Form Approved OMB No.: 0925-0407 Expiration Date: 10/02 Version Date: 10/99

PROSTATE, LUNG, COLORECTAL, AND OVARIAN CANCER SCREENING TRIAL

DIETARY QUESTIONNAIRE

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by the Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by the Privacy Act of 1974. Participation is voluntary and there are no penalties for not participating or withdrawing from the study at any time. Participation will not influence a person's relationship with any provider of medical care or any Federal program such as Social Security or Medicare. The information collected in this study will be kept confidential and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries. Study records will be kept for approximately 2 years past the end of the study, and then destroyed.

For Office	Use Only
Form Processing	Data Retrieval
Form Receipted into SMSManual Review Completed	Completed by CenterCompleted by NOVANone required

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

This form asks about your usual food intake. It takes about 35 minutes to complete. Please follow these instructions:

- Answer each question as best you can—estimate if you aren't sure.
- · Use only a No. 2 pencil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.

CORRECT MARK:

INCORRECT MARKS: ØX = 0

1. SEX	Male	Female

3. What is the date you are completing this questionnaire?

		DA	TE		
M	0.	D	٩Y	Υ	R.
0	0	0	0	0	0
1	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4		4	4	4
	(5)		(5)	(5)	(5)
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

2. What is your date of birth?

		DA	TE		
M	Ο.	D	٩Y	Υ	R.
0	0	0	0	0	0
1	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4		4	4	4
	(5)		(5)	(5)	(5)
	6		6	6	6
	7		7	7	7
	8		8	8	8
	9		9	9	9

- 4. This section is about your usual eating habits over the past year.
 - Mark the column to show how often, on the average, you ate the food during the past year.
 - Please BE CAREFUL which column you put your answer in.
 - Please DO NOT SKIP any foods. If you never eat a food, mark "Never."

EXAMPLE: This person ate rice about twice per month and never ate winter squash.

	1469000 (AUDIO 1614 AUDI			Н	OW	OFTE	N			
				S	ER	VIN	I G S			
TVDF OF FOOD	NEVER	LESS THAN ONCE PER	1 TIME PER	2-3 TIMES PER	1 TIME PER	2 TIMES PER	3-4 TIMES PER	5-6 TIMES PER	1 TIME PER	2+ TIMES PER
TYPE OF FOOD	1/	монтн			WEEK	WEEK	WEEK	WEEK	DAY	DAY
Rice	0	0	0	•	0	0	0	0	0	0
Winter squash, baked squash	•	0	0	0	0	0	0		0	0

				Н	OW	OFTE	N			
				(ER	VIN	I G S			
TYPE OF FOOD	NEVER	ONCE PER	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+ TIMES PER DAY
FRUITS (do not count fruit juices)										
Fresh apples (in season)	0	0	0	0	0	0	0	0	0	0
Fresh apples (rest of year)	0	0	0	0	0	0	0	0	0	0
Applesauce	0	0	0	0	0	0	0	0	0	0
Fresh pears (in season)	0	0	0	0	0	0	0	0	0	0
Fresh pears (rest of year)	0	0	0	0	0	0	0	0	0	0
Bananas	0	0	0	0	0	0	0	0	0	0
Fresh peaches or nectarines (in season)	0	0	0	0	0	0	0	0	0	0
Canned peaches	0	0	0	0	0	0	0	0	0	0
Fresh plums (in season)	0	0	0	0	0	0	0	0	0	0
Cantaloupe (in season)	0	0	0	0	0	0	0	0	0	0
Watermelon (in season)	0	0	0	0	0	0	0	0	0	0
Fresh strawberries (in season)	0	0	0	0	0	0	0	0	0	0
Fresh or frozen strawberries (rest of year)	0	0	0	0	0	0	0	0	0	0

