

2005-2006

California Teachers Study

Report Card

A+

A+

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This Form is Non-Scannable

MARKING INSTRUCTIONS

- Answer each question as best as you can – please estimate if you are not exactly sure of an answer.
- Use only a #2, ordinary pencil. **DO NOT USE PEN.** (Help us save funds this time - please use your own 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 except as requested.
- If you wish to make comments, please use a separate piece of paper. (Please do not use post-it notes.)

Correct Mark ●

Incorrect Marks 



- Please enter your current phone number.

Home Work Cell

□□□ - □□□ - □□□□

- Fill in today's date.

MO	DAY	YEAR
□	□	<input type="radio"/> 2005
□	□	<input type="radio"/> 2006
□	□	<input type="radio"/> 2007
□	□	<input type="radio"/> 2008
0	0	0
1	1	1
2	2	2
3	3	3
4		4
5		5
6		6
7		7
8		8
9		9

- Please enter your current e-mail address.

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

No

Yes (Please write the correct information)

Name _____

Street _____

City _____ State _____ Zip _____

RESIDENCY

	Less than a year	Number of years						
		1-4	5-9	10-14	15-19	20-29	30 or more	
1. For how many years have you lived at your current residence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. For how many years, in total, have you lived in California?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Were you a resident of California on December 31 in each of the following years?								
2000	<input type="radio"/> No	<input type="radio"/> Yes	2002	<input type="radio"/> No	<input type="radio"/> Yes	2004	<input type="radio"/> No	<input type="radio"/> Yes
2001	<input type="radio"/> No	<input type="radio"/> Yes	2003	<input type="radio"/> No	<input type="radio"/> Yes	2005	<input type="radio"/> No	<input type="radio"/> Yes

4. Please describe the following characteristics of your home environment at the ages shown:	Age 6 months	Age 3 yrs	Age 5 yrs	Age 12 yrs	Age 30 yrs	Now
Did you live in a rented house or apartment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Which of the following best describes this area at that time: rural area, small town, suburb, or urban area?	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban	<input type="radio"/> Rural <input type="radio"/> Town <input type="radio"/> Suburb <input type="radio"/> Urban
How many siblings or other people usually slept in the same bedroom as you? (Mark "0" if you did not share your bedroom)	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+
Did you regularly attend (at least 30 times a year) a preschool, kindergarten, daycare, or other regular gathering of at least 4 other children?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
Did you have a cat or dog living inside your home?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Did you live within a half-mile of stables or pens where horses, cows, pigs or other hooved animals were kept?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

MEDICATIONS

5. Do you currently take any of the following pain-relieving medications regularly (at least once a week)?	No	If yes, then please indicate total tablets per week									
	0 or <1 per week	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-21	22-28	29+
'Baby' or low-dose aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin or aspirin-containing product (Bayer, 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"/>	<input type="radio"/>
Ibuprofen (Advil, Motrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen, ketoprofen or other non-steroidal (Aleve, Feldene, Indocin, Naprosyn, Orudis, Relafen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cox-2 inhibitor (Celebrex, Vioxx)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 (Aspirin-free Excedrin, Tylenol, Tempra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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. Did you stop the regular use of any of the following medications during the past 3 years? If yes, please tell us why.	Never took regularly or did not stop use	Yes, I stopped regular use	Why did you stop regular use? (Mark all that apply)					
			Condition Improved	Didn't work	I had side effects	I heard about side effects	Drug no longer available	Other
'Baby' or low-dose aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin or aspirin-containing product	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naproxen, ketoprofen or other non-steroidal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cox-2 inhibitor	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEDICATIONS CONTINUED

7. In the past 3 years, please indicate if you have taken either of the following types of medications.

	No	Yes, regularly (daily for at least 2 months)	Yes, but not regularly
Statin medication such as lovastatin (Mevacor), atorvastatin (Lipitor), rosuvastatin (Crestor), pravastatin (Pravachol), simvastatin (Zocor), fluvastatin (Lescol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroid medication in pill form such as: prednisone, dexamethasone (Decadron), solumedrol (Medrol dose-pack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During the past year, please indicate whether or not you have used any of the following types of medication **at least once a week** for the treatment of breathing problems such as asthma, COPD, bronchitis or emphysema:

Medications	No	Yes
Inhaled steroid medications (“controllers”, such as beclomethasone (QVAR, Beclovent, Vanceril), flunisolide (AeroBid), triamcinolone (Azmacort, Kenalog), budesonide (Pulmicort, Flovent), or Advair)	<input type="radio"/>	<input type="radio"/>
Other inhaled anti-inflammatory medications, such as cromolyn (Intal), or nedocromil (Tilade)	<input type="radio"/>	<input type="radio"/>
Oral anti-inflammatory medications (not steroids) such as zileuton (Zyflo), zafirlukast (Accolate), or montelukast (Singulair)	<input type="radio"/>	<input type="radio"/>
Inhaled bronchodilator (“rescue” or “quick relief” medication, such as albuterol, Ventolin, Proventil, Maxair, Combivent, Zenith Goldline, Martec, Atrovent, or Alupent)	<input type="radio"/>	<input type="radio"/>
Long-acting inhaled bronchodilators, such as salmeterol (Serevent), terbutaline (Brethaire), or formoterol (Foradil)	<input type="radio"/>	<input type="radio"/>

9. In the last 10 years, for how many weeks **in total** did you take antibiotics? Common reasons for being given antibiotics include a urinary tract infection; respiratory infection like pneumonia, bronchitis or sinus infection; skin problems like acne or rosacea; or to prevent infection after surgery or injury.

- Did not take in last 10 years
 1-2 weeks
 3-9
 10-19
 20-49
 50+ weeks

10. Have you ever used raloxifene (Evista) or tamoxifen (Nolvadex)?

- No Yes ➔

a) How many months **in total** have you used either drug?

- Raloxifene (Evista)
 Did not use 1-6 months 7-12 13-24 25-60 More than 60 months
 Tamoxifen (Nolvadex)
 Did not use 1-6 months 7-12 13-24 25-60 More than 60 months

b) Are you **currently** using raloxifene or tamoxifen?

- No, not currently
 Yes, raloxifene
 Yes, tamoxifen

11. Are you currently using any of the following over-the-counter hormonal preparations such as herbal, natural or soy-based products?

- No Yes ➔ What type(s)?
 Soy estrogen pills
 Dong quai (such as Rejuvex)
 Natural progesterone cream or wild yam cream
 Black cohosh (such as Remifemin)
 Flaxseed or linseed oil

MENOPAUSAL STATUS

12. Among the following which answer **best** describes your current menstrual status? (**Please choose only one response**)

- I am pregnant
 I am breast-feeding (either with or without oral contraceptive use)
 I am pre menopausal and taking oral contraceptives
 I am pre menopausal and not taking oral contraceptives or hormone therapy
 I began taking hormone therapy before my periods stopped and am still taking hormones
 I began taking hormone therapy before my periods stopped; I have stopped taking these hormones
 My periods have stopped on their own (naturally)
 My periods stopped after radiation or chemotherapy
 My periods stopped after surgery which removed my uterus or both ovaries

13. Do you consider yourself post menopausal?

- No Yes → At what age did you have your last menstrual period?
 Before age 35 35-39 40-43 44-46
 47-49 50-52 53-55 56 or older

MENOPAUSAL HORMONE THERAPY

14. In the past 5 years, have you used **prescription** hormone therapy (**not including oral contraceptives**)?

- No Yes

a) In the past 5 years, for how many months did you use hormone therapy?

- 1-6 months 7-12 13-24 25-36 37-48 49-60 months

b) In the past 5 years, which types of hormone therapy did you use (mark all that apply)?

