HARVARD MEDICAL SCHOOL **NURSES' HEALTH STUDY**

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This is your ID ➡

Dear Colleague:

In 2006 we find ourselves at another significant milestone in the history of the Nurses' Health Study: our 30th anniversary! When we began our work together in 1976, the majority of health research was conducted among men. While it may not take a genius to figure out that men and women are different, it took Dr. Frank Speizer's trailblazing spirit to bring the field of science to the study of women's health. Of course it wasn't easy getting the study started. Only married nurses were originally enrolled in the study, as it was considered inappropriate at that time to ask single women about the use of birth control. Things have certainly changed since then, and we have learned an enormous amount about ways to enhance health and wellbeing.

As the study begins its fourth decade, your continued enthusiastic participation is as important as ever. The attached questionnaire continues our biennial follow-up. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is helpful and greatly appreciated.

You are an original member of the Nurses' Health Study and as such, you are an indispensable colleague in our research. Whether you are retired or still working and whether your health has been excellent or if you have been ill, your response is equally important. In short, **no matter what your circumstances, we want to hear from you!**

As we continue to study diseases that often take decades to develop, your continued participation is fundamental to the validity of the study. It is with our deepest gratitude that we thank you again for the ongoing commitment and care that you have generously provided as we continue to learn more about women's health.

Best Regards,

Graham A. Colditz, MD, DrPH
Principal Investigator

Do you have an e-mail address?
If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, Ø vs O, 5 vs S)

We will not release your e-mail address to anyone!

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INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.

Please fill in the circles completely. **Do not mark this way:** ✓ ✗ ◒

EXAMPLE 1: **Write your weight in the boxes…**

…and fill in the circle corresponding to the figure at the head of each column.

1. What is your current weight?

POUNDS		
1	4	0

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

EXAMPLE 2: **Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.**

14. Since June 2004, have you had any of these clinician-diagnosed illnesses?
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS: BEFORE JUNE 1 2004	JUNE '04 TO MAY 2006	AFTER JUNE 1 2006
Fibrocystic/other benign breast disease	●	○	○
Confirmed by breast biopsy? (N) No ● Yes			
Breast cancer	○	●	○
Cancer of the uterus (endometrium) (Y)	○	○	○

14 — 1 — a — 2 — 3

- **Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.**
- **If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.**
- **Thank you for completing the 2006 Nurses' Health Study Questionnaire.**

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.
Although complete information is important to the study, 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 Brigham and Women's Hospital (617-525-3170).

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PLEASE USE PENCIL!

1. What is your current weight?

2. Do you currently smoke cigarettes?
○ No ○ Yes ➡ How many/day? ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

3. Have you had your uterus removed?
○ No ○ Yes ➡ **Date of surgery:** ○ Before June 1, 2004 ○ After June 1, 2004

4. Have you ever had either of your ovaries surgically removed?
○ No ○ Yes ➡ **a) How many ovaries do you have remaining?** ○ None ○ One

5. On average, how many hours per week were you outdoors in direct sunlight in the middle of the day, including work and recreation, at each of these ages? Your best estimate is fine.

HOURS PER WEEK	< 1 hour	2–5 hrs	6–10 hrs	11+ hrs
Summer months in **High School/College/Nursing School**	○	○	○	○
Summer months **ages 25–35**	○	○	○	○
Summer months **ages 36–59**	○	○	○	○
Summer months **ages 60–65**	○	○	○	○
Winter months **over the last 2 years**	○	○	○	○

6. During the last 12 months, how often have you leaked or lost control of your urine?
○ Never ○ Less than once/month ○ Once/month ○ 2–3 times/month ○ About once/week ○ Almost every day

i) When you lose your urine, how much usually leaks?
○ A few drops ○ Enough to wet your underwear ○ Enough to wet your outerclothing ○ Enough to wet the floor

ii) When you lose urine, what is the usual cause?
(a) Coughing, sneezing, laughing, or doing physical activity (b) A sudden and urgent need to go to the bathroom
(c) Both a) and b) equally (d) In other circumstances