				Н	OW	OFTE	N			
				5	ER	VIN	I G S			
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMI PEI DA
FRUITS (continued)				mh a			2.17			
Fresh oranges (in season)	0	0	0	0	0	0	0	0	0	C
Fresh oranges (rest of year)	0	0	0	0	0	0	0	0	0	
Fresh grapefruit (in season)	0	0	0	0	0	0	0	0	0	C
Fresh grapefruit (rest of year)	0	0	0	0	0	0	0	0	0	C
Grapes	0	0	0	0	0	0	0	0	0	C
Apricots, fresh, dried, or canned	0	0	0	0	0	0	0	0	0	C
Raisins W3730 WOM	0	0	0	0	0	0	0	0	0	C
Prunes	0	0	0	0	0	0	0	0	0	C
Canned pineapple	0	0	0	0	0	0	0	0	0	C
Canned fruit cocktail or mixed fruits	0	0	0	0	0	0	0	0	0	C
VEGETABLES										
String beans, green beans	0	0	0	0	0	0	0	0	0	C
Peas	0	0	0	0	0	0	0	0	0	C
Sweet corn (in season)	0	0	0	0	0	0	0	0	0	C
Sweet corn (rest of year)	0	0	0	0	0	0	0	0	0	C
Summer squash, like zucchini or yellow crookneck	0	0	0	0	0	0	0	0	0	C
Winter squash, like acorn, butternut	0	0	0	0	0	0	0	0	0	C
Broccoli	0	0	0	0	0	0	0	0	0	C
Cauliflower	0	0	0	0	0	0	0	0	0	C
Brussel sprouts	0	0	0	0	0	0	0	0	0	C
Spinach (raw)	0	0	0	0	0	0	0	0	0	C
	0	0	0	0	.0	0	0	0	0	C
Spinach (cooked)								-		-
Spinach (cooked) Mustard greens, turnip greens, collards, kale, swiss chard	0	0	0	0	0	0	0	0	0	
Mustard greens, turnip greens, collards, kale, swiss		0	0	0	0 0	0	0	0	0	C

				Н	OW	OFTE	N	n der Geren der Gere		
				S	ER	VIN	I G S			
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMES PER DAY
VEGETABLES (continued)										
Carrots, cooked	0	0	0	0	0	0	0	0	0	0
Carrots, raw	0	0	0	0	0	0	0	0	0	0
Head lettuce, like iceberg (as part of a salad)	0	0	0	0	0	0	0	0	0	0
Leaf lettuce, like romaine (as part of a salad)	0	0	0	0	0	0	0	0	0	0
Green pepper	0	0	0	0	0	0	0	0	0	0
Cucumber	0	0	0	0	0	0	0	0	0	0
Celery	0	0	0	0	0	0	0	0	0	0
Beets	0	0	0	0	0	0	0	0	0	0
Fresh tomatoes (in season)	0	0	0	0	0	0	0	0	0	0
Fresh tomatoes (rest of year)	0	0	0	0	0	0	0	0	0	0
Canned tomatoes	0	0	0	0	0	0	0	0	0	0
Tomato sauce or spaghetti sauce	0	0	0	0	0	0	0	0	0	0
Ketchup, red chili sauce, taco sauce, or salsa picante	0	0	0	0	0	0	0	0	0	0
Onions	0	0	0	0	0	0	0	0	0	0
Garlic	0	0	0	0	0	0	0	0	0	0
French fries and fried potatoes	0	0	0	0	0	0	0	0	0	0
Potatoes prepared in other ways, like boiled, baked, mashed, or potato salad	0	0	0	0	0	0	0	0	0	0
Sweet potatoes, yams	0	0	0	0	0	0	0	0	0	0
Tofu or soybeans	0	0	0	0	0	0	0	0	0	0
Chili with beans	0	0	0	0	0	0	0	0	0	0
Other beans, such as baked beans, pintos, kidney, limas, and lentils	0	0	0	0	0	0	0	0	0	0
Vegetable and tomato soups, including vegetable beef, minestrone	0	0	0	0	0	0	0	0	0	0
Other soups	0	0	0	0	0	0	0	0	0	0



For the questions on pages 6 through 11, please estimate the average serving size you ate during the past year.

