 years
- ☐ 13 - 14 years
- ☐ 15 - 16 years
- ☐ 17 years or older

35. HOW OLD WERE YOU WHEN YOUR PERIODS BECAME REGULAR (ABOUT ONCE A MONTH)?

- ☐ Less than 11 years
- ☐ 11 - 12 years
- ☐ 13 - 14 years
- ☐ 15 - 16 years
- ☐ 17 years or older
- ☐ Never became regular

36. HAVE YOU EVER BEEN PREGNANT?

- ☐ No (*go to question 37*)
- ☐ Yes

IF YES, WHAT WAS THE OUTCOME OF YOUR FIRST PREGNANCY?

- ☐ Live birth
- ☐ Stillbirth
- ☐ Tubal pregnancy
- ☐ Miscarriage
- ☐ Induced abortion

IF YOU EVER HAD CHILDREN, HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?

- ☐ Less than 15 years
- ☐ 15 - 17 years
- ☐ 18 - 20 years
- ☐ 21 - 25 years
- ☐ 26 - 30 years
- ☐ 31 - 35 years
- ☐ 36 years or older

37. WHAT ONE METHOD OF CONTRACEPTION HAVE YOU USED FOR THE LONGEST TIME?

- ☐ Birth control pills
- ☐ Birth control injections
- ☐ Condom
- ☐ Diaphragm
- ☐ Spermicide
- ☐ IUD
- ☐ Partner has been sterilized (vasectomy)
- ☐ I have been sterilized (tubes tied)
- ☐ Withdrawal
- ☐ None of the above

38. DID YOU EVER TAKE BIRTH CONTROL PILLS FOR ONE MONTH OR LONGER?

- ☐ No (*go to question 39*)
- ☐ Yes, and I am currently taking them
- ☐ Yes, but I no longer take them

IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING THEM?

- ☐ Less than 15 years
- ☐ 15 - 17 years
- ☐ 18 - 20 years
- ☐ 21 - 25 years
- ☐ 26 - 30 years
- ☐ 31 - 35 years
- ☐ 36 years or older

IF YES, HOW MANY YEARS DID YOU TAKE THEM IN TOTAL?

- ☐ Less than one year
- ☐ 1 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 9 years
- ☐ 10 - 14 years
- ☐ 15 - 19 years
- ☐ 20 years or more

39. HAVE YOU EVER HAD A HYSTERECTOMY (complete removal of the uterus)?

- ☐ No
- ☐ Yes

40. HAVE YOU EVER HAD YOUR OVARIES REMOVED?

- ☐ No
- ☐ Yes, one only
- ☐ Yes, both ovaries
- ☐ Yes, don't know how many
- ☐ Don't know

41. HAVE YOUR MENSTRUAL PERIODS STOPPED PERMANENTLY?

- ☐ No (go to question 42)
- ☐ Yes

IF YES, HOW OLD WERE YOU WHEN THIS HAPPENED?

- ☐ Less than 40 years
- ☐ 40 - 44 years
- ☐ 45 - 49 years
- ☐ 50 - 54 years
- ☐ 55 years or older

IF YES, FOR WHAT REASON?

- ☐ Natural menopause
- ☐ Surgery
- ☐ Radiation
- ☐ Medication

42. DID YOU EVER TAKE ESTROGEN (FEMALE HORMONES) BY PILL, INJECTION, OR PATCH FOR MENOPAUSE OR OTHER REASONS?

- ☐ No (go to question 44)
- ☐ Yes, and I am currently taking it
- ☐ Yes, but I no longer take it

IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING ESTROGEN?

- ☐ Less than 40 years
- ☐ 40 - 44 years
- ☐ 45 - 49 years
- ☐ 50 - 54 years
- ☐ 55 - 59 years
- ☐ 60 years or older

IF YES, HOW MANY YEARS DID YOU TAKE ESTROGEN?

- ☐ Less than one year
- ☐ 1 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 9 years
- ☐ 10 - 14 years
- ☐ 15 - 19 years
- ☐ 20 years or more

IF YOU USED AN ESTROGEN PILL, DID YOU EVER TAKE PREMARIN?

- ☐ No (go to question 43)
- ☐ Yes

IF YES, WHICH ONE OF THE FIVE PREMARIN PILLS DID YOU TAKE MOST OFTEN ?

- ☐ Green (0.3 mg)
- ☐ Brown or red (0.625 mg)
- ☐ White (0.9 mg)
- ☐ Yellow or orange (1.25 mg)
- ☐ Purple (2.5 mg)

43. DID YOU EVER TAKE PROGESTERONE (SUCH AS PROVERA) ALONG WITH ESTROGEN FOR MENOPAUSE OR OTHER REASONS?

- ☐ No (go to question 44)
- ☐ Yes, and I am currently taking it
- ☐ Yes, but I no longer take it

IF YES, HOW OLD WERE YOU WHEN YOU STARTED TAKING PROGESTERONE?

