

Adventist
Health Study 2

*better
health for
everyone!*



**Diet and
Physical Activity
Questionnaire
Shorter Form**



The SUPPORT Substudy

Please Mail Questionnaire To: Adventist Health Study-2
Evans Hall, Room 203
Loma Linda University
Loma Linda, CA 92350



A. YOUR EATING HABITS

Please read all of the instructions carefully.

1. Please use the No. 2 pencil enclosed, and please, no red pens.
2. Make sure that the mark fills the circle and does not stray near other circles.
3. Erase CLEARLY any answer you wish to change.

FIND THE LOOSE PAGE WITH SERVING SIZE PICTURES to help you before beginning this section. You can use this picture page as a book mark.

- Consider your usual or average diet during the **past one year** when responding.
- Fill in response circles under "per day" for foods eaten frequently, and under "per week" or "per month" columns for foods eaten less often.
- **Include** your use of foods in **mixed dishes**, e.g. casseroles, rice and beans, callaloo, salads, desserts, etc., when answering.
- For **every food** fill a circle to show how **often** you eat it. If you eat the food at least **once each month**, fill a **serving-size** circle also.
- Notice that a standard serving size is given for each food. Decide if your servings are either close to this standard, or at least 1/2 as small, or at least 1 1/2 times as large. Then fill the serving-size circle that best fits the portions you eat.
- The pictures of servings for similar foods on the picture sheet may help you with these decisions.
- Not all foods are named. If necessary, write-in other foods that you use regularly in the spaces provided using **BLOCK** or **CAPITAL** letters. (There is space for extra write-ins on page A12)
- There is a separate section that follows later for Worthington and other vegetable protein foods, soy drinks, cold cereals, and vitamin supplements.

1 TBSP = 1 TABLESPOON

1 CUP = one 8 OZ. CUP

MED = MEDIUM

FOOD ITEMS	HOW OFTEN? (choose only one column)									If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Raw carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	105
Whole wheat bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	106
Other breads (Please write it in - use CAPITAL letters) <u>CORN BREAD</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	107
SEASONAL FRESH FRUIT- IN SEASON														
Apricots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	109

Please read instructions on the previous page carefully before filling out the questionnaire.

Notice that for fruits below, 'in-season' is separated from 'out-of-season.'

SEASONAL FRESH FRUIT -IN SEASON	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	During the season times eaten								Standard Serving Size	Standard	1/2 or less	1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
Grapes (see serving size pictures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Peaches, nectarines, plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med. or 2 plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Apricots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Cantaloupe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med or 1/3 cup sliced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Blueberries, raspberries, blackberries, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Sweet Cherries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Persimmons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8

SEASONAL FRESH FRUIT -OUT OF SEASON	Out of season times eaten								Standard Serving Size	Standard	1/2 or less	1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
Grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
Peaches, nectarines, plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 med. or 2 plums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Cantaloupe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 med or 1/3 cup sliced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Blueberries, raspberries, blackberries, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Sweet Cherries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14

OTHER FRESH (RAW) FRUIT	Average across the whole year								Standard Serving Size	Standard	1/2 or less	1/2 or more	
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day					
Apples, pears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Oranges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Grapefruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18

A2

PLEASE DO NOT WRITE IN THIS AREA



FOOD ITEMS	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
OTHER FRESH (RAW) FRUIT (CONTINUED)													
Fruit salad (fresh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Other fresh fruit? (please write them in - use CAPITAL letters):													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Extra space for write-ins on page A12													
CANNED OR COOKED FRUIT e.g. peaches, pears, plums, boiled or fried plantains, etc.													
Please write them in - use CAPITAL letters:													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
DRIED FRUIT													
Raisins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-4 prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-4 dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Other dried fruit (e.g. figs, apricots, etc.)? (please write them in - use CAPITAL letters):													
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
FRUIT & VEGETABLE JUICES													
Orange juice, fresh or frozen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Apple juice/cider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Carrot juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Tomato-based vegetable juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Another fruit juice that you drink? (please write it in - use CAPITAL letters):													
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33

SALADS AND RAW VEGETABLES (see picture sheet for help with serving sizes)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Dark green lettuce/romaine, loose leaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Iceberg lettuce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Raw Tomatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Red or Yellow Bell Peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Raw carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Raw onions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Avocado, guacamole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 med. or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Potato salad with mayonnaise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Other salad vegetables? (please write them in - use CAPITAL letters):												
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43

LEGUMES (include use in mixed dishes) - See picture sheet for help with serving sizes.	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Refried beans (include use in burritos, tostadas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Bean or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
Navy, red kidney, other red beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
Chick peas (garbanzos); pigeon, cow, black-eyed, or field peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
Pinto, black, or great northern beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
Lima, white, fava, or butter beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
Lentils, split peas, gungo peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
Soybeans, tofu, soybean curd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
Other beans, baked beans? (please write it in - use CAPITAL letters):												
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52

