



Health Professionals Follow-up Study

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Dear Colleagues,

This questionnaire marks the 20-year point in the Health Professionals Follow-Up Study, which began in 1986. During this time we have learned much about ways that diet and lifestyle factors can help reduce our risks of heart disease, stroke, and cancer, and promote healthy aging. This has only been possible because of your remarkable dedication, and that of other participants, to this research. The response to our 2004 questionnaire remained well above 90%, ensuring the validity of information from this investigation.

During the past several years, new insights on risk factors for prostate and colon cancer have emerged from this study. Among men 65 years or older, higher consumption of lycopene^(1,2) (the red pigment in tomatoes), fish⁽³⁾ as well as vigorous physical activity⁽⁴⁾ were each associated with a lower risk of prostate cancer. Conversely, high doses of zinc supplements (100 mg per day or more) were related to increased risk of prostate cancer.⁽⁵⁾ Although some earlier studies had suggested higher risks of colon cancer with greater coffee consumption, we found no association.⁽⁶⁾ Aspirin use was associated with lower risk of colon adenomas, precursors for colon cancer, particularly among men who have a slow-acting form of a gene responsible for metabolizing aspirin.⁽⁷⁾ This finding needs replication, but suggests that it may be possible to identify individuals who would most benefit by the use of aspirin for cancer prevention. Further details on our findings will be included in our newsletter next year and are available on our website (www.hsph.harvard.edu/hpfs).

The attached 2006 questionnaire continues the critical follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 2004. As always, all information provided on this questionnaire is strictly confidential and is used only for statistical purposes.

Again, I thank you for your participation in this research, which continues to provide new information on ways to reduce major illness in men.

Sincerely,

Walter Willett, MD
Principal Investigator

1. *JNCI*, 2002, Vol. 94, p. 391 (A prospective study of tomato products, lycopene, and prostate cancer risk).
2. *Cancer Epidemiol Biomarkers Prev*, 2004, Vol. 13, p. 260 (Plasma and dietary carotenoids, and the risk of prostate cancer: A nested case-control study).
3. *Cancer Epidemiol Biomarkers Prev*, 2003, Vol. 12, p. 64 (A prospective study of intake of fish and marine fatty acids and prostate cancer).
4. *Arch Intern Med*, 2005, Vol. 165, p. 1005 (A prospective study of physical activity and incident and fatal prostate cancer).
5. *JNCI*, 2003, Vol. 95, p. 1004 (Zinc supplement use and risk of prostate cancer).
6. *JNCI*, 2005, Vol. 97, p. 282 (Coffee, tea, and caffeine consumption and incidence of colon and rectal cancer).
7. *JNCI*, 2005, Vol. 97, p. 457 (Genetic variants in the UGT1A6 enzyme, aspirin use, and the risk of colorectal adenoma).

Please reply to: HSPH 677 Huntington Avenue, Boston MA 02115-5804 • (617) 998-1067



PLEASE USE AN ORDINARY NO. 2 PENCIL TO ANSWER ALL QUESTIONS.

Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: 23. Do you currently take multi-vitamins?

No
 Yes

Please fill circle completely, do **not** mark this way:   

EXAMPLE 2:

b) What specific brand (or equivalency) do you usually take?

CVS Daily Multivitamin with Minerals
e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Keep handwriting within borders of the response box.

Federal research regulations require us to include the following information:

There are no direct benefits to you from participating in this study.
The risk of breach of confidentiality associated with participation in this study is very small.
Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.
You may skip any question you do not wish to answer.
You will not receive monetary compensation for participating.
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (866-606-0573).
If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Project Coordinator, Betsy Frost-Hawes, at 617-384-8657.

Thank you for completing the 2006 Health Professionals Follow-up Study questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed prepaid envelope.

18. IS THIS YOUR CORRECT DATE OF BIRTH?

Yes No **IF NO, please indicate your date of birth.**

MONTH	DAY	YEAR
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19. Since January 1, 2004, have you had any of the following clinician diagnosed conditions?