7. *Since June 2004,* have you used Evista (raloxifene) or Nolvadex (tamoxifen)?
○ Yes ➡ **a) How many months have you used each drug during the 24 month period between June 2004 and June 2006?**
○ No

Evista	○ Not Used	○ 1–4 months	○ 5–9	○ 10–14	○ 15–19	○ 20–24 months	○ Used only after 6/06	
Nolvadex	○ Not Used	○ 1–4 months	○ 5–9	○ 10–14	○ 15–19	○ 20–24 months	○ Used only after 6/06	

b) Are you currently using Evista or Nolvadex? ○ No, not currently ○ Yes, Evista ○ Yes, Nolvadex

8. Are you currently using any over-the-counter (e.g., "herbal," "natural," or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)
○ No ○ Yes ➡ **What type(s)?** ○ Soy estrogen products ○ Natural progesterone cream or wild yam cream
○ Dong quai (e.g., Rejuvex) ○ Black cohosh (e.g., Remifemin) ○ Other

9. Since June 2004, have you used prescription female hormones?
○ Yes ➡ **a) How many months did you use hormones since June 2004?**
○ No ○ 1–4 months ○ 5–9 ○ 10–14 ○ 15–19 ○ 20–25 ○ 26–30 ○ 31–35 ○ 36+ months

b) Are you *currently* using them (within the last month)? ○ Yes ○ No **If No, skip to Part d.**

c) Mark the type(s) of hormones you are *CURRENTLY* using:
Combined: ○ Prempro (beige) ○ Prempro (gold) ○ Prempro (peach) ○ Prempro (light blue) ○ Premphase ○ Combipatch ○ FemHRT
Estrogen: ○ Oral Premarin ○ Patch Estrogen ○ Vaginal Estrogen ○ Ogen ○ Estrace ○ Estratest ○ Other Estrogen (specify in box below)
Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium) ○ Other progesterone (specify type)
Other hormones *CURRENTLY* used (e.g., Tri-est), Specify: ➡

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?
○ .30 mg/day or less ○ .45 mg/day ○ .625 mg/day ○ .9 mg/day
○ 1.25 mg/day or higher ○ Unsure ○ Did not take oral conjugated estrogen

e) What was your pattern of hormone use (Days per Month)?

Oral or Patch Estrogen: Days per Month	○ Not used	○ <1 day/mo.	○ 1–8 days	○ 9–18	○ 19–26	○ 27+ days/mo.	
Progesterone: Days per Month	○ Not used	○ <1 day/mo.	○ 1–8 days	○ 9–18	○ 19–26	○ 27+ days/mo.	

10. What is your usual walking pace outdoors?
○ Easy, casual (less than 2 mph) ○ Normal, average (2 –2.9 mph) ○ Brisk space (3 –3.9 mph) ○ Very brisk/striding (4 mph or faster)

11. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

TIME PER WEEK	Zero	1–4 Min.	5–19 Min.	20–59 Min.	One Hour	1–1.5 Hrs.	2–3 Hrs.	4–6 Hrs.	7–10 Hrs.	11+ Hrs.
Walking for exercise or walking to work	○	○	○	○	○	○	○	○	○	○
Running or jogging	○	○	○	○	○	○	○	○	○	○
Biking, swimming, tennis or aerobic exercise machine	○	○	○	○	○	○	○	○	○	○

12. Do you have a hearing problem?
○ No ○ Mild ○ Moderate ○ Marked, no hearing aid ○ Severe, use a hearing aid

13. Do you live 9+ months of the year at this address we mailed to? ○ Yes ○ No ➡ **Zipcode of other residence?**

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14. Since June 2004, have you had any of these clinician-diagnosed illnesses?

LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

		YEAR OF DIAGNOSIS		
		BEFORE JUNE 1 2004	JUNE '04 TO MAY 2006	AFTER JUNE 1 2006
Fibrocystic/other benign breast disease	1			
Confirmed by breast biopsy? (N) No (Y) Yes	a			
Breast cancer	2			
Cancer of the uterus (endometrium)	3			
Cancer of the ovary	4			
Colon or rectal polyp (benign)	5			
Cancer of the colon or rectum	6			
Melanoma	7			
Basal cell skin cancer	8			
Squamous cell skin cancer	9			
Chronic lymphocytic leukemia	10			
Other cancer	11			
Specify site of other cancer (e.g., lung, pancreas, etc.)	12			
Diabetes mellitus	13			
Elevated cholesterol	14			
High blood pressure	15			
Myocardial infarction (heart attack)	16			
Hospitalized for MI? (N) No (Y) Yes	a			
Angina pectoris	17			
Confirmed by angiogram? (N) No (Y) Yes	a			
Coronary bypass, angioplasty, or stent	18			
Congestive heart failure	19			
Stroke (CVA)	20			
TIA (Transient ischemic attack)	21			
Peripheral artery disease or claudication of legs (not varicose veins)	22			
Confirmed by angiogram/surgery? (N) No (Y) Yes	a			
Carotid surgery (Endarterectomy)	23			
Pulmonary embolus	24			
Atrial fibrillation	25			
ICD-Implantable Defibrillator	26			
Osteoporosis	27			
Hip replacement	28			
Hip fracture	29			
Vertebral fracture, X-ray confirmed	30			
Graves' Disease/Hyperthyroidism	31			
Hyperparathyroidism	32			
Glaucoma	33			
Macular degeneration of retina	34			
Cataract—1st Diagnosis (Dx)	35			
Cataract extraction	36			
Alzheimer's disease	37			
Parkinson's Disease	38			
Seizure (1 or more)/Epilepsy	39			
Ulcerative colitis/Crohn's	40			
Barrett's esophagus	41			
Kidney stones	42			
SLE (systemic lupus)	43			
Rheumatoid arthritis, clinician Dx	44			
Gout	45			
Depression, clinician Dx	46			
Other major illness or surgery since June 2004	47			

Please specify: Date:

15. In the past two years have you had:

(If yes, mark all that apply)

	No	Yes, for screening	Yes, for symptoms	
A physical exam?	N	Y	Y	
Exam by eye doctor?	N	Y	Y	
Mammogram?	N	Y	Y	
Fasting blood sugar?	N	Y	Y	
Upper endoscopy?	N No	Y Yes		
(Virtual) CT Colonoscopy?	N No	Y Yes		
Colonoscopy?	N No	Y Yes		
Sigmoidoscopy?	N No	Y Yes		

Initial reason(s) you had Colonoscopy/Sigmoidoscopy? a

- Visible blood
- Occult fecal blood
- Abdominal pain
- Diarrhea/constipation
- Family history of colon cancer
- Barium enema
- Follow-up of (virtual) CT colonoscopy
- Prior polyps
- Asymptomatic or routine screening

16. Regular Medication *(Mark if used regularly in past 2 years)* 16

- Acetaminophen (e.g., Tylenol)
  - **Days/week:** 1 2–3 4–5 6+ days
  - **Total tabs/wk:** 1–2 3–5 6–14 15+ tab
- "Baby" or low dose aspirin (100 mg or less/tablet)
  - **Days/week:** 1 2–3 4–5 6+ days
  - **Total tabs/wk:** 1–2 3–5 6–14 15+ tab
- Aspirin or aspirin-containing products (325 mg or more/tablet)
  - **Days/week:** 1 2–3 4–5 6+ days
  - **Total tabs/wk:** 1–2 3–5 6–14 15+ tab
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - **Days/week:** 1 2–3 4–5 6+ days
  - **Total tabs/wk:** 1–2 3–5 6–14 15+ tab
- Celebrex, Vioxx or Bextra (COX-2 inhibitors)
  - **Days/week:** 1 2–3 4–5 6+ days
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
- Thiazide diuretic Lasix Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Inderal, Toprol, Tenormin, Coreg)
- ACE Inhibitor or ARB (e.g., Prinivil, Vasotec, Diovan, Avapro)
- Other antihypertensive (e.g., doxazosin/Cardura, Clonidine)
- Coumadin Plavix Digoxin Antiarrhythmic

"Statin" cholesterol-lowering drug:

- Lovastatin (Mevacor) Simvastatin (Zocor) Crestor
- Pravastatin (Pravachol) Atorvastatin (Lipitor) Other statin
- Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zetia]
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Insulin Oral hypoglycemic medication
- SSRI's (e.g., Prozac, Zoloft, Paxil, Celexa)
- Other antidepressants (e.g., Elavil, Tofranil, Pamelor)
- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
- Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- Aricept Namenda
- Fosamax, Actonel, or other bisphosphonate
- Other regular medications (no need to specify)

17. Is this your correct date of birth?

- Yes
- No

If no, please write correct date. MONTH / DAY / YEAR

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

○ No ○ Yes ▶ a) How many do you take per week? ○ 2 or less ○ 3–5 ○ 6–9 ○ 10 or more

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

○ Centrum Silver ○ Centrum ○ Other ▶ e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

○ Theragran M ○ One-A-Day Essential

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

a) Vitamin A	○ No	○ Yes, seasonal only ○ Yes, most months	If Yes, Dose per day:	○ Less than 8,000 IU	○ 8,000 to 12,000 IU	○ 13,000 to 22,000 IU	○ 23,000 IU or more	○ Don't know
b) Potassium (over the counter)	○ No	○ Yes	If Yes, Dose per day:	○ Less than 2.5 mEq (100 mg)	○ 3 to 10 mEq	○ 11 to 20 mEq	○ 21 mEq or more	○ Don't know
c) Vitamin C	○ No	○ Yes, seasonal only ○ Yes, most months	If Yes, Dose per day:	○ Less than 400 mg	○ 400 to 700 mg	○ 750 to 1250 mg	○ 1300 mg or more	○ Don't know
d) Vitamin B_6	○ No	○ Yes	If Yes, Dose per day:	○ Less than 25 mg	○ 26 to 50 mg	○ 51 to 100 mg	○ 101 mg or more	○ Don't know
e) Vitamin E	○ No	○ Yes	If Yes, Dose per day:	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know
			Type:	○ Natural	○ Regular (dl)	○ Unknown		
f) Calcium (Include Calcium in Tums, etc.)	○ No	○ Yes	If Yes, Dose per day (elemental calcium):	○ Less than 500 mg	○ 501 to 1000 mg	○ 1001 to 1500 mg	○ 1501 mg or more	○ Don't know
g) Selenium	○ No	○ Yes	If Yes, Dose per day:	○ Less than 80 mcg	○ 80 to 130 mcg	○ 140 to 250 mcg	○ 260 mcg or more	○ Don't know
h) Vitamin D (In calcium supplement or separately)	○ No	○ Yes	If Yes, Dose per day:	○ Less than 300 IU	○ 300 to 500 IU	○ 600 to 900 IU	○ 1000 IU or more	○ Don't know
i) Zinc	○ No	○ Yes	If Yes, Dose per day:	○ Less than 25 mg	○ 25 to 74 mg	○ 75 to 100 mg	○ 101 mg or more	○ Don't know

19. Are there other supplements that you take on a regular basis?

○ Metamucil/Citrucel ○ Beta-carotene ○ Chromium ○ Folic Acid ○ DHEA
○ Cod Liver Oil ○ Magnesium ○ Lecithin ○ B-Complex ○ Iron ○ Other (Please specify)
○ Vitamin B_{12} ○ Melatonin ○ Coenzyme Q_{10} ○ Ginkgo Biloba
○ Flax Seed Oil ○ Fish oil ○ Choline ○ Lycopene
○ Flax Seed ○ Niacin ○ Evening Primrose ○ Glucosamine/Chondroitin

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

21. What brand and type of cold breakfast cereal do you usually eat? ▶ Specify cereal brand & type (e.g., Kellogg's Raisin Bran)

○ Don't eat cold breakfast cereal.