- Combined: Prempro (off white) Prempro (gold) Prempro (peach) Prempro (blue)
 (2 or more Prempro (unknown color) Premphase Combipatch FemHRT
 hormones) Estratest Other combined Did not use

- Oral Premarin (green, 0.3 mg/day) Premarin (blue, 0.45 mg/day)
 Estrogen: Premarin (maroon/brown, 0.625 mg/day) Premarin (white, 0.9 mg/day)
 Premarin (orange/yellow, 1.25 mg/day) Premarin (unknown dose)
 Estrace Ogen
 Other estrogen pill Did not use

- Other Patch Estrogen
 Estrogen: Vaginal Estrogen
 Did not use

- Oral Progesterone/Progestin: Provera/Cycrin/MPA (2.5 mg or less) Provera/Cycrin/MPA (5-9 mg)
 Provera/Cycrin/MPA (10 mg) Provera/Cycrin/MPA (more than 10 mg)
 Provera/Cycrin/MPA (unknown dose) Other oral progestin
 Did not use

c) What was your pattern of hormone use (days per month)?

- Oral Estrogen Did not use < 1 day/mo 1-8 9-18 19-26 27+ days/mo
 (days per month):

- Oral Progesterone Did not use < 1 day/mo 1-8 9-18 19-26 27+ days/mo
 (days per month):

d) Are you **currently** using hormone therapy (within the past month)?

- No Yes

HEALTH

15. Were you ever told by a health professional that you have any of these types of diabetes?			If yes, how old were you when a health professional first told you this?						
	No	Yes	0-4	5-18	19-34	35-44	45-54	55-64	65+
Borderline diabetes or pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy-related or gestational diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (Type I, Type II)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Are you currently taking insulin?

No Yes → For how many years have you been taking insulin?

<1 year 1-4 5-9 10-14 15-19 20-29 30+

17. Are you currently taking pills to lower your blood sugar? These are sometimes called oral hypoglycemic agents.

No Yes → For how many years have you been taking these pills?

<1 year 1-4 5-9 10-14 15-19 20-29 30+

18. Were you ever told by a health professional that you have asthma?

No Yes

a) How old were you when a health professional first told you this?

0-4 5-18 19-34 35-44 45-54 55+

b) When were you first told this?

Before 2000 2000 2001 2002 2003 2004 2005

c) During the past 12 months, on average, how often did you have any symptoms of asthma apart from a cold or respiratory infection? (Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production).

Not at any time Less than once a week Once or twice a week

More than 2 times a week, but less than daily Every day, but only during certain seasons Every day, all the time

d) During the past 12 months, which of the following describes your level of asthma symptoms (mark all that apply)

I've not been troubled by asthma during the past 12 months

I've had mild symptoms for which I have not taken any asthma medication

I've had asthma symptoms requiring asthma medication

I've had asthma symptoms requiring an urgent visit to a doctor or emergency care

I've had asthma symptoms requiring me to stay overnight at a hospital

19. Were you ever told by a health professional that you have:

Pneumonia	<input type="radio"/> No	<input type="radio"/> Yes
Allergic Rhinitis (or hay fever)	<input type="radio"/> No	<input type="radio"/> Yes

20. Were you ever told by a health professional that you have Parkinson's disease? No Yes → At what age? →

21. Were you ever told by a health professional that you have infectious mononucleosis or "mono"?

No Yes, under age 15 Yes, age 15-19 Yes, age 20-24 Yes, age 25 or older

22. Were you ever told by a health professional that you have endometriosis?

No Yes, under age 20 Yes, age 20-29 Yes, age 30-39 Yes, age 40 or older

23. How many times were you told by a health professional that you have mastitis (a breast infection)?

None 1-2 times 3-4 times 5 or more times

PHYSICAL ACTIVITY

24. During the past 3 years, what was the average number of hours per week and average number of months per year that you did **STRENUOUS** exercise or sports (such as swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, or racquetball)?

Average hours per week									Average months per year			
None	1/2	1	1 1/2	2	3	4-6	7-10	11 or more	1-3	4-6	7-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. During the past 3 years, what was the average number of hours per week and average number of months per year that you did **MODERATE** exercise or sports (such as brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball)?

Average hours per week									Average months per year			
None	1/2	1	1 1/2	2	3	4-6	7-10	11 or more	1-3	4-6	7-9	10-12
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How many flights of stairs (not individual steps but going from one floor to another) do you climb in total **daily**?