- Mark the column to show HOW OFTEN, on the average, you ate the food during the past year.
- Mark the column on the right to show HOW MUCH your average serving size is (estimate small, medium, or large, based on the medium serving shown for each type of food).
- Please BE CAREFUL which column you put your answer in.
- Please DO NOT SKIP any foods. If you never eat a food, mark "Never."

EXAMPLE: This person ate fried chicken about 2 times per month and usually ate more than 2 small pieces or 1 large piece.

				Н		HOW MUCH							
\vdash \lor	SERVINGS											YOUR RVING SI	ΖE
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMES PER DAY	SMALL	MEDIUM	LARGE
Fried chicken	0	0	0		0	0	0	0	0	0	0	2 small or 1 large pc	•

					HOW MUCH								
				S		SE	YOUR RVING SI	ΖE					
TYPE OF FOOD	NEVER	ONCE PER	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+ TIMES PER DAY	SMALL	MEDIUM	LARG
CEREALS, BREADS, GRAINS, P.	AST/	4											
Cooked cereal or grits	0	0	0	0	0	0	0	0	0	0	0	1 medium bowl	0
High fiber cereals, such as Fiber One, All Bran, 100% Bran, or unprocessed bran	0	0	0	0	0	0	0	0	0	0	0	1 medium bowl	0
Other fiber cereals, such as Raisin Bran, Corn Bran, Grape Nuts, Wheaties, Shredded Wheat, granola, etc.	0	0	0	0	0	0	0	0	0	0	0	1 medium bowl	0
Highly fortified cereals, such as Total, Just Right, or Product 19	0	0	0	0	0	0	0	0	0	0	0	1 medium bowl	0
Other cold cereals, such as corn flakes, Rice Krispies, Cheerios	0	0	0	0	0	0	0	0	0	0	0	1 medium bowl	0
Milk on cereal	0	0	0	0	0	0	0	0	0	0	0	1/2 cup	0
Sugar added to cereal	0	0	0	0	0	0	0	.0	0	0	0	2 teaspoons	0
Pancakes or waffles	0	0	0	0	0	0	0	0	0	0	0	2 pancakes or waffles	0

	HOW OFTEN											HOW MUCH				
	-			S	ER	VIN	I G S				SEI	YOUR RVING SI	ΖE			
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMES PER DAY	SMALL	MEDIUM	LARGE			
CEREALS, BREADS, GRAINS, PAS	TA (con	tinue	ed)												
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	0	0	0	0	0	0	0	0	0	0	0	2 slices	0			
Dark bread, such as wheat, rye, pumpernickel (including sandwiches)	0	0	0	0	0	0	0	0	0	0	0	2 slices	0			
Corn bread, corn muffins, corn tortillas	0	0	0	0	0	0	0	0	0	0	0	1 medium piece	0			
Biscuits, muffins (including fast food)	0	0	0	0	0	0	0	0	0	0	0	1 medium piece	0			
White rice	0	0	0	0	0	0	0	0	0	0	0	3/4 cup	0			
Brown or wild rice	0	0	0	0	0	0	0	0	0	0	0	3/4 cup	0			
Other grains, such as bulgar, couscous, kasha, etc.	0	0	0	0	0	0	0	0	0	0	0	3/4 cup	0			
Mixed dishes with cheese (such as macaroni and cheese)	0	0	0	0	0	0	0	0	0	0	0	1 cup	0			
Lasagna	0	0	0	0	0	0	0	0	0	0	0	1 cup	0			
Spaghetti, noodles, or other pasta	0	0	0	0	0	0	0	0	0	0	0	1 cup	0			
MEAT, POULTRY, FISH, EGGS, M	IXEC	DIS	HES									occupe, remain				
Hamburgers, cheeseburgers	0	0	0	0	0	0	0	0	0	0	0	1 medium or 4 oz.	0			
Meatloaf, burritos, tacos (beef only)	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0			
Steaks	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0			
Roast beef (including sandwiches)	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0			
Beef stew or pot pie with carrots or other vegetables	0	0	0	0	0	0	0	0	0	0	0	1 cup	0			
		NAME OF TAXABLE PARTY.	a samueles and	a anne contrata	***************************************	MICO COLUMNIA	-	d'accession and a	***************************************				-			

