

A+

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California Teachers Study

Report Card

A+

Marking Instructions

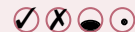
- Answer each question as best as you can – estimate if you aren't sure.
- Use only a #2, ordinary pencil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.
- Do not make any other marks on this form.
- If you wish to make comments, please use a separate piece of paper.



Correct Mark



Incorrect Marks




1. Is there an error in your name or address at the left?

- No Yes (please write the correct information)

Name _____

Street _____

City _____ State _____ Zip _____

Although men sometimes do get breast cancer, at this time the California Teachers Study focuses on women. If you are a man,  please mark here and mail back the uncompleted questionnaire.

This looks like a breeze!



USC School of Medicine
1540 Alcazar Suite 215 Los Angeles CA 90033 (800) 568-9471

Background & Environment

2. Please fill in your birthdate: →

MO		DAY		YEAR			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

3. Were you adopted?

- No
- Yes

4. Are you a twin?

- No
- Yes
- Don't Know

5. Where were you and your biological parents born? (Leave bubble blank if unknown)

	MOTHER		
	FATHER		
	YOU		
California	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other US or Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexico, South America, Central America or Caribbean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asia or Pacific Islands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Europe or former Soviet Union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Western Europe, Scandinavia or UK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle East or Israel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. To what race/ethnic group do you and your biological parents belong? (Leave bubble blank if unknown)

Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filipino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hawaiian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican or other Hispanic/Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White or Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How old were your biological mother and your biological father when you were born?

- | MOTHER | | FATHER | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Under age 20 | <input type="radio"/> Under age 20 | <input type="radio"/> Under age 20 | <input type="radio"/> Under age 20 |
| <input type="radio"/> 20-24 | <input type="radio"/> 20-24 | <input type="radio"/> 20-24 | <input type="radio"/> 20-24 |
| <input type="radio"/> 25-29 | <input type="radio"/> 25-29 | <input type="radio"/> 25-29 | <input type="radio"/> 25-29 |
| <input type="radio"/> 30-34 | <input type="radio"/> 30-34 | <input type="radio"/> 30-34 | <input type="radio"/> 30-34 |
| <input type="radio"/> 35-39 | <input type="radio"/> 35-39 | <input type="radio"/> 35-39 | <input type="radio"/> 35-39 |
| <input type="radio"/> 40-44 | <input type="radio"/> 40-44 | <input type="radio"/> 40-44 | <input type="radio"/> 40-44 |
| <input type="radio"/> 45 or older | <input type="radio"/> 45 or older | <input type="radio"/> 45 or older | <input type="radio"/> 45 or older |
| <input type="radio"/> Don't know | <input type="radio"/> Don't know | <input type="radio"/> Don't know | <input type="radio"/> Don't know |

8. Please indicate the number of full brothers and sisters that were live-born both before and after you. Don't know (go to question 9)

	FULL BROTHERS		FULL SISTERS	
BORN BEFORE YOU	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3
	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4
	<input type="radio"/> 2	<input type="radio"/> 5 or more	<input type="radio"/> 2	<input type="radio"/> 5 or more
BORN AFTER YOU	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 0	<input type="radio"/> 3
	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 4
	<input type="radio"/> 2	<input type="radio"/> 5 or more	<input type="radio"/> 2	<input type="radio"/> 5 or more

9. In what capacities have you ever been employed in a California school system?

	Ever (Mark all that apply)	Current (If currently employed mark one)	Longest (Mark one)
Teacher:			
Preschool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elementary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mid/Jr High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pupil Services Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. At how many different schools have you worked as your regular place of employment?

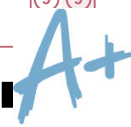
- 1
- 2-3
- 4-5
- 6-8
- 9-12
- Over 12

11. How many years in total have you worked with a California school system?

- Less than 1 year
- 1-4
- 5-9
- 10-14
- 15-19
- 20 years or more

12. Complete the following information about your school employment. Please mark all four columns. Mark the current year in the "End" column if still employed at that school.

Current/Most Recent School				School Where Employed Longest			
Start:		End:		Start:		End:	
19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>	19	<input type="text"/>
	<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"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
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	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>



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13. Have you ever lived or worked within 1/2 mile of the following?