2 flights or less 3-4 5-9 10-14 15 or more flights

27. The following items are about physical activities you might currently do during a typical day. Does your health now **limit** you in these activities? If so, how much? (Mark one response on each line)

	No, not limited at all	Yes, limited a little	Yes, limited a lot
Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities , such as pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WEIGHT

Please write the answer in the boxes **AND** fill in the bubbles below the boxes.

28. How much do you weigh today? (If pregnant, please provide your weight before pregnancy)

			LBS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

29. What is the most you have ever weighed? (Excluding times when you were pregnant)

			LBS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

- How old were you when you first reached your maximum weight?

		YRS
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	

DIET

People's diets change (some in major ways, some subtly) and understanding how these changes affect disease risk is important. Thus, although we asked you about your diet 10 years ago, we would like to ask you about your diet again now.

33. Please tell us about your **usual eating habits over the past year**. Please tell us how often you consume each food item/group of foods and how much of that food you usually eat. Please **use the (double-sided) sheet of photos that is included** with this packet when answering the questions regarding how much you usually eat.

Food item/food group	How often do you usually eat this food?									How much of this food do you usually eat?				
	never or <1 per mo.	1 per mo.	2-3 per mo.	1 per week	2 per week	3-4 per week	5-6 per week	every day						
FRUITS														
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"/>	<input type="radio"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Apples or 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"/>	<input type="radio"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Oranges or grapefruit (NOT juice; juice will be asked about later)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Dried apricots (not fresh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 3/4	<input type="radio"/> 1+
Raisins or prunes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Blueberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Other fruit, including peaches, pears, kiwi, strawberries, fresh apricots, 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
VEGETABLES (fresh, frozen, or canned)														
Garbanzo beans (chickpeas or ceci beans) or hummus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Soybeans or edamame (fresh or frozen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Other beans such as baked, pinto, kidney, etc. (NOT bean 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"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Tomatoes, pico de gallo, or salsa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2+
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"/>	<input type="radio"/>	or photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cabbage or coleslaw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Carrots (including in mixed 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"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Corn (including corn-on-the-cob)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Dark green leafy vegetables (e.g., spinach, collards, 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green salad or lettuce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Salad dressing or mayonnaise (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"/>	<input type="radio"/>	Tbsp.	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-6	<input type="radio"/> 7+
Sweet potatoes or 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"/>	<input type="radio"/>	or photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
French fries, fried potatoes, or hash browns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Other potatoes, including baked, boiled, and mashed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Other vegetables, such as string beans, peas, onions, squash, 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Tofu, tempeh, or 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"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Meat substitutes made from soy (e.g., soy burgers, soy sausage, soy hot dogs, 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

DIET CONTINUED

Food item/food group	How often do you usually eat this food?								How much of this food do you usually eat?				
	never or <1 per mo.	1 per mo.	2-3 per mo.	1 per week	2 per week	3-4 per week	5-6 per week	every day	size	regular	1/4 lb.	1/2 lb.	XL
Hamburgers or 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"/>	size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>	number	(1/2)	(1)	(2)	(3+)
Ham, bologna, or other lunch 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"/>	photo	(A)	(B)	(C)	(D)
Burritos, tacos or enchiladas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	(1/2)	1 sm	2 sm 1 med	3+ sm 1 lg
Beef (including roasts and steak) or pork (including pork chops and ham)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Beef mixed with vegetables (e.g., stir-fry or stew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Chili with 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"/>	photo	(A)	(B)	(C)	(D)
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"/>	pieces	(1)	(2)	(3)	(4+)
Chicken mixed with vegetables (e.g., stir-fry or pot 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"/>	photo	(A)	(B)	(C)	(D)
Liver or 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"/>	photo	(A)	(B)	(C)	(D)
Chicken or turkey (broiled, baked or grilled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Canned tuna, tuna salad, or 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"/>	photo	(A)	(B)	(C)	(D)
Seafood or shellfish (e.g., shrimp, crab, 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"/>	photo	(A)	(B)	(C)	(D)
Fried fish (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"/>	photo	(A)	(B)	(C)	(D)
Other fish (broiled, baked, or grilled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Eggs (NOT egg substitutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	(1/2)	(1)	(2)	(3+)
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"/>	pieces	(1)	(2)	(3)	(4+)
Cheese or cream cheese (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"/>	slices	(1/2)	(1)	(2)	(3+)
Yogurt (not frozen yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or Tbsp	(1)	(2)	(3)	(4+)
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"/>	photo or container	(A)	(B)	(C)	(D)
Spaghetti or pasta with tomato sauce, lasagna, or ravioli	<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	(1/2)	(1)	(2)	(3+)
Macaroni and cheese, quesadillas, or other cheese dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Pasta salad, potato salad, or noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
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"/>	bowls	(A)	(B)	(C)	(D)