	YEAR OF DIAGNOSIS				
	Before 2004	2004	2005	2006	

Leave blank for NO, mark here for YES

High blood pressure	Y					1
Diabetes mellitus	Y					2
Elevated cholesterol	Y					3
Elevated triglycerides	Y					4
Coronary bypass, angioplasty or stent	Y					5
Myocardial infarction (heart attack)	Y					6
Hospitalized for this MI? <input type="radio"/> No <input type="radio"/> Yes						a
Angina pectoris	Y					7
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes						a
Congestive heart failure	Y					8
Deep vein thrombosis	Y					9
TIA (Transient Ischemic Attack)	Y					10
Stroke (CVA)	Y					11
Carotid artery surgery	Y					12
Intermittent claudication	Y					13
Surgery or angioplasty for arterial disease of the leg	Y					14
Pulmonary embolus	Y					15
Aortic aneurysm	Y					16
Gout	Y					17
Rheumatoid arthritis	Y					18
Other arthritis (e.g., osteoarthritis)	Y					19
Chronic renal failure	Y					20
Diverticulitis or Diverticulosis	Y					21
Prostatic enlargement, surgically treated (e.g., TURP)	Y					22
Prostate cancer	Y					23
Colon or rectal polyp	Y					24
Cancer of colon or rectum	Y					25
Solar or actinic keratosis	Y					26
Basal cell skin cancer	Y					27
Squamous cell skin cancer	Y					28
Melanoma	Y					29
Lymphoma or Leukemia	Y					30
Other cancer	Y					31

Please specify site and year:

Glaucoma	Y					32
Cataract (1st Diagnosis)	Y					33
Cataract extraction	Y					34
Macular degeneration	Y					35
Osteoporosis	Y					36
Hip replacement	Y					37
Periodontal disease with bone loss	Y					38
Leukoplakia/oral precancer	Y					39
Gall bladder removal	Y					40
Kidney stones	Y					41
Parkinson's disease	Y					42
ALS (Amyotrophic Lateral Sclerosis)	Y					43
Gastric or duodenal ulcer	Y					44
Barrett's esophagus	Y					45
Ulcerative colitis/Crohn's disease	Y					46

19. (continued)

	Before 2004	2004	2005	2006	
Shingles	Y				47
Seizure (1 or more)/epilepsy	Y				48
Alcohol dependence problem	Y				49
Pneumonia (X-ray confirmed)	Y				50
Asthma	Y				51
Pernicious Anemia/B12 deficiency	Y				52
Emphysema or chronic bronchitis (COPD)	Y				53
Other major illness or surgery since	Y				54

January 2004 Please specify:

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

20. Have you ever been diagnosed as having atrial fibrillation (more than 1 hour)? No Yes

If Yes: Before 1986 1986-94 1994-2004 2005 2006

21. Since January 1, 2004, have you had any of these fractures? None Hip (exclude pelvis) Wrist (Colles or distal forearm)

If hip or wrist, please specify date and circumstances. Month: Year:

If a fall, include site, surface and height of fall.