	NO	YES
Chemical plant	<input type="radio"/>	<input type="radio"/>
Power plant	<input type="radio"/>	<input type="radio"/>
Pulp mill	<input type="radio"/>	<input type="radio"/>
Oil refinery	<input type="radio"/>	<input type="radio"/>
Landfill site	<input type="radio"/>	<input type="radio"/>

14. What types of overhead power lines exist within 1 block of school property:

	Current/Most Recent School (Choose one)	School Where Employed Longest (Choose one)
No power lines	<input type="radio"/>	<input type="radio"/>
Power lines on poles	<input type="radio"/>	<input type="radio"/>
Power lines on towers	<input type="radio"/>	<input type="radio"/>
Power lines on poles AND towers	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>

15. Complete the following information for your current place of residence and the residence where you lived the longest.

Mark here if your current residence is also where you lived the longest; then only complete the left column.

What types of overhead power lines exist within 1 block of residence:

	Current Residence (Choose one)	Residence Where Lived Longest (Choose one)
No power lines	<input type="radio"/>	<input type="radio"/>
Power lines on poles	<input type="radio"/>	<input type="radio"/>
Power lines on towers	<input type="radio"/>	<input type="radio"/>
Power lines on poles AND towers	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>

16. For each of the ages below that apply, please answer the following questions:

	Under Age 15	Age 15 - 35	Over Age 35
Did you use insect repellent on your skin or clothing?	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently
Were pesticides or herbicides used in your home, lawn or garden?	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently
Were you ever in a public place when insects or plants were sprayed so that you were in a cloud of spray?	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently
Did you live or work on a farm or ranch where pesticides were used?	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently	<input type="radio"/> No <input type="radio"/> Yes - occasionally <input type="radio"/> Yes - frequently

17. Indicate if you have used any of the following while sleeping at home during the past year:

Item	Used during past year?		Number of months	Average number of days per week	Average number of hours per night	Average setting during a week's use
	No:	Yes:	MONTHS 0-3 4-6 7-9 10+	DAYS 1-3 4-5 6+	HOURS 1-2 3-4 5-6 7+	SETTING Low \ Med / High
Electric blanket (turned on)	<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"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Electrically heated water bed (turned on)	<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"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Room heat on at night while sleeping	<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"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Bright light on at night while sleeping	<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"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>



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18. If you were in the hot sun without protection for one hour what would happen?

- Severe burn with blistering
- Severe burn without blistering
- Mild burn, then tan or darken
- No burn, but would tan or darken
- No burn or tan

19. If you were in the sun repeatedly what would eventually happen?

- Deeply tan or darken
- Moderately tan or darken
- Lightly tan or darken
- Would not tan or darken

20. Have you ever been sunburned severely enough to cause blistering?

- No (go to question 21)
- Yes

At what age did this first occur?

- 5 or younger
- 6-10
- 11-15
- 16-20
- 21-25
- 26 or older

How many times did this occur?

- 1-2 times
- 3-4
- 5-9
- 10 or more times

Reproductive History

21. How old were you when you had your first menstrual period?

Never had a period (go to question 24)

- Under age 10
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- Over 16

22. How long after your first menstrual period did your periods become regular (that is, when you could predict within a few days when your next period would start)?

Never became regular (go to question 27)

- Less than a year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years or more

23. Once your periods became regular, about how many days were there from the start of one period until the start of the next? Please **exclude** any time you were on birth control pills.

- 24 days or less
- 25-26
- 27-28
- 29-30
- 31-32
- 33 or more

24. Did you ever take birth control pills (oral contraceptives) for one month or longer?

No (go to question 27)

- Yes, and I am currently taking them
- Yes, but I am no longer taking them

25. How old were you when you **first** used birth control pills, and (if no longer taking) how old were you when you **last** used them?

	First Used	Last Used																																								
AGE:	<table border="1" style="display: inline-table; text-align: center; width: 40px; height: 100px;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<table border="1" style="display: inline-table; text-align: center; width: 40px; height: 100px;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
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26. How many **years in total** have you used birth control pills (exclude those periods when you temporarily stopped)?

- Less than 1 year
- 1-2
- 3-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25 years or more

27. Have you ever been pregnant?

- No (go to question 32)
- Yes



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28. Please indicate the outcome of each of your pregnancies next to the age when it ended (consider a multiple birth as one pregnancy).

AGE	LIVE BIRTH	STILLBIRTH	MISCARRIAGE	ABORTION	TUBAL PREGNANCY
Under 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How old were you when you first breast fed a child?