	S EDOQUOS (SISTEMA			Н	OW	OFTE	N	a not a unitary great			HOW MUCH				
				(SER	VIN	I G S)			S E	YOUR RVING SI	ΖE		
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMES PER DAY	SMALL	MEDIUM	LARGE		
MEAT, POULTRY, FISH, EGGS, N	/IXE	D DI	SHES	(00	ntin	ued))								
Hot dogs	0	0	0	0	0	0	0	0	0	0	0	2 hot dogs	0		
Lunch meats, such as bologna, salami, or processed ham	0	0	0	0	0	0	0	0	0	0	0	2 slices or 2 oz.	0		
Pork chops	0	0	0	0	0	0	0	0	0	0	0	2 chops or 4 oz.	0		
Pork roast	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0		
Baked or cured ham	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0		
Fried chicken	0	0	0	0	0	0	0	0	0	0	0	2 small or 1 large pc	0		
Other chicken or turkey (roasted, stewed, or broiled, including on sandwiches)	0	0	0	0	0	0	0	0	0	0	0	2 small or 1 large pc	0		
Liver (all kinds)	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0		
Fried fish, including on sandwiches	0	0	0	0	0	0	0	0	0	0	0	4 oz. or 1 sandwich	0		
Tuna, tuna salad, tuna casserole	0	0	0	0	0	0	0	0	0	0	0	1/2 cup	0		
Shellfish (shrimp, crab, lobster, etc.)	0	0	0	0	0	0	0	0	0	0	0	5 pcs, 1/4 c, or 3 oz.	0		
Other fish (broiled or baked)	0	0	0	0	0	0	0	0	0	0	0	4 ounces	0		
Bacon	0	0	0	0	0	0	0	0	0	0	0	2 slices	0		
Sausage	0	0	0	0	0	0	0	0	0	0	0	2 patties or links	0		
Eggs	0	0	0	0	0	0	0	.0	0	0	0	2 eggs	0		
Pizza	0	0	0	0	0	0	0	0	0	0	0	2 slices	0		

	HELDET CHICAGO		U.MISING AREAS	Н) WC	OFTE	N					HOW MUCH	
				S	ER	VIN	I G S				SE	YOUR RVING SI	ΖE
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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+ TIMES PER DAY	SMALL	MEDIUM	LARGE
DAIRY PRODUCTS													
Cottage cheese	0	0	0	0	0	0	0	0	0	0	0	1/2 cup	0
Other cheeses and cheese spreads	0	0	0	0	0	0	0	0	0	0	0	2 slices or 2 ounces	0
Yogurt	0	0	0	0	0	0	0	0	0	0	0	1 cup	0
Sour cream	0	0	0	0	0	0	0	0	0	0	0	2 tablespoons	0
Sweet cream, added to coffee, tea, fruit, or dessert	0	0	0	0	0	0	0	0	0	0	0	1 tablespoon	0
lce cream, regular	0	0	0	0	0	0	0	0	0	0	0	1 scoop or 1/2 cup	0
Frozen yogurt, ice milk, low-fat ice cream	0	0	0	0	0	0	0	0	0	0	0	1 scoop or 1/2 cup	0
				un-decime ed rojes	THE STREET, ST	ALI HAVING CONTO			200000000000000000000000000000000000000				
OTHER													
Margarine on bread, toast, or rolls	0	0	0	0	0	0	0	0	0	0	0	2 pats	0
Butter on bread, toast, or rolls	0	0	0	0	0	0	0	0	0	0	0	2 pats	0
Margarine, butter, or oil on vegetables or potatoes	0	0	0	0	0	0	0	0	0	0	0	2 pats	0
Gravies made with meat drippings	0	0	0	0	0	0	0	0	0	0	0	2 tablespoons	0
White sauce or cheese sauce	0	0	0	0	0	0	0	0	0	0	0	2 tablespoons	0
Salad dressing or mayonnaise on salads or sandwiches	0	0	0	0	0	0	0	0	0	0	0	2 tablespoons	0
Peanuts, peanut butter	0	0	0	0	0	0	0	0	0	0	0	2 tablespoons	0
Salty snacks, such as potato chips, corn chips, popcorn	0	0	0	0	0	0	0	0	0	0	0	2 handfuls or 1 cup	0

