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

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

- Form Receipted into SMS
- Manual Review Completed

Data Retrieval:

- O Completed by Center
- Completed by NOVA
- 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.

Version 5

This form asks about your 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 pecil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.

- 1. SEX
 - a. O Male
 - b. O Female
- 2. What is your date of birth? Mo.-Day-Yr.
- 3. What is the date you are completing this questionnaire? Mo.-Day-Yr.

4. This section is about your usual eating habits over the past year.

- Mark the column below 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.

					SERVIN	GS				
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
Rice	0	0	0	•	0	0	0	0	0	0
Winter squash, baked squash	•	0	0	0	0	0	0	0	0	0

					SERVIN	GS				
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 (do not count fruit juice	es)	1	1	1	1	1	1	1	I	
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
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

					SERVIN	GS				
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
Apricots, fresh, dried, or canned	0	0	0	0	0	0	0	0	\circ	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

					SERVIN	GS				
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	1	1	1	1	1	ı	ı	ı	· I	
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
Broccoli	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
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

					SERVIN	GS				
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
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	\circ	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 following questions, 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 side 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.

					SERVIN	GS					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	LARGE
Fried chicken	0	0	0	•	0	0	0	0	0	0	0	2 small or 1 large pc	•

					SERVIN	GS						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	LARGE
CEREALS, BREADS, GRAINS, PASTA													
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

					SERVIN	GS						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	LARGE
Milk on cereal	0	0	0	0	0	0	0	0	0	0	0	½ 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
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	Medium piece	0
Biscuits, muffins (including fast food)	0	0	0	0	0	0	0	0	0	0	0	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 bulgur, 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

					SERVIN	GS						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	LARGE
MEAT, POULTRY, FISH, EGGS, MIXED DIS	SHES	1		1	1	1	1	1	ı	1	ı		T
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
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 O.	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

					SERVIN	GS						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	LARGE
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	½ cup	0
Shellfish (shrimp, crab, lobster, etc.)	0	0	0	0	0	0	0	0	0	0	0	5 pcs. ¼ 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

					SERVIN	GS						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	LARGE
DAIRY PRODUCTS													
Cottage cheese	0	0	0	0	0	0	0	0	0	0	0	½ 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

					SERVIN	GS						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	LARGE
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
Ice cream, regular	0	0	0	0	0	0	0	0	0	0	0	1 scoop or ½ cup	0
Frozen yogurt, ice milk, low-fat ice cream	0	0	0	0	0	0	0	0	0	0	0	1 scoop or ½ cup	0

					SERVIN	GS						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	LARGE
OTHER	1	1	1	I					1	I		2 note	1
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

					SERVIN	GS						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	LARGE
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
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

					SERVIN	GS						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	LARGE
BEVERAGES	T	1	1	T	ı	T	1	1	ı		1		1
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
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	0
Tea, hot or iced	0	0	0	0	0	0	0	0	0	0	0	1 medium cup	0

5.	Please indicate the <u>usual method</u> that you choose when eating or preparing the
	following foods. We realize many people cook by more than one method, but please
	choose only <u>one</u> response for each question.

When you eat steak, how is it	DON'T E STEAK		PA	N FRI	ED		OVEI ROIL		GRIL BARI			DON	I'T KNC)W	
usually cooked? (Mark only one response)	0			0			0			0			0		
When you eat steak, how well done is it usually cooked?	DON'T EAT STEAK	RAR	ĽΕ	RA	DIUM RE		DIUM	V	EDIUM VELL OONE	DO	ELL ONE	DC	ERY ELL ONE	K١	DN'T IOW
(Mark only one response)	0	0			<i>)</i>		O —		0		0		0		O —
When you eat hamburger, how is it usually cooked?	DON' EAT HAMBUR		PA	N FRI	ED		'EN ILED		GRILL BARBI				DON'T KNOW		
(Mark only one response)	0			0		()		()			0		
When you eat hamburger, how well done is it	DON' EAT HAMBUR	•	R	ARE		DIUM .RE	MEI	DIUM	MEDI WEI DON	LL	WELI	L۱	VERY WELL DONE		ON'T WOW
usually cooked? (Mark only one response)	0		0	()	()	0	1	0		0		0	
Not counting fried chicken, when you eat chicken, how is it usually cooked?	DON'T E		EA ON FRI CHIC	LY		ASTE OR AKED	(ED OR CUED	BR	OILED		TEWED		DON" KNOV
(Mark only one response)	0)		0		C)		0		0		0
When you eat pork chops, how are they usually cooked?	DON'T EA PORK CHOPS		BAK	ED		ILLEE RBEC		F	RIED		BROIL	ED		N'T OW	
(Mark only one response)	0		С)		0			0		0		()	
When you eat bacon or sausage, how well done is it	DON'T BACON SAUSA	NOR		JUST DO	UNTII NE	_ V		DONE RISP		CHAF	RED		DON KNC		
usually cooked? (Mark only one response)	0			()		())		0		