- Never have breast fed (go to question 31)
- Under age 18 30-34
- 18-19 35-39
- 20-24 40 or older
- 25-29

30. You may need scratch paper for this question. Please **add together** the number of months you breast fed each of your children. Enter the total months you have breast fed your children:

- Less than 6 months 36-47
- 6-11 48-59
- 12-23 60 or more
- 24-35

31. Have you ever taken DES (diethylstilbestrol) to prevent miscarriage?

- No
- Yes

32. Was there ever a time in your life when you tried (for at least 1 year) to become pregnant and could not?

- No
- Yes

33. Did you ever take any of the following fertility drugs to try to become pregnant? (Mark all that apply)

- Clomid (Clomiphene) Nolvadex (Tamoxifen)
- Danazol Pergonal
- Danocrine Serophene
- hCG Synarel Nasal Solution
- Milophene Other
- Lupron Depot None

34. Have your menstrual periods stopped permanently?

- No (go to question 37)
- Yes - within the last 6 months
- Yes - more than 6 months ago

35. When did you have your last period?

- Before age 35 47-49
- 35-39 50-52
- 40-43 53-55
- 44-46 56 or older

36. Why did your periods stop?

- Natural menopause (change of life)
- Surgery (a hysterectomy to remove your uterus and/or an oophorectomy to remove your ovaries)
- Medication or chemotherapy
- Radiation
- Other

37. Have you ever had a hysterectomy (that is, surgery to remove your uterus or womb)? If so, at what age?

- Never had one 50-54
- Before age 25 55-59
- 25-34 60-64
- 35-44 65 or older
- 45-49



38. Have you ever had an ovary removed?

- No (go to question 40)
- Yes, but only one or part of one
- Yes, both at the SAME time
- Yes, both, but at DIFFERENT times
- Yes, but don't know whether one or both
- Don't know (go to question 40)

39. At what age did you first have an ovary (or part of an ovary) removed?

- Before age 25
- 25-34
- 35-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65 or older

40. Have you ever had your "tubes tied" (tubal ligation)? If so, at what age?

- Never had
- Before age 20
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45 or older

41. Have you ever taken estrogen ("female hormones") for symptoms of menopause (the change of life) or for other reasons?

- No (go to question 51)
- Yes, and I am currently taking estrogens
- Yes, but I am no longer taking estrogens

42. The most frequently used estrogen is oral Premarin. Have you ever taken Premarin by mouth (as pills)?

- No (go to question 47)
- Yes

43. At what age did you first take Premarin?

- Before age 45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 or older

44. At what age did you last take Premarin?

- Currently taking
- Before age 45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 or older

45. How many years in total did you take Premarin (exclude those periods when you temporarily stopped)?

YEARS:

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

(If less than 1 year mark as 1)

46. Five commonly used doses of Premarin can be distinguished by the color of the pill. Please indicate any you have ever used, and the one you used for the longest period.

	Ever Used (Answer for each)		Longest Used (Mark one)
	No	Yes	
Green (0.3 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown/Red (0.625 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White (0.9 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow/Orange (1.25 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purple (2.5 mg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you ever used estrogen other than Premarin pills? (Answer for each)

	No	Yes
Estrogen by mouth	<input type="radio"/>	<input type="radio"/>
Estrogen by injection	<input type="radio"/>	<input type="radio"/>
Estrogen by patch or implant	<input type="radio"/>	<input type="radio"/>
Estrogen vaginal cream or suppository	<input type="radio"/>	<input type="radio"/>

If you answered no to all parts of question 47, go to question 51.

48. At what age did you first use estrogens other than Premarin pills?

- Before age 45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 or older

49. At what age did you last use estrogens other than Premarin pills?

- Currently taking
- Before age 45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 or older



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50. How many years in total did you take estrogens **other than Premarin pills** (exclude any time when you temporarily stopped)?

- Less than 1 year
- 1-2
- 3-5
- 6-9
- 10-14
- 15-19
- 20 years or more

51. Sometimes another type of female hormone, progesterone (or "progestin"), is given for symptoms of menopause, either alone or in combination with estrogen. The most frequently used progestin is Provera (medroxyprogesterone acetate). Have you ever used progesterone or a progestin?

- No (go to question 57)
- Provera only
- Another type only
- Provera **and** another type of progestin
- Yes, but don't know type

52. At what age did you first take progesterone or a progestin?

- Before age 40
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 years or older

53. At what age did you last take progesterone or a progestin?

- Currently taking
- Before age 45
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 years or older

54. How many years in total did you take progesterone or a progestin (exclude any time when you temporarily stopped)?

- Less than 1 year
- 1-2
- 3-5
- 6-9
- 10-14
- 15-19
- 20 years or more

55. If you used Provera, what was your usual dose?

- Did not use Provera
- 2.5 mg per day
- 5.0 mg per day
- 10 mg per day
- 20 mg per day
- Another dose
- Don't know

56. When using a progestin or progesterone, for how many days each month would you usually take it?

DAYS:

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

Health History

57. Have you ever had breast cancer?

- No (go to question 59)
- Yes

58. At what age were you first diagnosed with breast cancer?

AGE:

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

59. Have you ever had breast implants?

- No (go to question 62)
- Yes - after breast cancer
- Yes - for other reasons

60. At what age did you first have breast implants?

- Before age 25
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65 or older



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61. Which kind of breast implants have you had?