OTHER RAW OR COOKED VEGETABLES - (include use in mixed dishes) See picture sheets for help with serving sizes.	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Cabbage, Brussels sprouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53
Kale, collards, mustard greens, turnip greens, poke salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55
Cauliflower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56
Spinach or chard (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	57
Peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	58
Carrots (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59
Onions (cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup or 4 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	60
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cob or 3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61
Okra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	62
Tomatoes (canned, cooked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	63
Winter squash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	64
Sweet potatoes, yams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	65
Green beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	66
White or red potatoes (baked, boiled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	67
French fries, hash browns, fried potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	68
Other raw or cooked vegetables you eat? (please write them in - use CAPITAL letters):												
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	69
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	70
Extra space for write-ins on page A12												

When you eat cooked vegetables, do you prefer them

- Well-cooked or soft?
- Cooked medium?
- Lightly cooked and firm?



71

SOUPS	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more		
Tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	72
Another soup you eat? Do not include bean soup here again. (please write it in - use CAPITAL letters): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	73

BREADS (include use as toast and sandwiches)	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1/2 or more	
	White bread, rolls, buns, or French bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 bun/roll	<input type="radio"/>	<input type="radio"/>	
Whole grain bread, rolls, buns, or oatmeal bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 bun/roll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	75
Corn bread, Johnnycake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	76
Other breads, bagels, biscuits you eat? (please write them in - use CAPITAL letters): 1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	77

COOKED CEREALS AND GRAINS - See picture sheet for help with serving sizes	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
	Oatmeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	
Cream of Wheat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	79
Grits or corn porridge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	80
Cooked brown rice, millet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	81
White rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	82
Homemade gluten steaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	83

Please note that we ask about cold cereals in a later dietary section.



A6

PLEASE DO NOT WRITE IN THIS AREA

254627

SEEDS, NUTS - RAW, ROASTED, ETC. (Include use in mixed dishes)	HOW OFTEN? (choose only one column)								If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Seeds (sunflower, pumpkin, sesame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	84
Peanut butter (smooth, chunky, natural)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	85
All standard servings for nuts are on average a small handful													
Mixed nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	86
Peanuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35 halves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	87
Walnuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 halves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	88
Almonds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16 whole nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	89
Cashews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 whole nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	90
Other nuts that you eat? (please write it in - use CAPITAL letters):													
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	91
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	92

PASTA OR PIZZA - See picture sheet for help with serving size	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Macaroni and cheese, macaroni pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	93
Pasta (noodles, spaghetti, lasagna, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	94
Tomato sauce used in pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	95
Pizza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 medium slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	96

DRESSINGS AND SAUCES	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Low calorie mayonnaise or Miracle Whip (include use on sandwiches or in salads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	97
Regular mayonnaise or Miracle Whip (include use on sandwiches or salads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	98
Low-calorie salad dressing (any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	99
Olive oil as salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	100

DRESSING AND SAUCES (continued)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Other oil salad dressings (e.g. regular Italian, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	101
Regular creamy salad dressing (Ranch, Thousand Island, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	102
Catsup or tomato sauce (exclude use in pasta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	103
Other gravies, sauces, or dressings that you eat? (please write a name in CAPITAL letters): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	104

EGGS, DAIRY PRODUCTS AND OILS (include use in mixed dishes)	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	For office use only
	Eggs (fried, boiled, scrambled, deviled, plain omelet, egg salad but not Egg-Beaters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large egg 2 halves	<input type="radio"/>	<input type="radio"/>	
Cottage cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	106
Cream cheese, cheese spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	107
Soy or other imitation cheese (in sandwiches, salads, or mixed dishes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	108
American processed, cheddar cheese (in sandwiches, salads, or mixed dishes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	109
Low fat cheese, Mozzarella, Ricotta (in sandwiches, salads, or mixed dishes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	110
Reduced calorie margarine (soft, tub, spread - added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	111
Regular Margarine (soft, tub, spread - added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	112
Margarine (hard, stick- added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp. (1/2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	113
Butter (added to foods or bread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	114
Olive oil (added to bread or foods aside from salads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	115