Food item/food group	How often do you usually eat this food?									How much of this food do you usually eat?			
	never or <1 per mo.	1 per mo.	2-3 per mo.	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	(A)	(B)	(C)	(D)

CEREALS, BREADS AND SNACKS Please note the categories for 'how often' have changed in the following section

Whole grain or 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"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Corn cereals, like corn flakes, frosted flakes or corn Chex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Other cold cereals, like 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"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)
Cooked cereal, like oatmeal, Cream of Wheat, 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"/>	<input type="radio"/>	photo	(A)	(B)	(C)	(D)

DIET CONTINUED

Food item/food group	How often do you usually eat this food?									How much of this food do you usually eat?				
	never or <1 per mo.	1 per mo.	2-3 per mo.	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day					
CEREALS, BREADS AND SNACKS (Continued)														
Pancakes, waffles, or french toast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Biscuits, muffins, corn bread, or banana bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pieces	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Bagels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or photo		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
White bread (including sandwiches and toast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2+
Dark bread, such as whole wheat, rye, or 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	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
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	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Energy bars (e.g., Power bars, Clif, or Luna 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"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Granola bars, breakfast bars, or cereal 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"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Potato chips, tortilla chips, or corn chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Pretzels or 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Popcorn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> 0+
Peanuts or 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"/>	photo	<input type="radio"/> <A	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
Soy nuts or roasted soybeans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> <A	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

SWEETS														
Ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Doughnuts or pastries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	number	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
Cookies, cake, brownies, or 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"/>	pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4+
Chocolate candy or 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"/>	photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Other candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or bars	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
										photo	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Beverage	How often do you usually drink this beverage?									How much of this beverage do you usually drink?			
	never or <1 per mo.	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4 per day	5+ per day				

BEVERAGES Please note the categories for 'how often' have changed in the following section														
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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
Purple grape juice or cranberry 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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
Soy milk (including on cereal and in coffee/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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
White or chocolate (cow's) milk (including on cereal and in coffee/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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
Regular soft drinks (NOT diet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	photo	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> I	<input type="radio"/> K
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or cans	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 4
Tea (including bottled teas and iced 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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
White wine or 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"/>	photo	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> I	<input type="radio"/> K
Red wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or cans	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 4
Cocktails or 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"/>	photo	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H

DIET CONTINUED

34. During the past year, how many servings of the following did you usually eat?	Number of servings								
	<1 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
Vegetables (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"/>
Fruit (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"/>
Cold 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"/>

35. What type of grapes do you eat most often? Green Red Dark purple or black Don't eat grapes

36. What type of dark green leafy vegetables do you eat most often?
 Spinach (raw) Spinach (cooked) Kale Collards Mustard greens Arugula Other
 Don't eat dark green leafy vegetables

37. What type of soup do you eat most often?
 Vegetable Cream Bean, lentil, or pea Noodle Miso or hot and sour Other Don't eat soup

38. What type of soymilk do you consume most often (include use on cereal and in coffee/tea)?
 Regular Low-fat Fat-free Don't consume soymilk

39. What type of (cow's) milk do you consume most often (include use on cereal and in coffee/tea)?
 Whole milk Reduced fat or 2% Low-fat or 1% Skim or fat-free Don't consume milk