- Silicone gel
- Saline
- Both
- Don't know

62. Have you ever had any of the following exams? If yes, please mark how long it has been since you last had the test.

	Ever had?		Number of years since last exam		
	No	Yes	Less than 1 year	1 to 2 years	3 years or more
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast exam by health provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAP smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. In the last year how often have you examined your breasts for unusual signs or lumps (a breast self exam)?

- Rarely or never
- 2 or 3 times
- Every 2 or 3 months
- Once a month
- More than once a month

64. Have you ever had a blood transfusion?

- No
- Before age 35
- 35-44
- 45-54
- 55-64
- After age 64

65. What are your height and weight today, and what were they when you were age 18?

Today				Age 18			
HEIGHT		WEIGHT		HEIGHT		WEIGHT	
ft.	in.	lb.		ft.	in.	lb.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

66. Have you taken any of the following medications regularly (at least once a week)? If so, indicate how many total years you took it and how often you took it.

MEDICATION	HOW MANY TOTAL YEARS							HOW OFTEN ON AVERAGE		
	DIDN'T TAKE REGULARLY	LESS THAN 1 YR	1 YR	2 YRS	3-4 YRS	5-9 YRS	10+ YRS	1-3 DAYS PER WEEK	4-6 DAYS PER WEEK	EVERY DAY
Aspirin (Anacin, Bufferin, Excedrin)	<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"/>	<input type="radio"/>
Acetaminophen (Tylenol, Anacin-3, Panadol, Aspirin Free Excedrin, 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"/>	<input type="radio"/>	<input type="radio"/>
Ibuprofen (Advil, Motrin, Nuprin)	<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"/>	<input type="radio"/>
Tagamet (Cimetidine) or Zantac	<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"/>	<input type="radio"/>
Reserpine (Raudixin, Ser-Ap-Es, Hypopres, Rauwolfia, Metatensin)	<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"/>	<input type="radio"/>
Water Pills for High Blood Pressure (Diuril, Hydrodiuril, Dyazide, 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"/>	<input type="radio"/>	<input type="radio"/>
Other High Blood Pressure medications	<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"/>	<input type="radio"/>
Calcium Supplements (Tums, Os Cal, Rolaids, 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"/>	<input type="radio"/>	<input type="radio"/>



This next part looks like a bear!



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Personal and Family Medical History

67. Have you or any relatives had any of the following cancers or other medical conditions?

Do not include adoptive, half, or step relatives.

Please note the following:

- If a relative has or had more than one of the listed conditions, please fill in all that apply on the same line for that relative.
- For combined relatives please fill in all conditions that apply for any of them on the same line.

Example: If you have not had any other medical conditions, your mother had both high blood pressure and diabetes, and your father had high blood pressure, you would mark your answers as shown:

	High Blood Pressure		
	Diabetes		
	Never Had Any of Above		
Myself	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Cancers										Other Medical Conditions									
Breast Cancer (AFTER age 50 OR don't know age)										High Blood Pressure									
Breast Cancer (BEFORE age 50)										Heart Attack/Myocardial Infarction									
Endometrial Cancer (Body of Uterus/Womb)										Stroke									
Cervix Cancer										Many Large Moles or Moles Removed									
Ovary Cancer										Thyroid Disease (not Cancer)									
Lung Cancer										Colon or Rectum Polyps (not Cancer)									
Leukemia										Breast Biopsy (not Cancer)									
Hodgkin's Disease or Lymphoma										Migraine Headaches									
Colon/Rectum Cancer										Endometriosis									
Prostate Cancer										Fibroids in the Womb									
Thyroid Cancer										Hip Fracture									
Malignant Melanoma										Diabetes									
Other Skin Cancer										Gall Stones									
Never Had Any of Above										Never Had Any of Above									
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
Myself										<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"/>	<input type="radio"/>
Mother										<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"/>	<input type="radio"/>
Father										<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"/>	<input type="radio"/>
Mother's Mother										<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"/>	<input type="radio"/>
Mother's Father										<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"/>	<input type="radio"/>
Father's Mother										<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"/>	<input type="radio"/>
Father's Father										<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"/>	<input type="radio"/>
Sister 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"/>	<input type="radio"/>
Sister 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"/>	<input type="radio"/>
Sister 3										<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"/>	<input type="radio"/>
All Other Sisters Combined										<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"/>	<input type="radio"/>
Brother 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"/>	<input type="radio"/>
Brother 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"/>	<input type="radio"/>
Brother 3										<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"/>	<input type="radio"/>
All Other Brothers Combined										<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"/>	<input type="radio"/>
Daughter 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"/>	<input type="radio"/>
Daughter 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"/>	<input type="radio"/>
Daughter 3										<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"/>	<input type="radio"/>
All Other Daughters Combined										<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"/>	<input type="radio"/>
Son 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"/>	<input type="radio"/>
Son 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"/>	<input type="radio"/>
Son 3										<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"/>	<input type="radio"/>
All Other Sons Combined										<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"/>	<input type="radio"/>
All Mother's Sisters Combined										<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"/>	<input type="radio"/>
All Mother's Brothers Combined										<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"/>	<input type="radio"/>
All Father's Sisters Combined										<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"/>	<input type="radio"/>
All Father's Brothers Combined										<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"/>	<input type="radio"/>