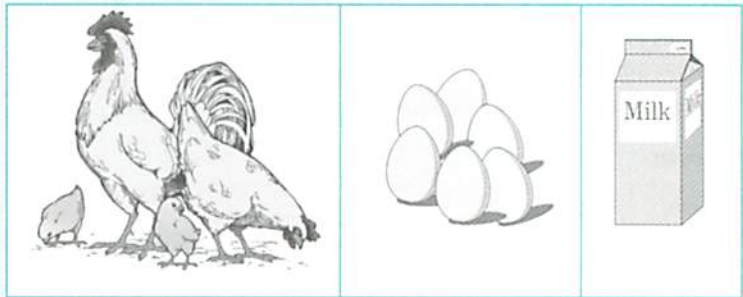
PLEASE DO NOT WRITE IN THIS AREA

A8



254627

EGGS, DAIRY PRODUCTS AND OILS continued (Include use in mixed dishes)	HOW OFTEN? (choose only one column)									If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Milk (whole or 2% milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	116
Low fat milk (1% or skim)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	117
Evaporated milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	118
Coconut milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	119
Low fat yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-8 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	120
Regular yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-8 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	121
Other dairy products, whipping cream, sour cream that you eat at least once weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 Tbsp or 1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	122
Meal replacement drinks, such as Slimfast, Instant Breakfast, Ensure, protein drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	123



BEEF, CHICKEN, LAMB, OR PORK (Include use in mixed dishes) - See picture sheet for help with serving sizes	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
	Hamburger, ground beef (in casserole, meatballs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty or 3 oz.	<input type="radio"/>	<input type="radio"/>	
Processed beef, lamb (e.g. sausage, salami, bologna)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice or dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	125
Beef or lamb as a main dish- e.g. steak, roast, stew, pot pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	126
Processed chicken or turkey (turkey bologna, turkey ham)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice or dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	127
Chicken or turkey (roasted, stewed, broiled, fried, in casserole, burrito, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 sml, 1 lg. piece or 4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	128
Pork (bacon, sausage, ham, chops, ribs, lunch-meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 chops, or 4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	129

FISH - See picture sheet for help with serving sizes	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
White fish (cod, salt-fish, sole, haddock or halibut, snapper, catfish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	130
Salmon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	131
Canned tuna, tuna salad, tuna casserole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	132
Other fish - e.g. herring, sardines, fish cakes that you eat? (please write it in - use CAPITAL letters): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	133

BEVERAGES	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Drinking water (including sparkling, but not counting coffee or tea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	134
Diet Coke, Pepsi, or other soft drinks, caffeine free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	135
Regular Coke, Pepsi, other soft drinks or fruit punch, caffeine free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	136
Diet Coke, Pepsi, or other soft drinks with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	137
Regular Coke, Pepsi, or other soft drinks with caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	138
Coffee (decaf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	139
Coffee (regular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	140
Herbal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	141
Ovaltine or hot chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	142
Other hot drinks that you drink (e.g. Postum, black tea, green tea)? (please write it in - use CAPITAL letters): 1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	143

A10



PLEASE DO NOT WRITE IN THIS AREA

254627

ALCOHOLIC BEVERAGES	HOW OFTEN? (choose only one column)									If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Beer (12 oz.), Wine Coolers (12 oz.), Wine (3 1/2 oz), liquor (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz., 3 1/2 oz., 1 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	144

SWEETS AND DESSERTS - See picture sheet for help with serving sizes

Doughnuts, cinnamon rolls, pastries, sweet pies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium/ 1 med. slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	145
Cookies, store-bought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large or 2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	146
Cookies, home-made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 large or 2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	147
Cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	148
Ice cream, milk shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 scoops 12 oz. shake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	149
Ice milk, frozen yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 scoops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	150
Other sweets and desserts? (please write it in - use CAPITAL letters):														
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size: _____				151
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size: _____				152

SNACKS	Never or rarely	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	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Popcorn - air popped or low fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	153
Popcorn with butter or other fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	154
Potato chips, other snack chips, pretzels? (please write it in - use CAPITAL letters):														
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 small bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	155

SEASONINGS & ADDITIVES ADDED AT TABLE OR IN COOKING

Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	156
Brewer's or Nutritional Yeast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 Tbsp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	157

OTHER QUESTIONS	HOW OFTEN? (choose only one column)							
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
On average, how often do you eat fruit of any kind? Include raw, canned, cooked, and dried fruit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On average, how often do you eat vegetarian protein foods of any type (Worthington, Loma Linda, Cedar Lake, etc.)? Include canned and frozen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat ethnic foods (e.g., Mexican, Chinese etc.) ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

158
159
160

OTHER FOODS THAT YOU USE AT LEAST ONCE EACH WEEK	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	
(please write it in - use CAPITAL letters):								
1. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
2. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____
3. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Write in usual serving size _____

161
162
163

HOW OFTEN DO YOU EAT OUT?	Never or rarely	1-3 per month	1 per week	2-3 per week	4-6 per week	7+ per week
Fast Food/Take out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potluck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Do you live in an institutional setting (e.g. nursing home, village for the elderly, military) or elsewhere, where you have at least your main meal prepared for you?

Yes No

164
165
166
167

WEEKLY CARTOONS

BY MICHAEL CAIN



YOUR USE OF FATS



In the following section, please fill in the circles that indicate the amount and type of fat you use in food preparation.

