

PART 1. Please think about what you usually ate or drank during the past month, that is, the past 30 days. Please read each question carefully and:

- Report how many times per day, week, or month you ate each food.
- Choose the best answer for each question.
- Mark only one response for each question.

1. How many times per day, week, or month did you usually eat cold cereals?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

2. How many times per day, week, or month did you use milk, either to drink or on cereal?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

2a. What kind of milk did you usually use? (Pick the one you used most often).

1. Whole milk
2. 2% fat
3. 1% fat
4. 1/2% fat
5. Non-fat or skim
0. DID NOT DRINK MILK IN PAST MONTH.

3. How many times per day, week, or month did you usually eat bacon or sausage, not including low fat, light, or turkey varieties?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

4. How often did you eat hot dogs made of beef or pork?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

5. How often did you eat **whole grain bread** including toast, rolls, and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

6. How often did you drink **100% fruit juice** such as orange, grapefruit, apple, and grape juices? Do not count **fruit drinks** such as Kool-Aid, lemonade, cranberry juice cocktail, Hi-C, and Tang.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

7. How often did you eat **fruit**? Count fresh, frozen, or canned fruit. Do not count juices.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

8. How often did you use **regular fat salad dressing or mayonnaise**, including on salad and sandwiches? Do not include low-fat, light, or diet dressings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

9. How often did you eat **lettuce or green leafy salad**, with or without other vegetables?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

10. How often did you eat **French fries, home fries, or hash brown potatoes**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3	1-2	3-4	5-6	1	2	3	4 or more
	times	times	times	times	time	times	times	times
	last month	per week	per week	per week	per day	per day	per day	per day

11. How often did you eat **other white potatoes**? **Count** baked potatoes, boiled potatoes, mashed potatoes, and potato salad. **Do not** include yams or sweet potatoes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day

12. How often did you eat **cooked dried beans**, such as refried beans, baked beans, bean soup, and pork and beans?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day

13. How often did you **usually** eat **other vegetables**?

COUNT: ▪ Any form of vegetable—raw, cooked, canned, or frozen.

DO NOT COUNT: ▪ Lettuce salads
▪ White potatoes
▪ Cooked dried beans
▪ Rice

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day

14. How many times per **day**, **week**, or **month** did you **usually** eat any kind of **pasta**? **Count** spaghetti, noodles, macaroni and cheese, pasta salad, rice noodles, soba, and any other kind of pasta.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day

15. How often did you eat **peanuts, walnuts, seeds, or other nuts**? **Do not** include peanut butter.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEVER	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day

16. How often did you eat **regular fat potato chips, tortilla chips, or corn chips**? Do not include low-fat chips.

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