				H	OW	OFTE	-N					HOW MUCH	1
				Ş	S E R	VIN	1 G S	i			SE	YOUR RVING SI	ΖE
TYPE OF FOOD	NEVER	ONCE PER	1 TIME PER MONTH	2-3 TIMES PER I MONTH	1 TIME PER WEEK	2 TIMES PER WEEK	3-4 TIMES PER WEEK	PER	1 TIME PER DAY	2+ TIMES PER DAY	SMALL	MEDIUM	LARGE
OTHER (continued)									-				
Crackers	0	0	0	0	0	0	0	0	0	0	0	4 crackers	0
Pumpkin pie, sweet potato pie	0	0	0	0	0	0	0	0	0	0	0	1 medium slice	0
Other pies	0	0	0	0	0	0	0	0	0	0	0	1 medium slice	0
Cake	0	0	0	0	0	0	0	0	0	0	0	1 piece	0
Doughnuts, sweet rolls, or coffee cake	0	0	0	0	0	0	0	0	0	0	0	1 piece	0
Cookies or brownies	0	0	0	0	0	0	0	0	0	0	0	1 pc or 3 cookies	0
Chocolate bar or chocolate candy	0	0	0	0	0	0	0	0	0	0	0	1 small bar or 1 oz.	0
Other candy	0	0	0	0	0	0	0	0	0	0	0	3 pieces or 1 tbs	0
Jelly, jam, or honey	0	0	0	0	0	0	0	0	0	0	0	1 tablespoon	0

	HOW OFTEN																
				5	ER	VIN	I G S				SE	YOUR SERVING SI					
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	1 TIME PER WEEK	2-4 TIMES PER WEEK	5-6 TIMES PER WEEK	1 TIME PER DAY	2-3 TIMES PER DAY	4-5 TIMES PER DAY	6+ TIMES PER DAY	SMALL	MEDIUM	LARGE				
BEVERAGES																	
Orange juice or grapefruit juice	0	0	0	0	0	0	0	0	0	0	0	6-ounce glass	0				
Apple juice or apple cider	0	0	0	0	0	0	0	0	0	0	0	6-ounce glass	0				
Other fruit juices	0.	0	0	0	0	0	0	0	0	0	0	6-ounce glass	0				