1. If you use fats for **cooking** or **baking** less than once per month fill this circle and Go to Question 2.

How often do you use the following fats for **cooking** or **baking** (do not include frying) at home? Please mark circles, but **only** for each fat that you use.

	1-3 per month	1-3 per week	4-5 per week	6+ per week		1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sunflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable shortening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Canola oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olive oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other vegetable oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

2. If you eat fried or sauteed foods at home less than once per month, fill this circle and Go to Question 3.

How often do you use the following fats for **frying** and **sauteing** at home? Please mark circles, but **only** for each fat that you use.

	1-3 per month	1-3 per week	4-5 per week	6+ per week		1-3 per month	1-3 per week	4-5 per week	6+ per week
Real butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sunflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable shortening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Safflower oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Canola oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olive oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other vegetable oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PAM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How often do you eat fried food (aside from french fries) **away from home** (e.g., fried chicken, fish, shrimp, etc.)?

- Never Once per week 5-6 times per week
 Less than once a week 2-4 times per week Daily

4. If you never eat beef, lamb, or pork, fill this circle and Skip to Question 7 on the next page. Otherwise, continue with Question 5.

5. How much of the visible fat on your beef, lamb, or pork do you remove before eating?

- Remove all visible fat Remove most Remove small part of fat Remove none

For office use only

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

6. Please fill in one circle for each line below indicating how you like your red meat prepared and how 'well-done' it is.

Is your red meat usually:	Never cook red meat this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roasted or Baked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stewed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



7. If you never eat chicken, fill this circle and Go to Question 8.

Otherwise, please fill in one circle for each line below indicating how you like your chicken prepared.

When preparing or eating chicken, do you usually remove the skin?

Yes No

Is your chicken usually:	Never cook chicken this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roasted or Baked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stewed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you never eat fish, fill this circle and Skip to Question 9, next page.

Otherwise, please fill in one circle for each line below indicating how you like your fish prepared.

Is your fish usually:	Never cook fish this way	Not browned	Light or medium browned	Well-browned	Blackened/charred
Pan-fried?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilled/barbecued?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broiled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9a. Do you use margarine for cooking, baking or frying?

- No → Go to Question 9b.
- Yes → Is it usually a reduced fat brand?
 - Yes
 - No

9b. Do you use margarine on bread?

- No → Go to Question 10.
- Yes → Is it usually a reduced fat brand?
 - Yes
 - No

10. If you use margarine, what main brand do you use for each of:

Brand	Cooking, Baking or Frying?	On Bread?
I Can't Believe It's Not Butter	<input type="radio"/>	<input type="radio"/>
Country Crock	<input type="radio"/>	<input type="radio"/>
Imperial	<input type="radio"/>	<input type="radio"/>
Earth Balance	<input type="radio"/>	<input type="radio"/>
Smart Balance	<input type="radio"/>	<input type="radio"/>
Canola Harvest	<input type="radio"/>	<input type="radio"/>
Fleishmann's	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>
(Other margarine - please write-in)		
_____	<input type="radio"/>	<input type="radio"/>
(Other margarine - please write-in)		

I do not use margarine.

210
211

212
213

214

215

216

217

218

219

220

221

222

223



B. YOUR PHYSICAL ACTIVITY



INSTRUCTIONS: Please answer the questions below concerning your usual physical activity during the **LAST TWELVE MONTHS**.

For
office
use
only

1. Do you usually have a regular exercise program?

- No (Skip to Question 3a)
- Yes

2. During your regular exercise, how **hard** does it feel most of the time?

- Very light
- Fairly light
- Somewhat hard
- Hard
- Very hard
- Very very hard

3a. How many times per week do you usually engage in regular **vigorous** activities, such as brisk walking, jogging, bicycling, etc., long enough or with enough intensity to work up a sweat, get your heart thumping or get out of breath?

- Never engage in activities this vigorous
- Less than once per week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 or more times per week

3b. On average, how many **minutes** do you exercise **each session**? Choose the best answer.

- Never
- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- more than 1 hour



4a. Do you **walk, run, or jog** as part of a physical activity program? (include these same activities when they are performed on exercise machines)

- No (Skip to Question 5 on the next page)
- Yes (continue)

4b. How many of these "walk" or "run" or "jog" workouts do you usually do per week?

- Less than once/week
- 1 time per week
- 2 times per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 or more times per week

4c. How many miles do you average per "walk" or "run" or "jog" workout? Please mark the nearest category below.

- 1/4 mile or less
- 1/2 mile
- 1 mile
- 1 1/2 miles
- 2 miles
- 3 miles
- 4 or more miles

4d. What is your average time spent in each "walk" or "run" or "jog" exercise session (excluding rest stages)?

- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- more than 1 hour

224

225

226

227

228

229

230

231

5. The following questions will help us understand how active you are during your **usual** week. Please fill in the circle that best fits the **total** time you spend in each type of activity during a **normal day**. Include activities at work, at home, and elsewhere.

