## 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.

Form Processing	Data Retrieval
Form Receipted into SMS	<ul><li>Completed by Center</li><li>Completed by NOVA</li></ul>
Manual Review Completed	None 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: Ø Ø 🕳 💿

1. SEX	Male	Female

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

	DATE	
MO.	DAY	YR.
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2. What is your date of birth?

	DATE	
MO.	DAY	YR.
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- 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."

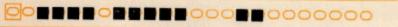
EXAMPLE: This person ate rice about twice per month and never ate winter squash.

				Н	WC	OFTE	N						
		SERVINGS											
TYPE OF FOOD	NEVER	LESS THAN ONCE PER MONTH	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	TIME PER DAY	2+ TIMES PER DAY			
Rice	0	0	0	•	0	0	0	0	0	0			
Winter squash, baked squash	•	0	0	0	0	0	0	0	0	0			

				Н	OW	OFTE	N			
				5	ER	VIN	I G S			
TYPE OF FOOD	NEVER	ONCE	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	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+ TIMES PER DAY
FRUITS (continued)										
Fresh oranges (in season)	0	0	0	0	0	0	0	0	0	0
Fresh oranges (rest of year)	0	0	0	0	0	0	0	0	0	0
Fresh grapefruit (in season)	0	0	0	0	0	0	0	0	0	0
Fresh grapefruit (rest of year)	0	0	0	0	0	0	0	0	0	0
Grapes	0	0	0	0	0	0	0	0	0	0
Apricots, fresh, dried, or canned	0	0	0	0	0	0	0	0	0	0
Raisins	0	0	0	0	0	0	0	0	0	0
Prunes	0	0	0	0	0	0	0	0	0	0
Canned pineapple	0	0	0	0	0	0	0	0	0	0
Canned fruit cocktail or mixed fruits	0	0	0	0	0	0	0	0	0	0
VEGETABLES										
String beans, green beans	0	0	0	0	0	0	0	0	0	0
Peas	0	0	0	0	0	0	0	0	0	0
Sweet corn (in season)	0	0	0	0	0	0	0	0	0	0
Sweet corn (rest of year)	0	0	0	0	0	0	0	0	0	0
Summer squash, like zucchini or yellow crookneck	0	0	0	0	0	0	0	0	0	0
Winter squash, like acorn, butternut	0	0	0	0	0	0	0	0	0	0
Broccol	0	0	0	0	0	0	0	0	0	0
Cauliflower	0	0	0	0	0	0	0	0	0	0
Brussel sprouts	0	0	0	0	0	0	0	0	0	0
Spinach (raw)	0	0	0	0	0	0	0	0	0	0
Spinach (cooked)	0	0	0	0	.0	0	0	0	0	0
Mustard greens, turnip greens, collards, kale, swiss chard	0	0	0	0	0	0	0	0	0	0
Mixed vegetables, cooked	0	0	0	0	0	0	0	0	0	0
Cole slaw, cabbage, sauerkraut	0	0	0	0	0	0	0	0	0	0

				H	IOW	OFT	EN		- M	
					SER	VI	N G	S	Nistra	100
TYPE OF FOOD	NEVER	ONCE	TIME	2-3 TIMES PER H MONTI	PER	2 TIMES PER WEEK	PER	PER	PER	PER
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.

		HOW OFTEN										HOW MUCH					
		SERVINGS									YOUR SERVING SIZE						
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	LARG				
Fried chicken	0	0	0	•	0	0	0	0	0	0	0	2 small or 1 large pc					

				H	OW	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
CEREALS, BREADS, GRAINS, P.	AST/	1											
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						
				5	ER	VIN	I G S				SEI	YOUR RVING S	ZE				
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	i medium piece	0				
Biscuits, muffins (including fast food)	0	0	0	0	0	0	0	0	0	0	0	medium plece	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, MI	IXED	DIS	HES									a, agusti propinsi.					
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				

				Н	OW	OFTE	N					HOW MUCH	1
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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	LARG
MEAT, POULTRY, FISH, EGGS, N	MIXE	D DI	SHES	(co	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 az.	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 cr 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	C
Fried fish, including on sandwiches	0	0	0	0	0	0	0	0	0	0	0	4 az 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.	C
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 sices	0
Sausage	0	0	0	0	0	0	0	0	0	0	0	2 patties or links	C
Eggs	0	0	0	0	0	0	0	.0	0	0	0	2 eggs	C
Pizza	0	0	0	0	0	0	0	0	0	0	0	2 slices	C

				Н	OW (	OFTE	N					HOW MUCH	
				S	ER	VIN	GS				SEI	YOUR RVING SI	Z E
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 silces 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 tablespaan	0
ice 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
OTHER										u consi			
Margarine on bread, loast, 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 pafs	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 tablespaans	0
Salad dressing or mayonnaise on salads or sandwiches	0	0	0	0	0	0	0	0	0	0	0	2 fablespoons	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
				5	ER	VIN	I G S	i			SEI	YOUR	ZE
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	LARG
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	
Other pies	0	0	0	0	0	0	0	0	0	0	0	1 medium silce	
Cake	0	0	0	0	0	0	0	0	0	0	0	1 piece	
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	
Chocolate bar or chocolate candy	0	0	0	0	0	0	0	0	0	0	0	1 small bar or 1 az.	0
Other candy	0	0	0	0	0	0	0	0	0	0	0	3 pieces or 1 fbs	0
Jelly, jam, or honey	0	0	0	0	0	0	0	0	0	0	0	1 tablespoon	0