				Н	OW	OFTE	N					HOW MUCH	
				,	SER	VIN	I G S	;			S E	YOUR RVING SI	ΖE
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	1 TIME PER WEEK	2-4 TIMES PER WEEK	5-6 TIMES PER WEEK	1 TIME PER DAY	2-3 TIMES PER DAY	4-5 TIMES PER DAY	6+ TIMES PER DAY	SMALL	MEDIUM	LARGE
BEVERAGES (continued)													
Fruit drinks, such as Hi-C, Kool-Aid, or Hawaiian Punch	0	0	0	0	0	0	0	0	0	0	0	6-ounce glass	0
Tomato juice or vegetable juice	0	0	0	0	0	0	0	0	0	0	0	6-ounce glass	0
Whole milk and beverages with whole milk (not including on cereal)	0	0	0	0	0	0	0	0	0	0	0	8-ounce glass	0
1% or 2% milk and beverages with 2% milk (not including on cereal)	0	0	0	0	0	0	0	0	0	0	0	8-ounce glass	0
Skim milk, 1/2% milk, or buttermilk (not including on cereal)	0	0	0	0	0	0	0	0	0	0	0	8-ounce glass	0
Regular soft drinks (not diet soda)	0	0	0	0	0	0	0	0	0	0	0	12-oz. can or bottle	0
Beer	0	0	0	0	0	0	0	0	0	0	0	12-oz. can or bottle	0
Wine or wine coolers	0	0	0	0	0	0	0	0	0	0	0	1 medium glass	0
Liquor, such as whiskey, vodka, gin, or rum	0	0	0	0	0	0	0	0	0	0	0	1 shot	0
Coffee, regular or decaf	0	0	0	0	0	0	0	0	0	0	0	1 medium cup	O
Tea, hot or iced	0	0	0	0	0	0	0	0	0	0	0	1 medium cup	0

		io motriou,	but pleas	e cnoose o	only <u>one</u> re	sponse to	r each que	estion.
When you eat steak, how is it usually cooked?	DON'T EAT STEAK	PAN FRIED	OVEN BROILED	GRILLED OR BARBECUED	DON'T KNOW			
(Mark only one response)	0	0	0	0	0			
When you eat steak how well done is it usually cooked?	DON'T EAT STEAK	RARE	MEDIUM RARE	MEDIUM	MEDIUM WELL DONE	WELL DONE	VERY WELL DONE	DON'T KNOW
(Mark only one response)	0	0	0	0	0	0	0	0
	_							
When you eat hamburger, how is it usually cooked?	DON'T EAT HAMBURGER	PAN FRIED	OVEN BROILED	GRILLED OR BARBECUED	DON'T KNOW			
(Mark only one response)	0	0	0	0	0			
When you eat hamburger how well done is it usually cooked?	DON'T EAT HAMBURGER	RARE	MEDIUM RARE	MEDIUM	MEDIUM WELL DONE	WELL DONE	VERY WELL DONE	DON'T KNOW
(Mark only one response)	0	0	0	0	0	0	0	0
Not counting fried chicken,	DON'T EAT	EAT ONLY FRIED	ROASTED	GRILLED OR		STEWED	DON'T	
when you eat chicken, how is it usually cooked?	CHICKEN	CHICKEN	OR BAKED	BARBECUED	BROILED	OR BOILED	KNOW	
(Mark only one response)	0	0	0	0	0	0	0	
When you eat pork chops, how are they usually cooked?	DON'T EAT PORK CHOPS	BAKED	GRILLED OR BARBECUED	FRIED	BROILED	DON'T KNOW		
(Mark only one response)	0	0	0	0	0	0		
							•	
When you eat bacon or sausage, how well done is it usually cooked?	DON'T EAT BACON OR SAUSAGE	JUST UNTIL DONE	WELL DONE OR CRISP	CHARRED	DON'T KNOW			
(Mark only one response)	0	0	0	0	0			

During summer, how often do you eat meat, fish, or poultry	NEVER	LESS THA ONCE P MONTH	ER PER	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+ TIMES PER DAY
that has been grilled or barbecued over coals, open fire, or ceramic briquets?	0	0	0	0	0	0	0	0	0	0
								T		
During the rest of the year, how often do you eat meat, fish, or	NEVER	LESS THA ONCE P MONTI	ER PER	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+ TIMES PER DAY
poultry that has been grilled or barbecued over coals, open fire, or ceramic briquets?	0	0	0	0	0	0	0	0	0	0
When you eat grilled or barbecued	NEVER GR		ALMOST NEVE							
meat, fish, or poultry, how often is	BARBECU	E MEAT	OR NEVER		ASIONALLY	ABOUT F THE TII		FREQUENTLY		ST ALWAYS ALWAYS
	BARBECUI				ASIONALLY			FREQUENTLY		ST ALWAYS ALWAYS
meat, fish, or poultry, how often is					ASIONALLY			FREQUENTLY		
meat, fish, or poultry, how often is		-FRY OR		OCC/	ASIONALLY		IALF	FREQUENTLY	ALMO	