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Physical Activity

Following are questions about your physical activity at various times in your life. For each of the ages below that apply, please estimate the average amount of **time each week** and the average number of **months each year** that you spent in these activities.

68. STRENUOUS EXERCISE

How often did you participate in **STRENUOUS** exercise activities or sports (e.g., swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, racquetball)?

	Average hours per week:									Average months per year:			
	None	1/2 hr	1 hr	1 1/2 hrs	2 hrs	3 hrs	4-6 hrs	7-10 hrs	11 or more hrs	1-3	4-6	7-9	10-12
During High School	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 18 and 24	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 25 and 34	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 35 and 44	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 45 and 54	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past 3 years	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. MODERATE EXERCISE

How often did you participate in **MODERATE** exercise activities or sports (e.g., brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball)?

	Average hours per week:									Average months per year:			
	None	1/2 hr	1 hr	1 1/2 hrs	2 hrs	3 hrs	4-6 hrs	7-10 hrs	11 or more hrs	1-3	4-6	7-9	10-12
During High School	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 18 and 24	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 25 and 34	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 35 and 44	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Ages 45 and 54	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past 3 years	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. OTHER ACTIVITIES

In the **past year**, on average, how many **hours per day** did you spend in each of the following activities?

	Average hours per day:									Days per week:			
	None	<1	1	2	3-4	5-6	7-9	10 or More	1	2-3	4-5	6-7	
Casual walking	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Doing housework	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing or walking at work	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleeping	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Gotta keep movin'!



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71. During the past year have you taken any vitamins or minerals regularly (at least once a week)?

No (go to 73)

IF YES, WHAT DO YOU TAKE REGULARLY?

VITAMIN TYPE	HOW OFTEN				FOR HOW MANY YEARS?					
	DON'T TAKE	1-3 DAYS PER WEEK	4-6 DAYS PER WEEK	EVERY DAY	LESS THAN 1 YR.	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YEARS
Multiple Vitamins										
Regular One-A-Day, Centrum, or Thera type	<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"/>	<input type="radio"/>
Single Vitamins (not part of multiple vitamins)										
Vitamin A (not beta-carotene)	<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"/>	<input type="radio"/>
Beta-carotene	<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"/>	<input type="radio"/>
Vitamin C	<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"/>	<input type="radio"/>
Vitamin E	<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"/>	<input type="radio"/>
Selenium	<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"/>	<input type="radio"/>

72. If you take any of the following vitamins (alone or as part of a multiple vitamin), you might want to go and get the bottle(s). Please indicate how much of each vitamin you take, on the days you take it: (choose the closest measure)

Vitamin A OR Beta-carotene (IU) 5000 6000 10000 20000+

(Part of multiple vitamin only)

Vitamin A (Separate Pills only) (IU) 5000 8000 10000 16000+

Beta-carotene (Separate Pills only) (IU) 6000 10000 25000 50000+

Vitamin C (Alone or multiple vitamin) (mg.) 100 250 500 750 1000 1500 2000 3000+

Vitamin E (IU) 50 200 400 800 1000 2000+

Selenium (mcg.) 10 15 20 30 40 50+

If you take multiple vitamin(s), please print the brand name(s) here: _____

The next section is about your *usual* eating habits over the past year.

We know that this section is long and can become tedious but it is very important for our understanding of breast cancer risk and may help in finding ways to prevent this disease.

73. **FIRST:** Mark the column to show HOW OFTEN, on the average, you ate the food during the past year.

SECOND: Mark the column to show HOW MUCH you usually eat of each food.