				Н	OW	OFTE	N				HOW MUCH					
		SERVINGS									YOUR SERVING SIZ					
TYPE OF FOOD	NEVER	ONCE PER	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				
Apple juice or apple cider	0	0	0	0	0	0	0	0			0	6-ounce glass				
Other fruit juices	0	0	0	0	0	0	0	0	0	0	0	6-ounce glass				

				Н	OW	OFTE	N					HOW MUCH	1
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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	LARG
BEVERAGES (continued)													
Fruit drinks, such as Hi-C, Kool-Aid, or Hawaiian Punch	0	0	0	0	0	0	0	0	0	0	0	è-cunce glass	0
Tomato juice or vegetable juice	0	0	0	0	0	0	0	0	0	0	0	é-ounce glass	c
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	c
1% or 2% milk and beverages with 2% milk (not including on cereal)	0	0	0	0	0	0	0	0	0	0	0	ð-aunce glass	c
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	c
Beer	0	0	0	0	0	0	0	0	0	0	0	12-oz. can or bottle	c
Wine or wine coolers	0	0	0	0	0	0	0	0	0	0	0	1 medium glass	c
Liquor, such as whiskey, vodka, gin, or rum	0	0	0	0	0	0	0	0	0	0	0	1 shot	c
Coffee, regular or decaf	0	0	0	0	0	0	0	0	0	0	0	I medium cup	C
Tea, hot or iced	0	0	0	0	0	0	0	0	0	0	0	I medium cup	0

Vhen you eat steak, ow 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, now 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	PARE	MEDIUM RARE	MEDIUM	MEDIUM WELL DONE	WELL DONE	VERY WELL DONE	DONT
(Mark only one response)	0	0	0	0	0	0	0	0
Not counting fried chicken, when you eat chicken, how	DONT EAT CHICKEN	EAT ONLY FRIED CHICKEN	ROASTED OR BAKED	GRILLED OR BARBECUED	BROILED	STEWED OR BOILED	DONT	
is it usually cooked? (Mark only one response)	0	0	0	0	0	0	О	
When you eat pork chops, how are they usually cooked?	DONT EAT PORK CHOPS	BAKED	GRILLED OR BARBECUED	FRIED	BROILED	DON'T KNOW		
(Mark only one response)	0	0	0	0	0	0		
						1		
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	DONT			
(Mark only one response)	0	0	0	0	0			

5. Please indicate the usual method that you choose when eating or preparing the following foods. We realize

During summer, how often do you eat meat, fish, or poultry	NEVER	LESS THAT ONCE PE MONTH	R 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
						0.70455	3-4 TIMES	5-6 TIMES	1 TIME	2+ TIMES
During the rest of the year, how often do you eat meat, fish, or	NEVER	ONCE PE MONTH	R PER	2-3 TIMES PER MONTH	1 TIME PER WEEK	2 TIMES PER WEEK	PER WEEK	PER WEEK	PER DAY	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 G BARBECT		ALMOST NEV OR NEVER		ASIONALLY	ABOUT THE T		FREQUENTLY		OST ALWAYS
meat, fish, or poultry, how often is it charred on the surface?	-		0		0	C		0		0
When you eat pan-fried or oven-broiled meat, how often is it	NEVER PA OVEN-BR	N-FRY OR OIL MEAT	ALMOST NEV OR NEVER		ASIONALLY	ABOUT THE T		FREQUENTLY		OST ALWAYS
well-browned on the surface?										

<ol><li>Vitamins and Supplemer</li></ol>	ıts
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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.)

Since you were 25, have time taken multivitamins vitamin or mineral suppl	or ot	her				Yes No (i	If "No,"	SKIP	το αυ	ESTIO	N 8)						
MULTIVITAMINS	TAK SIN AGE	CE					YEARS KEN IT?	,		ARE TAKIN	IG IT	WERE TAKIN 2 YE AG	IG IT ARS	WERE TAKIN 5 YE AG	IG IT ARS		
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO		
One-a-Day type (100% RDA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
Therapeutic or high-cose type (> 100% RDA, like Theragran)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	>
Stresstabs (B-Complex + Vitamin C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>
B-Complex	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	-
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	>
OTHER SUPPLEMENTS	TAK SIN AGE	ICE					YEARS KEN IT	?		ARE TAKIN NO	NG IT	TAKIN 2 YE	YOU NG IT ARS NO?	TAKII 5 YE	E YOU NG IT EARS HO?		
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO		
Vitamin A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	<b>&gt;</b>
Beta-carotene	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	<b>&gt;</b>
Vitamin C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	<b>&gt;</b>
Vitamin E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	+
Calcium, Dolomite, Tums, etc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_	<b>&gt;</b>
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		
	SIN	KEN NCE E 25?					YEARS AKEN IT	?		TAKI	YOU NG IT W?	TAKII 2 YE	E YOU NG IT EARS BO?	TAKI 5 YI	E YOU NG IT EARS BO?		
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO		
Cod liver oil or fish liver oil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>

	HOW	MANY PILLS DI	D/DO YOU USL	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 D	OSE PER DAY (SELECT THE	DID/DO YOU U				
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		
		OSE PER DAY NDICATE TEASE					
→ 0	0	2	3+	Teaspoons	Capsules		
St. (If male,	Displements of Brewer of Iron	on a regular 's yeast 'STION 9)	basis? Folic aci	O No	acin agnesium	ow take any of the  Vitamin B-6  Selenium	Omega-fatty acid
8. Di		any pregnar or never preg		u take pren		for at least 3 mor	

9. Summary Questions				A۱	/ERAG	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	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
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	а	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	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.