AVERAGE TIME SPENT

	Never Do	Less than 20 min.	20-39 min.	40-59 min.	At least 1 but less than 2 hrs.	At least 2 but less than 3 hrs.	At least 3 but less than 6 hrs.	More than 6 hours	For office use only
a) NAPPING (do not include regular night's sleep):									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	232
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	233
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	234
b) LYING DOWN - (watching TV or reading while <u>lying down</u>, etc.)									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	235
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	236
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	237
c) LIGHT ACTIVITIES - are <u>intentionally</u> not included as they are hard to measure accurately. These would have been activities such as: Leisure: Watching TV while sitting, hobbies working at a desk or standing still, slow walking At work: Desk work, driving House/Yard work: Cooking, washing dishes, hand-watering									
d) MODERATE ACTIVITY - such as Leisure: Fast walking, golfing, sailing, calisthenics (moderate), casual cycling, swimming leisurely At work: Fast walking, repeated lifting of objects up to 15 lbs., carpentry, patient care. House/Yard work: Vacuuming/mopping, active child care, house painting, cleaning windows, mowing lawn (power mower), gardening, repeated lifting of objects up to 15 lbs., carpentry									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	238
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	239
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	240
e) VIGOROUS ACTIVITY - such as Leisure: Moderate running/jogging, faster/harder cycling, team sports, tennis, aerobics, skiing, calisthenics (vigorous), vigorous lap swimming. At work: Patient lifting, repeated lifting of heavy objects 20-35 lbs. House/Yard work: Hoeing, scrubbing floors, repeated lifting of objects 20-35 lbs.									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	241
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	242
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	243
f) EXTREMELY VIGOROUS ACTIVITY - such as Leisure: Fast running, heavy weight lifting, marathon, racquet ball. At work: Digging, working with heavy tools, repeatedly lifting or carrying 40 lbs. or more. House/Yard work: Continuous digging, chopping with heavy tools, carrying 40 lbs. or more.									
On a usual week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	244
On a usual Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	245
On a usual Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	246

B2

PLEASE DO NOT WRITE IN THIS AREA



254627

D. "LOOK AT THE LABEL" Section

For
office
use
only

This section is for 'VITAMINS AND MINERALS', 'COLD BREAKFAST CEREALS', and the 'VEGETARIAN PROTEIN FOODS'.

You will be asked to:

- Find these products in your **cupboards**, if possible.
- Look at the **labels** on the pill bottles; look at the **labels** on cans or packets
- Find the **doses** of your 'vitamins and mineral' supplements
- Find the exact **product name** (e.g. Corn Flakes, Fri-Chick, etc.)
- Find the exact **brand name** (e.g. Kelloggs, Worthington Foods)



BE CAREFUL. MANY PRODUCTS HAVE SIMILAR NAMES, YET MAY BE QUITE DIFFERENT.

VITAMINS AND MINERAL SUPPLEMENTS

Please fill in the circles that indicate a) **how long** you have used these vitamins and minerals, and b) the **number** taken each week.

Please copy names and doses from the bottle

1. This question is about your use of **multivitamin pills**. (We will ask about pills that contain only one vitamin or mineral in Question 2 on the next page.)

a. Have you taken multivitamins regularly during all, or parts, of the last 10 years?

- No → Go to Question 2.
 Yes

i. For how many years in total?

- 0 - 1 year 2 - 4 years 5 - 9 years 10 years

ii. While taking multivitamins, how many pills did, or do, you usually take each week?

- 2 or less 3 - 5 6 - 9 10 or more

b. Do you **currently** take multivitamins?

- No → Go to Question 2.
 Yes

i. Write Exact Name

Write Exact Brand Name

ii. For how many years have you taken **this** pill?

- 0 - 1 year 2 - 4 years 5 - 9 years 10 or more

iii. How many of these pills do you usually take each week?

- 2 or less 3 - 5 6 - 9 10 or more

259

260

261

262

263

264

265

PLEASE DO NOT WRITE IN THIS AREA

D1



254627

2. Do you take any of the following supplements that mainly contain **just one** vitamin or mineral? If YES, please indicate the number of years and dose each day. If NO, only fill the last circle on this page.

a) **Soy or Isoflavone supplements** - Write its exact name (e.g. Soy Super Complex), also manufacturer name (e.g. Twin Labs).