- Sometimes the "how much" is asked as number of pieces, such as 1 egg, 2 eggs or 3 eggs.

Mark your serving size as the number you usually eat ON THE DAYS YOU EAT IT.

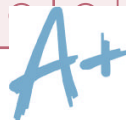
- Sometimes the "how much" is asked as small-medium-large (S-M-L).

A "medium" serving is indicated for each food, but only as a guideline. Mark "small" if you think you usually eat a smaller portion of that food **than other women of your age**. Mark "large" if you eat more of it **than other women of your age**.

EXAMPLE: This person eats one medium size banana per week.

TYPE OF FOOD	HOW OFTEN								HOW MUCH			
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE		
										S	M	L
EXAMPLE: Bananas	<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"/>	1 medium	<input type="radio"/> 1/2	<input checked="" type="radio"/>	<input type="radio"/> 2
FRUIT												
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"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Apples, applesauce	<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"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Oranges (not including 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"/>	1 medium	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Grapefruit (not including 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"/>	1/2 medium	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1
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"/>	1/4 medium	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 1/2
Peaches, apricots (fresh, in season)	<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"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2

TYPE OF FOOD	HOW OFTEN								HOW MUCH				
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE			
										S	M	L	
Peaches, apricots (canned or dried)	<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 or 1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Prunes, or prune 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"/>	1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Watermelon (in season)	<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 slice	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Strawberries, other berries (in season)	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Any other fruit, including kiwi, fruit cocktail, grapes, raisins, mangoes	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
EGGS, DAIRY, CEREALS													
Fiber cereals like raisin bran, granola or Shredded Wheat	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Sweetened cereals like Frosted Flakes	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other cold cereals like corn flakes or Cheerios	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Cooked cereal like oatmeal, oat bran or grits	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Milk on cereal	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Breakfast bars, granola bars, power bars	<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 serving	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Breakfast shakes, diet 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"/>	1 serving	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Pancakes or waffles	<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 med.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Eggs	<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 egg=sml. 2 eggs=med.	<input type="radio"/> 1 egg	<input type="radio"/> 2 eggs	<input type="radio"/> 3 eggs	
Egg substitutes, Egg Beaters, egg whites	<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 eggs	<input type="radio"/> 1 egg	<input type="radio"/> 2 eggs	<input type="radio"/> 3 eggs	
Sausage or bacon	<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 patties or pieces	<input type="radio"/> 1 piece	<input type="radio"/> 2 pieces	<input type="radio"/> 3 pieces	
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"/>	1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other cheeses and cheese spreads (regular or lowfat)	<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 2 ounces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Yogurt, frozen yogurt (regular or lowfat)	<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. container	<input type="radio"/> S 5 oz.	<input type="radio"/> M 8 oz.	<input type="radio"/> L 10 oz.	
VEGETABLES (fresh, frozen or canned, or in restaurants)													
String beans, green beans	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Peas	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Chili with beans (with or without meat)	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other beans such as baked beans, pintos, kidney (not including 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"/>	3/4 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Corn	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Alfalfa sprouts, including on sandwiches	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Tomatoes, tomato 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"/>	1 medium or 6 oz. glass	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Salsa, ketchup, taco sauce	<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 tablesp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Broccoli	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Cauliflower or brussels sprouts	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Spinach (cooked or raw)	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Mustard greens, turnip greens, collards	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Cole slaw, cabbage	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Carrots, or mixed vegetables containing carrots	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Green salad	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Salad dressing & mayonnaise (regular or lowfat)	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	