22. What form of margarine or spread do you usually use (exclude pure butter)? ▶ What specific brand & type of margarine (e.g., Shedd's Spread Country Crock Light Tub)

○ None **Form?** ○ Stick ○ Tub ○ Spray ○ Squeeze (liquid)

Type? ○ Reg ○ Light ○ Nonfat

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

DAIRY FOODS		AVERAGE USE LAST YEAR: 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 (8 oz. glass)	Skim milk	○	○	W	○	○	D	○	○	○
	1 or 2 % milk	○	○	W	○	○	D	○	○	○
	Whole milk	○	○	W	○	○	D	○	○	○
	Soy milk	○	○	W	○	○	D	○	○	○
Cream, e.g., coffee, whipped or sour cream (1 Tbs)		○	○	W	○	○	D	○	○	○
Non-dairy coffee whitener (1 Tbs)		○	○	W	○	○	D	○	○	○
Frozen yogurt, sherbet or low-fat ice cream (1 cup)		○	○	W	○	○	D	○	○	○
Regular ice cream (1 cup)		○	○	W	○	○	D	○	○	○
Yogurt (1 cup)	Low-carb, artificially sweetened or plain	○	○	W	○	○	D	○	○	○
	Sweetened–with fruit or other flavoring	○	○	W	○	○	D	○	○	○
Margarine (pat), added to food or bread; exclude use in cooking		○	○	W	○	○	D	○	○	○
Butter (pat), added to food or bread; exclude use in cooking		○	○	W	○	○	D	○	○	○
Cottage or ricotta cheese (1/2 cup)		○	○	W	○	○	D	○	○	○
Cream cheese (1 oz.)		○	○	W	○	○	D	○	○	○
Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)		○	○	W	○	○	D	○	○	○

▶ **What type of cheese do you usually eat?** ○ Regular ○ Low fat or Lite ○ Nonfat ○ None

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23. ***(continued)*** **For each food listed, fill in the circle indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.**

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 <u>average</u> 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+ per day
Raisins (1 oz. or small pack) or grapes (1/2 cup)	○	○	W	○	○	D	○	○	○
Prunes or dried plums (6 prunes or 1/4 cup)	○	○	W	○	○	D	○	○	○
Prune juice (small glass)	○	○	W	○	○	D	○	○	○
Bananas (1)	○	○	W	○	○	D	○	○	○
Cantaloupe (1/4 melon)	○	○	W	○	○	D	○	○	○
Avocado (1/2 fruit or 1/2 cup)	○	○	W	○	○	D	○	○	○
Fresh apples or pears (1)	○	○	W	○	○	D	○	○	○
Apple juice or cider (small glass)	○	○	W	○	○	D	○	○	○
Oranges (1)	○	○	W	○	○	D	○	○	○
Orange juice (small glass) — Calcium fortified	○	○	W	○	○	D	○	○	○
Orange juice (small glass) — Regular (not calcium fortified)	○	○	W	○	○	D	○	○	○
Grapefruit (1/2) or grapefruit juice (small glass)	○	○	W	○	○	D	○	○	○
Other fruit juices (small glass)	○	○	W	○	○	D	○	○	○
Strawberries, fresh, frozen or canned (1/2 cup)	○	○	W	○	○	D	○	○	○
Blueberries, fresh, frozen or canned (1/2 cup)	○	○	W	○	○	D	○	○	○
Peaches or plums (1 fresh or 1/2 cup canned)	○	○	W	○	○	D	○	○	○
Apricots, 1 fresh, 1/2 cup canned or 5 dried	○	○	W	○	○	D	○	○	○