Yes →

Exact Name

Manufacturer Name

- How many of these pills do you take each week? 1 - 5 6 - 9 10 or more
 • For how many years (this or a similar pill)? 0-2 years 3 - 5 years 6 or more

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

b) **Vitamin A**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 8,000 IU 13,000 to 22,000 IU
 8,000 to 12,000 IU 23,000 IU or more

c) **Beta-Carotene**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 8,000 IU 13,000 to 22,000 IU
 8,000 to 12,000 IU 23,000 IU or more

d) **Vitamin C**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 400 mg 750 to 1,250 mg
 400 to 700 mg 1300 mg or more

e) **Vitamin B₆ (Pyridoxine)**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 10 mg 40 to 79 mg
 10 to 39 mg 80 mg or more

f) **Vitamin D or Calcitrol (Rocaltrol)** (Include here Vitamin D combined with calcium or Vitamin A)

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- 200 IU 50,000 IU or more, or any dose of calcitrol (rocaltrol)
 200 TO 900 IU
 1000 TO 49,000 IU

g) **Vitamin E**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 100 IU 300 to 500 IU
 100 to 250 IU 600 IU or more

h) **Calcium** (Include Dolomite and Tums, etc.) (mg of elemental calcium)

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 400 mg 901-1300 mg
 400 to 900 mg 1301 mg or more

i) **Selenium**

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 80 mcg 200 to 250 mcg (.20 to .25 mg)
 80 to 130 mcg 260 mcg (0.26mg) or more

j) **Iron** (Do **not** include here iron in multivitamins, but **do** include iron taken with vitamin C)

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- Less than 51 mg 201 to 400 mg
 51 to 200 mg 401 mg or more

k) **Folic Acid** (Do **not** include here folic acid which is part of a multivitamin pill, but **do** include if combined only with iron)

Yes →

For how many years?

- 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?

- 0.4 mg (400 mcg) or less
 0.5 (500 mcg) to 0.9 mg (900 mcg)
 1 mg
 More than 1 mg

I have never taken any of the above products regularly.

turn the page for some more supplements

l) **Fish Oil** (Omega - 3 fatty acids)
 Yes →
 No ↓

For how many years?
 0 - 1 year 5 - 9 years
 2 - 4 years 10 + years

Total dose each day?
 Less than 2500 mg (2.5 grams)
 2500 to 4999 mg (2.5 to 4.9 grams)
 5000 to 9999 mg (5.0 to 9.9 grams)
 10,000 mg (10 grams) or more

302
303
304

m) **Are there other supplements that you take on a regular basis?**

Yes → (Fill circles for as many as apply)
 No ↓

- Cod Liver Oil
- Niacin
- Vitamin B₁₂
- Magnesium
- Zinc
- B-Complex vitamins (including injections)
- Metamucil
- Potassium

Other (please write-in): _____

(More space on page D9)

305
306

COLD BREAKFAST CEREALS (See picture sheet for help with serving sizes)

A. Home-made granola/muesli.

For your information: - Granola = hard clusters, usually fat added and baked - Muesli = raw grains, nuts, dried fruit (no fat added)	HOW OFTEN? (choose only one column)							If you eat this food, then CHOOSE YOUR SERVING SIZE			
	Never or rarely	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
3. Granola (home-made only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Muesli (home-made only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

307
308

B. Commercial Cold Cereals bought at the store (Include commercial granola and muesli here)

5. Do you eat commercial store-bought cold cereals at least **once each month**?

- Never or less than once per month → Skip to Question 8, page D5
- Yes

309

6. • If possible, take your usual cereals from the cupboard, so that you can read their labels.
 • Below we have listed some of the most popular cereals. Do you find some that you eat on this list (even if they are not presently in your cupboard)?
 • If so, fill in circles **for only those cereals that you eat**. Please double check that the product and brand names truly match your cereals.

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
PRODUCT	BRAND	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
Grape Nuts	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grape Nut Flakes	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shredded Wheat	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raisin Bran	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raisin Bran	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheerios	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn Flakes	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

310
311
312
313
314
315
316

PLEASE DO NOT WRITE IN THIS AREA



D3

254627

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Frosted Flakes	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	317
Toasted Oat Meal	Quaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	318
100% Natural granola, Oats & Honey	Quaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	319
Frosted Mini Wheats	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	320
Wheaties	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	321
Wheat Chex	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	322
Honey Bunches of Oats	Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	323
Special K	Kelloggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	324
Cinnamon Toast Crunch	General Mills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	325

7. • If some of the cereals that you eat frequently are not in the list above, there is space below for you to write-in one or two of these other cereals. Choose those that you eat most often.
- Please print the cereal name, and the brand name in the spaces below. (If possible, copy this information from the packet.)
 - Fill circles as usual to show how often and how much you eat.

EXAMPLE - 2 cups of Post Great Grains 5-6 times/wk

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
Cereal Name G R E A T G R A I N S								1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand Name P O S T		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CEREAL		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE			
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more
Cereal Name _____								1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand Name _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

space for another cereal on next page

CEREAL	HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Cereal Name _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	329 330 331
Brand Name _____											

VEGETARIAN PROTEIN FOODS (MEAT SUBSTITUTES)

8. Do you eat **vegetarian protein foods** (e.g. Worthington, Morning Star foods, etc.) **at least once per month**?

- No → Skip to Question 11, page D9
 Yes

9. • If possible, take your usual **vegetarian protein foods** from the cupboards and/or refrigerator, so that you can read their labels.
 • Below are some of the most popular of these products. Do you find foods that you eat on this list (even if they are not presently in your cupboards)?
 • If so, **fill in circles for only foods that you eat**. Please double check that the brand and product names truly match your foods.