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TYPE OF FOOD	HOW OFTEN								HOW MUCH				
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE			
										S	M	L	
French fries and fried potatoes	<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 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Sweet potatoes, yams	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other potatoes, including boiled, baked, mashed & potato salad	<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 or 1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Any other vegetable, such as cooked onions, summer squash	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Butter, margarine or other fat added to veg., potatoes, 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"/>	2 pats	<input type="radio"/> 1 pat	<input type="radio"/> 2 pats	<input type="radio"/> 3 pats	
Tofu, bean curd	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Meat substitutes made from soy	<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 or patty	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
MEATS, SOUPS, PASTA													
Hamburgers, cheeseburgers	<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 4 oz.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Burritos or tacos with meat or beans	<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 or 2 small	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Beef roasts, steaks, sandwiches	<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 ounces	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Beef stew or pot pie with carrots or other vegetables	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Liver, including chicken livers	<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 ounces	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Pork, including chops, roasts	<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 chops or 4 ounces	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Fried chicken	<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 small or 1 large pce.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Chicken or turkey (roasted or broiled, including on sandwiches)	<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 small or 1 large pce.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Chicken stew or mixed dish with chicken	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Fried fish or fish sandwich	<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 ounces or 1 sandwich	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
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"/>	<input type="radio"/>	1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Oysters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5 pieces, 1/4 cup or 3 oz.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Shell fish, (shrimp, crab, lobster, 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"/>	5 pieces, 1/4 cup or 3 oz.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other fish (broiled or baked)	<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 pieces or 4 ounces	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Spaghetti, lasagna, other pasta with tomato sauce	<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 1/2 cups	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Cheese dishes without tomato sauce, like macaroni and 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"/>	1 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Pasta salad, other pasta without tomato sauce	<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 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Pizza	<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	<input type="radio"/> 1 slice	<input type="radio"/> 2 slices	<input type="radio"/> 3 slices	
Hot dogs	<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 hot dogs	<input type="radio"/> 1 dog	<input type="radio"/> 2 dogs	<input type="radio"/> 3 dogs	
Ham, bologna, other lunch meats (regular or made with turkey)	<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 2 ounces	<input type="radio"/> 1 slice	<input type="radio"/> 2 slices	<input type="radio"/> 3 slices	
Vegetable soups with carrots or tomatoes, such as vegetable beef or 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 med. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Lentil, pea and bean soups	<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. bowl	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other soups, like chicken noodle, mushroom, Cup-A-Soup, ramen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					



TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	2+ PER DAY	MEDIUM SERVING	YOUR SERVING SIZE			
											S	M	L	XL
BREADS, SNACKS, SPREADS (Please note that the categories for these columns are different.)														
Biscuits, muffins, (including fast foods)	<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"/> S	<input type="radio"/> M	<input type="radio"/> L	
Bagels, English muffins, hamburger buns	<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"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	
White bread, French or Italian bread, including sandwiches	<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"/>	# slices each time	<input type="radio"/> 1 slice	<input type="radio"/> 2 slices	<input type="radio"/> 3 slices	
Dark bread, such as whole wheat, rye, pumpernickel	<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"/>	# slices each time	<input type="radio"/> 1 slice	<input type="radio"/> 2 slices	<input type="radio"/> 3 slices	
Corn bread, corn muffins	<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"/>	# pieces each time	<input type="radio"/> 1 piece	<input type="radio"/> 2 pieces	<input type="radio"/> 3 pieces	
Tortillas	<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"/>	# slices each time	<input type="radio"/> 1 tort.	<input type="radio"/> 2 tort.	<input type="radio"/> 3 tort.	<input type="radio"/> 4 tort.
Snacks like nachos with cheese, potato skins with topping	<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 serving	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Salty snacks, like potato chips, corn chips, popcorn, crackers	<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 handfuls or 1 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Peanuts, peanut butter	<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 tablesp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Margarine on bread or rolls	<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 pats	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Butter on bread or rolls	<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 pats	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Rice, or dishes made with rice	<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"/>	3/4 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
SWEETS														
Ice cream (regular or lowfat)	<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 scoop or 1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Doughnuts, pastry	<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 piece	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Cookies or cake (regular or lowfat)	<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"/>	3-5 cookies	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+
Pumpkin pie, sweet potato pie	<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 med. slice	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other 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 med. slice	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Chocolate candy, candy bars	<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 bar or 1 oz.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Other candy or jelly	<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 pieces or 1 tblsp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
BEVERAGES (Please note that the categories for these columns are different.)														
Orange juice or grapefruit 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"/>	<input type="radio"/>	6 oz. glass	<input type="radio"/> 4 oz.	<input type="radio"/> 6 oz.	<input type="radio"/> 8 oz.	
Apple juice, grape 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"/>	<input type="radio"/>	6 oz. glass	<input type="radio"/> 4 oz.	<input type="radio"/> 6 oz.	<input type="radio"/> 8 oz.	
Whole milk (or chocolate whole milk), not including on cereal	<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"/> 5 oz.	<input type="radio"/> 8 oz.	<input type="radio"/> 10 oz.	
2% milk (or chocolate 2% milk), not including on cereal	<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"/> 5 oz.	<input type="radio"/> 8 oz.	<input type="radio"/> 10 oz.	
Skim milk, 1% milk, not including on cereal	<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"/> 5 oz.	<input type="radio"/> 8 oz.	<input type="radio"/> 10 oz.	
Kool-Aid, Hi-C, or other drinks with added vitamin C	<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"/> 5 oz.	<input type="radio"/> 8 oz.	<input type="radio"/> 10 oz.	
Snapple, Calistoga, sweetened bottled waters or iced 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"/>	1 bottle	<input type="radio"/> 8 oz.	<input type="radio"/> 12 oz.	<input type="radio"/> 16 oz.	
Regular soft drinks (not diet soda)	<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 or bottle	<input type="radio"/> 8 oz.	<input type="radio"/> 12 oz.	<input type="radio"/> 16 oz.	
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"/>	1 med. cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Non-dairy creamer in 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"/>	1 tablesp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	
Cream (real) or Half-and-Half in 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"/>					