22. Current Medication (mark if used regularly)

<input type="radio"/> Acetaminophen (e.g., Tylenol)	Days/week:	<input type="radio"/> 1	<input type="radio"/> 2-3	<input type="radio"/> 4-5	<input type="radio"/> 6+ days	
<input type="radio"/> Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)	Tablets/wk:	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-14	<input type="radio"/> 15+ tablets	
<input type="radio"/> Ibuprofen (e.g., Advil, Motrin, Nuprin)	Days/week:	<input type="radio"/> 1	<input type="radio"/> 2-3	<input type="radio"/> 4-5	<input type="radio"/> 6+ days	
<input type="radio"/> Celebrex (COX-2 inhibitors)	Tablets/wk:	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-14	<input type="radio"/> 15+ tablets	
<input type="radio"/> Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Anaprox, Relafen, Ketoprofen)	Days/week:	<input type="radio"/> 1	<input type="radio"/> 2-3	<input type="radio"/> 4-5	<input type="radio"/> 6+ days	
<input type="radio"/> Steroid taken orally (e.g., Prednisone, Medrol)	Days/week:	<input type="radio"/> 1	<input type="radio"/> 2-3	<input type="radio"/> 4-5	<input type="radio"/> 6+ days	
<input type="radio"/> "Statin" cholesterol-lowering drug:						
<input type="radio"/> Mevacor (lovastatin)	<input type="radio"/> Zocor (simvastatin)	<input type="radio"/> Crestor				
<input type="radio"/> Pravachol (pravastatin)	<input type="radio"/> Lipitor (atorvastin)	<input type="radio"/> Other				
<input type="radio"/> Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]						
<input type="radio"/> H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)						
<input type="radio"/> Prilosec, Nexium, Prevacid, Protonix, Aciphex						
<input type="radio"/> Finasteride (e.g., Proscar, Propecia, Avodart)						0 0 0
<input type="radio"/> Alpha-blocker for BPH [e.g., Hytrin (terazosin), Flomax, Cardura]						1 1 1
<input type="radio"/> Beta-blocker (e.g., Inderal, Metoprolol, Atenolol, Carvedilol)						2 2 2
<input type="radio"/> ACE inhibitor or ARB (e.g., Prinivil, Vasotec, Diovan Avapro)						3 3 3
<input type="radio"/> Furosemide-like diuretic (e.g., Lasix, Bumex)						4 4 4
<input type="radio"/> Thiazide diuretic (e.g., HCTZ, Maxzide, Dyazide)						5 5 5
<input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)						6 6 6
<input type="radio"/> Other antihypertensive (e.g., Clonidine, Aldactone)						7 7 7
<input type="radio"/> Prozac, Zoloft, Paxil, Celexa, Effexor						8 8 8
<input type="radio"/> Tricyclic antidepressant (e.g., Elavil, Sinequan)						9 9 9
<input type="radio"/> Other antidepressant (e.g., Trazodone, Nardil)						1 1 1 1 1 1 1 1
<input type="radio"/> Tranquilizer (e.g., Valium, Xanax, Klonopin)						2 2 2 2 2 2 2 2
<input type="radio"/> Coumadin (e.g., Warfarin)						4 4 4 4 4 4 4 4
<input type="radio"/> Digoxin (e.g., Lanoxin)						8 8 8 8 8 8 8 8
<input type="radio"/> Other regular medication (no need to specify)						P P P P P P P P

3/8" spine perf

23. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

Form for question 23: a) How many do you take per week? b) What specific brand (or equivalency) do you usually take?

Not counting multi-vitamins, do you take any of the following preparations?

Form for question 23 continuation: a) Vitamin A, b) Potassium, c) Vitamin C, d) Vitamin B6, e) Vitamin E, f) Calcium, g) Selenium, h) Coenzyme Q10, i) Zinc, and other supplements.

24. How many teaspoons of sugar do you add to your beverages or food each day?

Form for question 24: Input field for teaspoons (tsp.)

25. What brand and type of cold breakfast cereal do you usually eat?

Form for question 25: Specify cereal brand & type (e.g., Kellogg's Raisin Bran) and a numeric keypad.

26. What form of margarine do you usually use?

Form for question 26: Form for margarine type and brand (e.g., Shedd's Spread Country Crock Light Tub).

27. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

Table for question 27: DAIRY FOODS. Includes a numeric keypad and a table with columns for frequency (Never, 1-3 per month, 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day) and rows for various dairy products like Milk, Cream, Yogurt, Margarine, Butter, and Cheese.

3/8" spine part

27. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

FRUITS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Raisins (1 oz. or small pack) or grapes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes or dried plums (6 prunes or 1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prune juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	Calcium fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not calcium fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches or plums (1 fresh or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots, 1 fresh, 1/2 cup canned or 5 dried		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VEGETABLES		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Tomatoes (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger, soybeans, miso or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh), frozen, canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed or stir-fry vegetables (1/2 cup), veg. soup (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (2-3 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers: green, yellow or red (3 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a cooked vegetable, rings or soup (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, MEAT, ETC.		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+
Eggs (1)	Omega-3 fortified including yolk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular eggs including yolk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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27. (continued) For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