40. What type of tea (including bottled teas and ice tea) do you usually drink?
 Green Black Herbal Don't drink tea

41. How often do you ...	Never or rarely	Sometimes	Always or often
eat low-fat or non-fat cheese?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat low-fat or non-fat yogurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat low-fat or non-fat salad dressing or mayonnaise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat low-fat or non-fat ice cream?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat low-fat or non-fat cookies or cake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
add sugar to coffee or tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
add butter to vegetables or potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
add margarine to vegetables or potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
add butter to bread?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
add margarine to bread?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat the fat on meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eat the skin on chicken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VITAMIN SUPPLEMENTS

42. During the past year have you taken the following supplements regularly (at least once a week)?				How often do you take it?			For how many years have you taken it regularly?					
	No	Yes, all year	Yes, only seasonally	1-3 days per week	4-6 days per week	every day	<1 yr	1 yr	2 yrs	3-4 yrs	5-9 yrs	10+ yrs
Multivitamin pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The following questions are about single supplements only (NOT the vitamins contained in multivitamin pills).												
Vitamin A or 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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
Calcium, including Tums, Os Cal, etc. (with or without added vitamin D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. If you take **multivitamins**:

a) Do you usually take multivitamins that contain **minerals**? No Yes

b) Do you usually take multivitamins that contain **extra antioxidants**? No Yes

44. If you take **vitamin C** as a **single supplement**, how much vitamin C do you take each time you take it?
 250 mg or less 300-500 mg 600-1000 mg more than 1000 mg

45. If you take **vitamin E** as a **single supplement**, how much vitamin E do you take each time you take it?
 200 IU or less 250-400 IU 450-1000 IU more than 1000 IU

SMOKING & PREGNANCY

46. Have you ever been pregnant? (Including live births, miscarriages, abortions, stillbirths and tubal pregnancies)

No Yes ➔ Please tell us about tobacco exposures in relation to your **first pregnancy**:

first pregnancy	My own smoking				Others smoking around me			
	How many cigarettes per day did you usually smoke during this time?				Where were you regularly exposed during this time? (mark all that apply)			
	Did not smoke	<10	10-19	20+	No one smoked	Home	Workplace	Other
before pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a) Did your first pregnancy result in a live birth? No Yes (go to question 47)

b) Have you ever had a pregnancy that resulted in a live birth?

No Yes ➔ Please tell us about tobacco exposures in relation to your **first pregnancy** that resulted in a **live birth**:

first pregnancy that resulted in a live birth	My own smoking				Others smoking around me			
	How many cigarettes per day did you usually smoke during this time?				Where were you regularly exposed during this time? (mark all that apply)			
	Did not smoke	<10	10-19	20+	No one smoked	Home	Workplace	Other
before pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL

47. What **types** of health insurance do you have?

	No	Yes
Medicare	<input type="radio"/>	<input type="radio"/>
MediCal or Medicaid	<input type="radio"/>	<input type="radio"/>
HMO, IPA plan, or managed care	<input type="radio"/>	<input type="radio"/>
Private insurance	<input type="radio"/>	<input type="radio"/>
Champus, military, or VA	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
Don't have health insurance	<input type="radio"/>	<input type="radio"/>

48. Are you retired? No Yes

49. Is your current spouse or partner retired?

No Yes Not applicable

50. What is the highest educational level obtained by you and your family members?

	Self	Spouse or Partner	Mother	Father
Academic doctorate such as Ph.D or Ed.D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional school doctorate such as MD, DDS, DVM, LLB or JD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masters degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bachelors degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA degree or some college (but not a Bachelors degree)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical school graduate or high school diploma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than high school diploma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know or not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. What is your household's current annual income from all sources?

Less than \$25,000 \$25,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999
 \$100,000 to \$149,999 \$150,000 to \$199,999 \$200,000 or more

52. How many people, including yourself, are supported by this income?

	None	1	2	3	4	5	6	7+
How many are under the age of 18?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many are over the age of 64?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>