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+ per day
Tomatoes (2 slices)	○	○	W	○	○	D	○	○	○
Tomato or V-8 juice (small glass)	○	○	W	○	○	D	○	○	○
Tomato sauce (1/2 cup) e.g., spaghetti sauce	○	○	W	○	○	D	○	○	○
Salsa, picante or taco sauce (1/4 cup)	○	○	W	○	○	D	○	○	○
String beans (1/2 cup)	○	○	W	○	○	D	○	○	○
Beans or lentils, baked or dried (1/2 cup)	○	○	W	○	○	D	○	○	○
Tofu, soy burger, soybeans, miso or other soy protein	○	○	W	○	○	D	○	○	○
Peas or lima beans (1/2 cup fresh, frozen, canned)	○	○	W	○	○	D	○	○	○
Broccoli (1/2 cup)	○	○	W	○	○	D	○	○	○
Cauliflower (1/2 cup)	○	○	W	○	○	D	○	○	○
Cabbage or coleslaw (1/2 cup)	○	○	W	○	○	D	○	○	○
Brussels sprouts (1/2 cup)	○	○	W	○	○	D	○	○	○
Carrots, raw (1/2 carrot or 2–4 sticks)	○	○	W	○	○	D	○	○	○
Carrots, cooked (1/2 cup) or carrot juice (2–3 oz.)	○	○	W	○	○	D	○	○	○
Corn (1 ear or 1/2 cup frozen or canned)	○	○	W	○	○	D	○	○	○
Mixed or stir-fry vegetables (1/2 cup), veg. soup (1 cup)	○	○	W	○	○	D	○	○	○
Yams or sweet potatoes (1/2 cup)	○	○	W	○	○	D	○	○	○
Dark orange (winter) squash (1/2 cup)	○	○	W	○	○	D	○	○	○
Eggplant, zucchini or other summer squash (1/2 cup)	○	○	W	○	○	D	○	○	○
Kale, mustard greens or chard (1/2 cup)	○	○	W	○	○	D	○	○	○
Spinach, cooked (1/2 cup)	○	○	W	○	○	D	○	○	○
Spinach, raw as in salad (1 cup)	○	○	W	○	○	D	○	○	○
Iceberg or head lettuce (1 cup)	○	○	W	○	○	D	○	○	○
Romaine or leaf lettuce (1 cup)	○	○	W	○	○	D	○	○	○
Celery (2–3 sticks)	○	○	W	○	○	D	○	○	○
Peppers: green, yellow or red (3 slices)	○	○	W	○	○	D	○	○	○
Onions as a garnish or in salad (1 slice)	○	○	W	○	○	D	○	○	○
Onions as a cooked vegetable, rings or soup (1/2 cup)	○	○	W	○	○	D	○	○	○

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+ per day
Eggs (1) — Omega-3 fortified including yolk	○	○	W	○	○	D	○	○	○
Eggs (1) — Regular eggs including yolk	○	○	W	○	○	D	○	○	○
Beef or pork hot dogs (1)	○	○	W	○	○	D	○	○	○
Chicken or turkey hot dogs (1)	○	○	W	○	○	D	○	○	○
Chicken/turkey sandwich or frozen dinner	○	○	W	○	○	D	○	○	○
Other chicken or turkey, with skin (3 oz.)	○	○	W	○	○	D	○	○	○
Other chicken or turkey, without skin (3 oz.)	○	○	W	○	○	D	○	○	○
Bacon (2 slices)	○	○	W	○	○	D	○	○	○

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23. ***(continued)*** **For each food listed, fill in the circle indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.**

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+ per day
Salami, bologna, or other processed meat sandwiches	○	○	W	○	○	D	○	○	○
Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)	○	○	W	○	○	D	○	○	○
Hamburger (1 patty) — Lean or extra lean	○	○	W	○	○	D	○	○	○
Hamburger (1 patty) — Regular	○	○	W	○	○	D	○	○	○
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.	○	○	W	○	○	D	○	○	○
Pork as a main dish, e.g., ham or chops (4–6 oz.)	○	○	W	○	○	D	○	○	○
Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)	○	○	W	○	○	D	○	○	○
Canned tuna fish (3–4 oz.)	○	○	W	○	○	D	○	○	○
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)	○	○	W	○	○	D	○	○	○
Shrimp, lobster, scallops as a main dish	○	○	W	○	○	D	○	○	○
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)	○	○	W	○	○	D	○	○	○
Other fish, e.g., cod, haddock, halibut (3–5 oz.)	○	○	W	○	○	D	○	○	○