6. Vitamins and Supplements

For each of the dietary supplements listed below that you have <u>ever taken since age 25</u>, please answer all questions <u>on both pages</u> for number of years, time periods, and amount you usually take. (If you have not taken a type of supplement since age 25, you do not need to answer for number of years, time periods, and amount you usually take for that supplement.)

MULTIVITAMINS						N 8)	JESTIO:	το οι	SKIP	If "No,'	Yes No (0		L	ther	or o	Since you were 25, have time taken multivitaming vitamin or mineral supp
One-a-Day type (100% RDA) ○ </th <th></th> <th></th> <th>TAKING IT 5 YEARS</th> <th>NG IT ARS</th> <th>TAKII 2 YE</th> <th>NG IT</th> <th>TAKIN</th> <th></th> <th>,</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>ICE</th> <th>SIN</th> <th>MULTIVITAMINS</th>			TAKING IT 5 YEARS	NG IT ARS	TAKII 2 YE	NG IT	TAKIN		,						ICE	SIN	MULTIVITAMINS
Therapeutic or high-dose type (> 100% RDA, like Theragran) Stresstabs (B-Complex + Vitamin C) B-Complex Other OTHER SUPPLEMENTS TAKEN SINCE AGE 25? YES NO <1 1-2 3-4 5-9 10-14 15-19 20+ YES NO YES NO YES NO Vitamin A Beta-carotene Vitamin C Vitamin C ON O			YES NO	NO	YES	NO	YES	20+	15-19	10-14	5-9	3-4	1-2	<1	NO	YES	
Stresstabs (B-Complex + Vitamin C)	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	One-a-Day type (100% RDA)
Dither D	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other OTHER SUPPLEMENTS TAKEN SINCE AGE 25? HOW MANY YEARS HAVE YOU TAKEN IT? ARE YOU TAKING IT 2 YEARS AGO? WERE YOU TAKING IT 5 YEARS AGO? Vitamin A O <th>></th> <th>-</th> <th>0 0</th> <th>0</th> <th></th>	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OTHER SUPPLEMENTS TAKEN SINCE AGE 25? HOW MANY YEARS HAVE YOU TAKEN IT? ARE YOU TAKING IT 2 YEARS AGO? WERE YOU TAKING IT 2 YEARS AGO? YES NO <1 1-2 3-4 5-9 10-14 15-19 20+ YES NO YES NO Vitamin A O<	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	B-Complex
OTHER SUPPLEMENTS TAKEN SINCE AGE 25? HOW MANY YEARS HAVE YOU TAKEN IT? ARE YOU TAKING IT NOW? TAKING IT 2 YEARS AGO? TAKING IT 5 YEARS AGO? VItamin A O <th>></th> <th>-</th> <th>0 0</th> <th>0</th> <th>Other</th>	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Other
Vitamin A O			TAKING IT 5 YEARS	NG IT	TAKII 2 YE	NG IT	TAKIN		,						1CE	SIN	OTHER SUPPLEMENTS
Beta-carotene 0 <			YES NO	NO	YES	NO	YES	20+	15-19	10-14	5-9	3-4	1-2	<1	NO	YES	
Vitamin C	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Vitamin A
	▶	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Beta-carotene
Vitamin F	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Vitamin C
	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Vitamin E
Calcium, Dolomite, Tums, etc.	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Calcium, Dolomite, Tums, etc.
Vitamin D (could be combined with calcium or vitamin A)			0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TAKEN SINCE AGE 25? HOW MANY YEARS AGE 25? HAVE YOU TAKEN IT? WERE YOU TAKING IT 2 YEARS AGO? WERE YOU TAKING IT 2 YEARS AGO?			TAKING IT 5 YEARS	NG IT ARS	TAKII 2 YE	NG IT	TAKIN		,						1CE	SIN	
YES NO <1 1-2 3-4 5-9 10-14 15-19 20+ YES NO YES NO YES NO			YES NO	NO	YES	NO	YES	20+	15-19	10-14	5-9	3-4	1-2	<1	NO	YES	
Cod liver oil or fish liver oil O <t< th=""><th>></th><th>-</th><th>0 0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>0</th><th>Cod liver oil or fish liver oil</th></t<>	>	-	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	Cod liver oil or fish liver oil