**WT=Worthington; MS=Morning Star; LL=Loma Linda; CL=Cedar Lakes; VL=Vibrant Life;
 NT=Natural Touch; *drained**

FOOD ITEMS		HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				For office use only
PRODUCT NAME	BRAND NAME	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1/2 or more	
Canned:												
Fri Chik	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	333
Fried Chicken	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	334
Chili	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	335
Vege-Burger	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	336
Vegeburgers	VL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	337
Vegetarian Burger	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	338
Redi-Burger	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2" slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	339
Big Franks	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 link	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	340
Deli Franks	CL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 frank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	341
Vege Franks	VL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 link	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	342
Vegetable Skallops	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	343

PLEASE DO NOT WRITE IN THIS AREA

D5



254627

WT=Worthington; MS=Morning Star; LL=Loma Linda; CL=Cedar Lakes; VL=Vibrant Life;
 NT=Natural Touch; *drained

For office use only

PRODUCT	BRAND	HOW OFTEN? (choose only one column)						If you eat this food, then CHOOSE YOUR SERVING SIZE				
		1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard Serving Size	Standard	1/2 or less	1 1/2 or more	
Canned:												
Nuteena	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2" slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	344
Linkettes	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	345
Little Links	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	346
Swiss Steak	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	347
Prime Stakes	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	348
Dinner Cuts	LL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 cuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	349
Choplets	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	350
Chops	CL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	351
Frozen												
Breakfast Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 patties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	352
Garden Vege Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	353
Okara Patti	NT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	354
Breakfast Links	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	355
Breakfast Strips	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 strips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	356
Grillers	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	357
Chik-Nuggets	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 pieces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	358
Chick Patties	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	359
Harvest Burger	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	360
Better'n Burgers	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	361
Vegan Burger (fat-free)	NT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	362
Spicy Black Bean Burger	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	363
Burger Style Recipe Crumbles	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2/3 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	364
Ground Meatless	MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	365
Meatless Chicken Style slices	WT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	366

10. • Do you eat other vegetarian protein foods at least once each month that are not included on previous pages. (These may be other brands than those listed.)

- No → Skip to question 11, page D9.
- Yes. Look at the long list of products on the facing page, and then continue below.

- In the table below there is space for you to enter up to three more vegetarian protein foods. Choose those foods you eat most often, even if they are not listed on the next page.
- Please print the **product name**, and the **brand name** (if possible, copy this information from your packet). Then **fill circles** as usual to show how often and how much you eat. Notice that **standard serving sizes** are included on the next page for those foods.
- On the right of the table below **print the code numbers** for your foods from the list on the next page. Use code number 75 for all foods NOT on the list. Finally, **fill circles** below your written code numbers that match these numbers.

	HOW OFTEN?						CHOOSE YOUR SERVING SIZE			Code Number
	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Std	1/2 or less	1 1/2 or more	
Product Name _____										<div style="display: flex; justify-content: space-between;"> 368 369 </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 </div>
Brand Name _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Product Name _____										<div style="display: flex; justify-content: space-between;"> 370 371 </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 </div>
Brand Name _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Product Name _____										<div style="display: flex; justify-content: space-between;"> 372 373 </div> <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> </div> <div style="display: flex; align-items: center;"> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 </div>
Brand Name _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



LIST OF VEGETARIAN PROTEIN FOODS, alphabetic within type (Canned)

Manufacturer: CL=Cedar Lake *drained LL=Loma Linda MS=Morning Star NT=Natural Touch WT=Worthington

Code Number	CANNED ITEMS	Standard Serv Size	Code Number	CANNED ITEMS	Standard Serv Size
01.	3 Grain Burger - CL	1 burger	18.	Quick Burger - CL	1/2" slice
02.	Breakfast Sausage - CL	2 pieces	19.	Saucettes - WT	2 links
03.	Chicken Supreme - LL	1/3 cup*	20.	Sizzle Franks - LL	1 link
04.	Chili - CL	2/3 cup	21.	Sliced Chick - WT	2 slices
05.	Chipettes - CL	4 pieces	22.	Super Links - WT	1 link
06.	Cutlets - WT	1 slice	23.	Tender Bits - LL	4 pieces
07.	Diced Chick - WT	1/2 cup*	24.	Tender Rounds - LL	6 balls
08.	Dinner Steak - CL	1 piece	25.	Terkettes - CL	4 pieces
09.	Hostess Cuts - CL	2 cuts	26.	Turkee Slices - WT	2 slices
10.	Low Fat Chile - WT	1 cup	27.	Veja-Links - WT	2 links
11.	Low Fat Big Franks - LL	1 link	28.	Vegeburger - CL	1 burger
12.	Low Fat FriChik - WT	2 pieces	29.	Vegetable Steaks - WT	2 1/2 pieces
13.	Low-fat Veja Links - WT	1 link	30.	Vegetarian Chili - NT	2/3 cup
14.	Multigrain Cutlets - WT	2 slices	31.	Vegi-Frank - CL	2 pieces
15.	Ocean Platter - LL	1/3 cup*	32.	Vegi-Scallops - CL	2 pieces
16.	Patty Mix - LL	1/3 cup*	33.	Tuno - WT	1/3 cup*
17.	Protose - WT	1/2" slice	34.	Tuno - NT	1/3 cup*