SWEETS, BAKED GOODS, MISCELLANEOUS		Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Milk chocolate (bar or pack), e.g., Hershey's, M&M's				W			D			
Dark chocolate, e.g., Hershey's Dark or Dove Dark				W			D			
Candy bars, e.g., Snickers, Milky Way, Reeses				W			D			
Candy without chocolate (1 oz.)				W			D			
Cookies (1)	Fat free or reduced fat			W			D			
	Other ready made			W			D			
	Home baked			W			D			
Brownies (1)			W			D				
Doughnuts (1)			W			D				
Cake, homemade or ready made (slice)			W			D				
Pie, homemade or ready made (slice)			W			D				
Jams, jellies, preserves, syrup, or honey (1 Tbs)			W			D				
Peanut butter (1 Tbs)			W			D				
Popcorn (3 cups)	Fat free or light			W			D			
	Regular			W			D			
Sweet roll, coffee cake or other pastry (serving)	Fat free or reduced fat			W			D			
	Other ready made			W			D			
	Home baked			W			D			
Pretzels (1 small bag or serving)			W			D				
Peanuts (small packet or 1 oz.)			W			D				
Walnuts (1 oz.)			W			D				
Other nuts (small packet or 1 oz.)			W			D				
Oat bran, added to food (1 Tbs)			W			D				
Other bran, added to food (1 Tbs)			W			D				
Chowder or cream soup (1 cup)			W			D				
Ketchup or red chili sauce (1 Tbs)			W			D				
Splenda (1 packet)			W			D				
Other artificial sweetener (1 packet)			W			D				
Olive oil added to food or bread (1 Tbs)			W			D				
Low-fat or fat-free mayonnaise (1 Tbs)			W			D				
Regular mayonnaise (1 Tbs)			W			D				
Salad dressing (1-2 Tbs)			W			D				

28. Liver: beef, calf or pork (4 oz.) Never Less than 1/mo 1/mo 2-3/mo 1/week or more
 Liver: chicken or turkey (1 oz.) Never Less than 1/mo 1/mo 2-3/mo 1/week or more

29. How much of the visible fat on your beef, pork or lamb do you remove before eating?
 Remove all visible fat Remove most Remove small part of fat Remove none Don't eat meat

30. How often do you eat fried or sautéed food at home? (Exclude "Pam"-type spray)
 Less than once a week 1-3 times per week 4-6 times per week Daily

31. What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)
 Real butter Margarine Vegetable oil Vegetable shortening Lard N/A

32. What kind of fat is usually used for baking at home?
 Real butter Margarine Vegetable oil Vegetable shortening Lard N/A

33. What type of cooking oil is usually used at home? (e.g., Mazola Corn Oil) **Specify brand and type** →

34. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?
 Less than once a week 1-3 times per week 4-6 times per week Daily

35. How often do you eat toasted breads, bagel or English muffin (e.g., slice or 1 half bagel)?
 Less than once a week 1-3 times per week 4-6 times per week Daily 2+ times/day

36. Are there any other important foods that you usually eat at least once per week? Include for example: Applesauce, mushrooms, bulgur, couscous, radish, horseradish, Eggbeaters, dates, figs, mango, mixed dried fruit, papaya, wheat germ, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular, plus or light), Power/Sports bars. (Do not include dry spices and do not list something that has been listed in the previous sections.)	Other foods that you usually eat at least once per week	Servings per week	36
	(a)		
	(b)		
(c)			

1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P	P	P
A	0	0	0						0	0
	1	1	1	as	mus				1	1
	2	2	2	bu	cou				2	2
	3	3	3	rad	hrd				3	3
	4	4	4	egg	dat				4	4
	5	5	5	fig	man				5	5
	6	6	6	mdf	pap				6	6
	7	7	7	wg	cus				7	7
	8	8	8	ven	htp				8	8
	9	9	9	pic	olv				9	9
				slm	en					
				en+	pwb					
B	0	0	0	as	mus				0	0
	1	1	1	bu	cou				1	1
	2	2	2	rad	hrd				2	2
	3	3	3	egg	dat				3	3
	4	4	4	fig	man				4	4
	5	5	5	mdf	pap				5	5
	6	6	6	wg	cus				6	6
	7	7	7	ven	htp				7	7
	8	8	8	pic	olv				8	8
	9	9	9	slm	en				9	9
				en+	pwb					
C	0	0	0						0	0
	1	1	1	as	mus				1	1
	2	2	2	bu	cou				2	2
	3	3	3	rad	hrd				3	3
	4	4	4	egg	dat				4	4
	5	5	5	fig	man				5	5
	6	6	6	mdf	pap				6	6
	7	7	7	wg	cus				7	7
	8	8	8	ven	htp				8	8
	9	9	9	pic	olv				9	9
				slm	en					
				en+	pwb					
28	6	6	6	mdf	pap				6	6
A	7	7	7	wg	cus				7	7
B	8	8	8	ven	htp				8	8
29	9	9	9	pic	olv				9	9
				slm	en					
				en+	pwb					
30									2	
									0	0
31				OLV					1	1
				CAN					2	2
32				COR					3	3
				SOY					4	4
33				VEG					5	5
									6	6
34									7	7
									8	8
35									9	9

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