- ☐ Less than 40 years
- ☐ 40 - 44 years
- ☐ 45 - 49 years
- ☐ 50 - 54 years
- ☐ 55 - 59 years
- ☐ 60 years or older

IF YES, HOW MANY YEARS DID YOU TAKE PROGESTERONE IN TOTAL?

- ☐ Less than one year
- ☐ 1 - 2 years
- ☐ 3 - 5 years
- ☐ 6 - 9 years
- ☐ 10 - 14 years
- ☐ 15 - 19 years
- ☐ 20 years or more

44. HAVE YOU EVER HAD ANY OF THE FOLLOWING TESTS? IF YES, PLEASE MARK HOW LONG IT HAS BEEN SINCE YOU LAST HAD THE TEST.

	Ever had?		Number of Years Since Last Test		
	No	Yes	Less than 1 year	1 to 2 yrs.	3 years or more
Mammogram (breast x-ray)	☐	☐	☐	☐	☐
PAP smear	☐	☐	☐	☐	☐

45. HAVE YOUR MOTHER OR FULL SISTERS EVER HAD ANY OF THE FOLLOWING CANCERS?

(Include any who may have died.)

IF YES, DID ANY OCCUR BEFORE AGE 50?

BREAST CANCER

☐ No (or Don't Know)
☐ Yes

IF YES, WHO?
☐ Mother
☐ 1 sister
☐ 2 or more sisters

☐ No
☐ Yes
☐ Don't know

OVARIAN CANCER

☐ No (or Don't Know)
☐ Yes

☐ Mother
☐ 1 sister
☐ 2 or more sisters

☐ No
☐ Yes
☐ Don't know

COLON CANCER

☐ No (or Don't Know)
☐ Yes

☐ Mother
☐ 1 sister
☐ 2 or more sisters

☐ No
☐ Yes
☐ Don't Know

OTHER CANCER

☐ No (or Don't Know)
☐ Yes

☐ Mother
☐ 1 sister
☐ 2 or more sisters

☐ No
☐ Yes
☐ Don't know

(write in kind)

46. HAVE YOUR FATHER OR FULL BROTHERS EVER HAD ANY OF THE FOLLOWING CANCERS?

(Include any who may have died.)

IF YES, DID ANY OCCUR BEFORE AGE 50?

PROSTATE CANCER

☐ No (or Don't Know)
☐ Yes

IF YES, WHO?
☐ Father
☐ 1 brother
☐ 2 or more brothers

☐ No
☐ Yes
☐ Don't know

COLON CANCER

☐ No (or Don't Know)
☐ Yes

☐ Father
☐ 1 brother
☐ 2 or more brothers

☐ No
☐ Yes
☐ Don't know

OTHER CANCER

☐ No (or Don't Know)
☐ Yes

☐ Father
☐ 1 brother
☐ 2 or more brothers

☐ No
☐ Yes
☐ Don't know

(write in kind)

47. WRITE IN YOUR BIRTHDATE AND FILL IN THE CIRCLES. (See example in instructions)

MONTH	DAY		YEAR	
☐ JAN			1	9
☐ FEB				
☐ MAR	0	0		
☐ APR	1	1		
☐ MAY	2	2		
☐ JUN	3	3		
☐ JUL		4		
☐ AUG		5		
☐ SEP		6		
☐ OCT		7		
☐ NOV		8		
☐ DEC		9		

48. PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER AND FILL IN THE CIRCLES

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

(This will only be used to identify you in this study)

49. PLEASE WRITE IN YOUR PHONE NUMBER AND FILL IN THE CIRCLES

Area Code			Number									
0	0	0	0	0	0		0	0	0	0		
1	1	1	1	1	1		1	1	1	1		
2	2	2	2	2	2		2	2	2	2		
3	3	3	3	3	3		3	3	3	3		
4	4	4	4	4	4		4	4	4	4		
5	5	5	5	5	5		5	5	5	5		
6	6	6	6	6	6		6	6	6	6		
7	7	7	7	7	7		7	7	7	7		
8	8	8	8	8	8		8	8	8	8		
9	9	9	9	9	9		9	9	9	9		

(We may need to get in touch with you to clarify certain answers on your survey)

IN CASE WE NEED TO CONTACT YOU IN THE FUTURE AND YOU HAVE MOVED, PLEASE GIVE THE NAME OF SOMEONE AT A DIFFERENT ADDRESS TO WHOM WE MIGHT WRITE FOR YOUR NEW LOCATION.

Name of relative or friend: _____

Relationship _____

His or her address: _____

Street

City

State

Zip Code

His or her phone number () _____

Area Code

Please check to see that **ALL PAGES** are completed. Place the questionnaire in the postage paid envelope provided and mail it to us.

THANK YOU AGAIN FOR YOUR TIME AND COOPERATION!