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TYPE OF FOOD	HOW OFTEN									HOW MUCH			
	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MON	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4 PER DAY	5+ PER DAY	MEDIUM SERVING	YOUR SERVING SIZE		
											S	M	L
Milk in 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"/>	1 tablesp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Sugar or honey in coffee or tea or on cereal	<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 teaspoons	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L

74. SUMMARY QUESTIONS	AVERAGE USE LAST YEAR									
	LESS THAN ONCE PER WEEK	1-2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	1 1/2 PER DAY	2 PER DAY	3 PER DAY	4+ PER DAY	
a. How often do you use fat or oil in cooking?	<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"/>	<input type="radio"/>
b. About how many servings of vegetables do you eat, not counting salad or potatoes?	<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"/>	<input type="radio"/>
c. About how many servings of fruit do you eat, not counting juices?	<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"/>	<input type="radio"/>
d. About how many servings of cold cereal do you eat?	<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"/>	<input type="radio"/>
e. About how many glasses of milk (or chocolate milk) do you drink?	<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"/>	<input type="radio"/>



Wow! Survived the hardest part!

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75. What kinds of fat do you usually use in cooking (to fry, stir-fry or saute)? Mark the one or two you use most often.

- Don't know Pam or no oil Lard, fatback, baconfat Crisco
 Stick margarine Soft tub margarine Low calorie margarine
 Butter Olive oil or canola oil Corn oil, vegetable oil

76. What kinds of fat do you usually add to vegetables, potatoes, etc.? Mark the one or two you use most often.

- Don't add fat Lard, fatback, baconfat Crisco
 Stick margarine Soft tub margarine Low calorie margarine
 Butter Whipped butter Olive oil

77. When you eat the following foods, how often do you eat a low-fat or non-fat version of that food?

- Cheese Always low-fat Sometimes Rarely low-fat
 Ice cream or yogurt Always low-fat Sometimes Rarely low-fat
 Salad dressing Always low-fat Sometimes Rarely low-fat
 Cake or cookies Always low-fat Sometimes Rarely low-fat

78. How often do you add salt to your food? Seldom/Never Sometimes Often

79. How often do you eat the skin on chicken? Seldom/Never Sometimes Often

80. How often do you eat the fat on meat? Seldom/Never Sometimes Often

81. How often do you charbroil/fry your meat? Seldom/Never Sometimes Often

82. How do you like your meat cooked? Rare Medium Well done

83. Please indicate how much and how often you usually drink each beverage.

1 Drink is: 1 bottle, can, or glass of beer 1 glass of wine, champagne, or wine cooler 1 cocktail, shot, or mixed drink of liquor		Drinks per week (Choose 1 for each row)						How many days of the week did you have at least 1 drink?							
		None	3 or Less	4 to 10	11 to 17	18 to 24	25 or More	1	2	3	4	5	6	7	
Age 18-22	Beer	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Wine, Champagne	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cocktails, liquor	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-35	Beer	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Wine, Champagne	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cocktails, liquor	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past Year	Beer	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Wine, Champagne	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Cocktails, liquor	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. Have you smoked at least 100 cigarettes in your entire life?

- No (go to question 87)
- Yes, and I currently smoke
- Yes, and I no longer smoke

85. How old were you when you first smoked fairly regularly, and (if no longer smoking) how old were you when you last smoked?

- Never Smoked Regularly

	First Smoked	Last Smoked
AGE:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

86. On average, about how many cigarettes a day do you/did you smoke?

- Less than 1 cigarette
- 1-4
- 5-9
- 10-14
- 15-19
- 20-29
- 30-39
- 40 or more

87. Did your parents smoke in the house when you lived with them?

- Father only
- Mother only
- Both parents
- Neither parent

88. As an adult have the persons with whom you have lived smoked?

- Never
- Rarely
- Some of time
- Yes, usually
- Have lived alone

89. Please give us your telephone number to call if we have a question.

HOME TELEPHONE NUMBER											
()		-							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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90. Fill in today's date.

MO	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
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91. Please tell us your Social Security number (this will be used for identification purposes only).

SOCIAL SECURITY NUMBER								
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