LIST OF VEGETARIAN PROTEIN FOODS, alphabetic by type (Frozen)

Manufacturer: CL=Cedar Lake *drained LL=Loma Linda MS=Morning Star NT=Natural Touch WT=Worthington

Code Number	FROZEN LUNCHEON SLICES	Standard Serv Size	Code Number	OTHER FROZEN FOODS	Standard Serv Size
35.	Bolono - WT	2 slices	53.	Fried Chicken - LL	1 piece
36.	Corned Beef - WT	4 slices	54.	Garden Patty - NT	1 patty
37.	Meatless Chicken Style - WT	2 slices	55.	Golden Croquettes - WT	5 pieces
38.	Meatless Smoked Turkey - WT	3 slices	56.	Griddle Steaks - LL	1 steak
39.	Salami - WT	2 slices	57.	Hard Rock Café Veggie Burger - MS	1 patty
40.	Smoked Beef - WT	6 slices	58.	Leanies - WT	1 link
41.	Wham - WT	3 slices	59.	Lentil Rice Loaf - NT	2 1/2" slice
			60.	Mini Corn Dogs - MS	4 pieces
			61.	Oven Roasted Veggie Burger - MS	1 pattie
			62.	Prosage Links - WT	2 links
			63.	Prosage Patties - WT	2 pieces
			64.	Prosage Roll - WT	1/2" slice
			65.	Sausage Style Recipe Crumbles - MS	2/3 cup
			66.	Spicy Black Bean Burger - NT	1 patty
			67.	Stakelets - WT	1 piece
			68.	Stripples - WT	4 strips
			69.	Tomato & Basil Pizza Burger - MS	1 patty
			70.	Tuno - WT	1/2 cup*
			71.	Vege Burger - NT	1 patty
			72.	Vegetarian Fillets - WT	2 fillets
			73.	Veggie Dogs - NT	1 link
			74.	Veja Links - WT	1 link

75. Other, not listed above

SOY OR RICE DRINKS

For office use only

11. Do you drink soy or rice milks at least once each month?

- No
- Yes

380

12. • If possible, take your usual soy and rice milks from the cupboard so that you can read their labels. Note whether it is regular, low-fat or 'lite'.

- Please write-in one or two milks that you use at least once each month in the spaces below.
- Please print the brand-names. If possible, copy this from the labels. Be sure to write 'low fat' if this applies.
- Fill circles as usual to show how often you drink these.

	HOW OFTEN?						CHOOSE YOUR SERVING SIZE		
	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day	Standard 8 oz. cup	1/2 or less	1 1/2 or more
Brand Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

381

382

383

384

Space to write-in additional dietary supplements that you use at least once per week.

Name

Brand

385

386

387

388

D9

PLEASE DO NOT WRITE IN THIS AREA



254627

0800128

YOU ARE FINISHED



THANK YOU FOR YOUR SPECIAL CONTRIBUTION

Mailing Instructions:

Put completed questionnaire in enclosed self-addressed, postage paid envelope.

**Mail to: Adventist Health Studies-2
Evans Hall, Room 203
Loma Linda University
Loma Linda, CA 92350**

- **You are at least half way through the SUPPORT Study.**
- **We greatly appreciate your commitment to successfully complete SUPPORT.**
- **Your special work will make the efforts of all 125,000 members of AHS-2 more meaningful.**

What is yet to come in SUPPORT?

1. **The Clinic.** You will either have just completed this or will be soon scheduled to attend (usually at your church).
2. **Three more telephone diet recalls.**
3. **One more telephone exercise recall.**
4. **RECEIVE YOUR CHECK!**

Occasionally the order of events may be a little different to that described above.

If you have recently moved or changed your telephone number, please be sure to let us know.

Phone 1-800-247-1699 or FAX 909-558-0126.

Thank you.

Thank you for joining us in Discovery!



★ 2 5 4 6 2 7 ★

PremierView™ forms by Pearson NCS MM250800-1 65432 ED99 Printed in U.S.A.

0800132