	HOW	MANY PILLS [DID/DO YOU USU	JALLY TAKE?		
	<2/week	2-4/week	5-6/week	1/day	2+/day	
	0	0	0	0	0	
-	0	0	0	0	0	
-	0	0	0	0	0	
-	0	0	0	0	0	
-	0	0	0	0	0	
	WHAT I		Y DID/DO YOU U E CLOSEST AMO			
5000 I.U.	10000 I.U	. 15000 I.U	20000 I.U.	25000+ I.U.	Don't Know	
5000 I.U.	10000 I.U	. 15000 I.U	. 20000 I.U.	25000+ I.U.	Don't Know	
100 mg.	250 mg.	500 mg.	1000 mg.	1500+ mg.	Don't Know	
100 I.U.	200 I.U.	400 I.U.	800 I.U.	1000+ I.U.	Don't Know	
100 mg.	250 mg.	500 mg.	800 mg.	1200+ mg.	Don't Know	
			Y DID/DO YOU U SPOONS OR CA		,	
→ 0	1	2	3+	Teaspoons	Capsules	
su (If male,	pplements Brewe Iron SKIP TO QUI	on a regular's yeast	Folic ac Zinc	O No	o acin agnesium	ow take any of these specific Vitamin B-6 Omega-fatty acids Selenium Copper for at least 3 months?

9. Summary Questions				A۱	'ERAGI	E USE L	AST YE	AR			
During the past year, how often did you usually eat:	NEVER OR LESS THAN ONCE PER WEEK	1-2 TIMES PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	1 TIME PER DAY	BETWEEN 1 and 2 TIMES PER DAY	2 TIMES PER DAY	BETWEEN 2 and 3 TIMES PER DAY	3 TIMES PER DAY	4 TIMES PER DAY	5+ TIMES PER DAY
A serving of fresh fruit	0	0	0			0		0		0	0
A serving of canned fruit	0	0	0	0	0	0	0	0	0	0	0
A serving of fruit juice (do not count fruit drinks like Kool-Aid or Hi-C)	, 0	0	0	0	0	0	0	0	0	0	0
A serving of baked, boiled, or mashed potatoes (do not count french fries or fried potatoes)	0	0	0	0	0	0	0	0	0	0	0
A serving of beans (do not count green beans)	0	0	0	0	0	0	0	0	0	0	0
A serving of cooked vegetables (do not count potatoes, rice, or any beans other than green beans)	0	0	0	0	0	0	0	0	0	0	0
A serving of lettuce	0	0	0	0	0	0	0	0	0	0	0
A serving of raw vegetables other than lettuce	0	0	0	0	0	0	0	0	0	0	0

10. Exercise	NONE	LESS THAN 1 HOUR PER WEEK	1 HOUR PER WEEK	2 HOURS PER WEEK	3 HOURS PER WEEK	4+ HOURS PER WEEK
About how many hours do you spend in vigorous activities, such as swimming, brisk walking, etc.?	0	0	0	0	0	0
When you were 40 years old, about how many hours did you spend in vigorous activities, such as swimming, brisk walking, etc.?	0	0	0	0	0	0

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE

Please take a moment to fill in any questions you may have skipped.

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