During summer, how often do y fish, or poultry that has been great barbecued over coals, open fire briquets?	rilled or	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
During the rest of the year, how eat meat, fish, or poultry that he grilled or barbecued over coals ceramic briquets?	as been	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
		0	0	0	0	0	0	0	0	0	0
When you eat grilled or barbecued meat, fish, or poultry, how often is it charred on the surface?	NEVER GRILL OR BARBECUE MEAT	AL NE\	MOST /ER OR EVER	OCCASIO		ABOUT THE	TIME	FREQU		ALWA ALW	MOST LYS OR MAYS
When you eat pan-fried or oven-broiled meat, how often is it well-browned on the surface?	NEVER PAN- FRY OR OVEN-BROIL MEAT	AL NEV	MOST /ER OR EVER	OCCASIO	ONALLY	ABOUT		FREQU	JENTLY	ALWA	IOST YS OR /AYS
	0		0	C))	(С

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.)

Since you were 25, have you at any time taken multivitamins or other vitamin or mineral supplements?

O Yes

○ No (If "No," SKIP TO QUESTION 8)

MULTIVITAMINS	TAK SIN AGE	CE		ļ	_		YEARS			ARE TAK IT NO	ING	TAKI 2 YE	E YOU NG IT EARS 60?	TAK 5 YI	E YOU ING IT EARS GO?	HOW		LS DID YOU TAKE?	J USUA	LLY
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO	<2/week	2-4/week	5-6/week	1/day	2+/day
One-a-Day type (100% RDA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Therapeutic or high-dose type (>100% RDA, like Theragran)	0	0	0	0	0	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	0	0	0	0	0
B-Complex	0	0	0	0	0	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	0	0	0	0	0

MULTIVITAMINS	TAK SIN AGE	CE					Y YEAR TAKEN I			TAK	YOU ING IT OW?	TAK 2 YE	E YOU NG IT EARS GO?	TAK 5 YI	E YOU ING IT EARS GO?		Y	DOSE POU USUA	LLY TA		
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO	5000 I.U.	10000 I.U.	15000 I.U.	20000 I.U.	25000+ I.U.	Don't Know
Vitamin A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beta-carotene	0	0	0	0	0	0	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	0	0	0	0	0	0

MULTIVITAMINS	TAK SIN AGE	CE			_		Y YEAR TAKEN I	_		TAK	YOU ING IT DW?	TAK 2 YI	E YOU ING IT EARS BO?	TAK 5 YI	E YOU ING IT EARS GO?		Y	DOSE POU USUA	LLY TA		
	YES	NO	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	NO	5000 I.U.	10000 I.U.	15000 I.U.	20000 I.U.	25000+ I.U.	Don't Know
Vitamin E	0	0	0	0	0	0	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	0	0	0	0	0	0
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	0	0	0	0	0	0

	TAK SIN AGE	CE			_		YEARS	_		ARE TAK IT NO	ING	TAK Yi	RE YOU ING IT 2 EARS GO?	TAK	RE YOU ING IT 5 RS AGO?	(11)	YC	DOSE PE OU USUAL TEASPOO	LY TA	
	YES	МО	<1	1-2	3-4	5-9	10-14	15-19	20+	YES	NO	YES	NO	YES	МО	<1	1	2	3+	○ Teaspoons
Cod liver oil or fish liver oil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	○ Capsules

7.	In addition to the vitamin supplements listed above, do you now take any of these specific supplements on a regular basis?
	○ No
	○ Brewer's Yeast
	○ Folic acid
	○ Niacin
	○ Vitamin B-6
	○ Omega-fatty acids
	○ Iron
	○ Zinc
	○ Magnesium
	○ Selenium
	○ Copper
(If	male, SKIP TO QUESTION 9)
8.	During how many pregnancies did you take prenatal vitamins for at least 3 months? O None, or never pregnant
	O 1
	○ 2
	○ 3
	O 4
	○ 5+

9. Summary Questions

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	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

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.