BREADS, CEREALS, STARCHES	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
Cold breakfast cereal (1 cup)	○	○	W	○	○	D	○	○	○
Cooked oatmeal/cooked oat bran (1 cup)	○	○	W	○	○	D	○	○	○
Other cooked breakfast cereal (1 cup)	○	○	W	○	○	D	○	○	○
Bread (1 slice) — White bread, including pita	○	○	W	○	○	D	○	○	○
Bread (1 slice) — Crispbreads (e.g., Wasa)	○	○	W	○	○	D	○	○	○
Bread (1 slice) — Rye/Pumpernickel	○	○	W	○	○	D	○	○	○
Bread (1 slice) — Whole wheat, oatmeal, other whole grain	○	○	W	○	○	D	○	○	○
Crackers, regular or lowfat (6) e.g., Triscuits, Ritz	○	○	W	○	○	D	○	○	○
Bagels, English muffins, or rolls (1)	○	○	W	○	○	D	○	○	○
Muffins or biscuits (1)	○	○	W	○	○	D	○	○	○
Pancakes or waffles (2 small pieces)	○	○	W	○	○	D	○	○	○
Brown rice (1 cup)	○	○	W	○	○	D	○	○	○
White rice (1 cup)	○	○	W	○	○	D	○	○	○
Pasta, e.g., spaghetti, noodles, etc. (1 cup)	○	○	W	○	○	D	○	○	○
Tortillas (1)	○	○	W	○	○	D	○	○	○
French Fries (6 oz. or 1 serving)	○	○	W	○	○	D	○	○	○
Potatoes, baked, boiled (1) or mashed (1 cup)	○	○	W	○	○	D	○	○	○
Potato chips or corn/tortilla chips (small bag or 1 oz.)	○	○	W	○	○	D	○	○	○
Pizza (2 slices)	○	○	W	○	○	D	○	○	○

BEVERAGES		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
CARBONATED BEVERAGES Consider the serving size as 1 glass, bottle or can for these carbonated beverages.	Low-Calorie (sugar-free) types	○	○	W	○	○	D	○	○	○
	Low-calorie beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew									
	Other low-cal bev. without caffeine, e.g., Diet 7-Up	○	○	W	○	○	D	○	○	○
	Regular types (not sugar-free) — Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper	○	○	W	○	○	D	○	○	○
	Regular types (not sugar-free) — Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale	○	○	W	○	○	D	○	○	○
OTHER BEVERAGES	Other sugared beverages: Punch, lemonade, sports drinks, or sugared ice tea (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
	Beer, regular (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
	Light Beer, e.g., Bud Light (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
	Red wine (5 oz. glass)	○	○	W	○	○	D	○	○	○
	White wine (5 oz. glass)	○	○	W	○	○	D	○	○	○
	Liquor, e.g., vodka, gin, etc. (1 drink or shot)	○	○	W	○	○	D	○	○	○
	Plain water, bottled, sparkling, or tap (8 oz. cup)	○	○	W	○	○	D	○	○	○
	Herbal tea or decaffeinated tea (8 oz. cup)	○	○	W	○	○	D	○	○	○
	Tea with caffeine (8 oz. cup), including green tea	○	○	W	○	○	D	○	○	○
	Decaffeinated coffee (8 oz. cup)	○	○	W	○	○	D	○	○	○
	Coffee with caffeine (8 oz. cup)	○	○	W	○	○	D	○	○	○

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23. ***(continued)*** **For each food listed, fill in the circle indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.**

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	○	○	○
Cookies (1) — Other ready made	○	○	W	○	○	D	○	○	○
Cookies (1) — 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	○	○	○
Popcorn (3 cups) — Regular	○	○	W	○	○	D	○	○	○
Sweet roll, coffee cake or other pastry (serving) — Fat free or reduced fat	○	○	W	○	○	D	○	○	○
Sweet roll, coffee cake or other pastry (serving) — Other ready made	○	○	W	○	○	D	○	○	○
Sweet roll, coffee cake or other pastry (serving) — 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	○	○	○

Type of salad dressing: ○ Nonfat ○ Low-fat ○ Olive oil ○ Other vegetable oil

24. 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

25. 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

26. 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

27. 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

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

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

30. 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

31. How often do you eat <u>toasted</u> 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

32. Are there any other important foods that you usually eat <u>at least once per week</u>?

Include for example: Applesauce, mushrooms, bulgur, couscous, radish, horseradish, Eggbeaters, dates, figs, rhubarb, 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
(a)	
(b)	
(c)	

Thank you! Please return forms in prepaid return envelope to: Dr. Graham Colditz, 181 Longwood Ave, Boston, MA 02115.

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