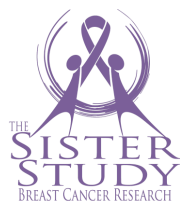


DIET QUESTIONNAIRE

OMB No. 0925-0522



National Institute of Environmental Health Sciences
National Institutes of Health
Department of Health and Human Services

INSTRUCTIONS:

This form is about foods you usually eat. It will take approximately 50 minutes to complete.

- Please answer each question as best you can. Estimate if you aren't sure.
- Please give your completed form to the EMSI examiner.



- Use the enclosed pencil or any No. 2 pencil for this form
 - Fill in ovals completely and erase completely if you make changes
- CORRECT: ● INCORRECT: ☒ ☓ ☉ ☉
- PLEASE KEEP THIS QUESTIONNAIRE CLEAN, FLAT AND DRY.
 - DO NOT FOLD OR TEAR ANY OF THE PAGES.

FOR OFFICE USE ONLY:

If this form was completed by telephone, check here _____

Interviewer's initials: _____

PLACE
LABEL
HERE

AGE

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

WEIGHT pounds

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

HEIGHT ft. in.

00	
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	

TODAY'S DATE

	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0 0	2005
<input type="radio"/> Apr	1 1	2006
<input type="radio"/> May	2 2	2007
<input type="radio"/> Jun	3 3	2008
<input type="radio"/> Jul	4	2009
<input type="radio"/> Aug	5	2010
<input type="radio"/> Sep	6	2011
<input type="radio"/> Oct	7	2012
<input type="radio"/> Nov	8	2013
<input type="radio"/> Dec	9	2014

Are you pregnant or breast feeding? No Yes

IF YOU HAVE ANY QUESTIONS ABOUT THIS QUESTIONNAIRE, PLEASE CALL US TOLL-FREE AT 1-877-4SISTER (1-877-474-7837).

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Please use a #2 pencil for this form

First, a few general questions about what you eat.	AVERAGE USE IN THE PAST 12 MONTHS								
	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
About how many servings of vegetables do you eat, per day or per week, 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"/>
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"/>
How often do you eat 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"/>
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"/>

What kinds of fat or oil do you usually use in cooking? MARK ONLY ONE OR TWO

- Don't use fats/oils Stick margarine Butter/margarine blend Olive oil or canola oil
- Don't know Soft tub margarine Low-fat margarine Lard, fatback, bacon fat
- Pam Butter Corn oil, vegetable oil Crisco

During the past year, on average, how many days per week did you eat:	<1/wk	1-2/wk	3-4/wk	5-6/wk	1/day
Breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner/Supper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year, on average, how many days per week did you have a snack? Don't count breakfast, lunch and dinner/supper. Do count all beverages EXCEPT coffee, tea, diet drinks and water.	<1/wk	1-2/wk	3-4/wk	5-6/wk	1/day
Before Breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Breakfast - Lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Lunch - Dinner/Supper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between Supper and Bedtime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Bedtime?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HOW TO FILL OUT THIS QUESTIONNAIRE

The next section is about your usual habits in the past 12 months or so. This includes all meals or snacks, at home or in a restaurant or carry-out. There are two kinds of questions to answer for each food:

HOW OFTEN, on average, did you eat the food during the past 12 months?

*Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

HOW MUCH did you usually eat of the food?

*Sometimes we ask how many you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.

*Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES. For each food, pick the picture (bowls or plates) that looks the most like the serving size you usually eat.

(If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D=2 cups.)

*Sometimes we made the "D" column a darker color. This is just to remind you to make sure you really eat that large a serving.

EXAMPLE: This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C" sized serving of rice (about 1 cup).

HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MON.	2-3 TIMES per MON.	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
										SEE PORTION SIZE PICTURES FOR A-B-C-D				
Apple juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses each time	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much each time	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D

Begin food questionnaire

HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME					
										How many glasses on the days you drink it?					
How often do you drink the following beverages?											How many glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Tomato juice or V-8 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"/>	<input type="radio"/>	How many glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	<input type="radio"/>	<input type="radio"/>	<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 glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
When you drink orange juice, how often do you drink a calcium-fortified brand?											<input type="radio"/> Usually calcium-fortified <input type="radio"/> I don't know <input type="radio"/> Sometimes calcium-fortified <input type="radio"/> I don't drink orange juice <input type="radio"/> Hardly ever calcium-fortified				
Other real fruit juices like apple juice, prune juice, lemonade	<input type="radio"/>	<input type="radio"/>	<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 glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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"/>	<input type="radio"/>	How many glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Drinks with some juice in them, like Sunny Delight, Juice Squeeze	<input type="radio"/>	<input type="radio"/>	<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 bottles	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Instant breakfast milkshakes like Carnation, diet shakes like SlimFast, or liquid supplements like Ensure	<input type="radio"/>	<input type="radio"/>	<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 glasses or cans	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Glasses of milk (not including soy milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
When you drink glasses of milk, what kind do you <u>usually</u> drink? MARK ONLY ONE:											<input type="radio"/> Whole milk <input type="radio"/> Reduced-fat 2% milk <input type="radio"/> Non-fat milk <input type="radio"/> Rice milk <input type="radio"/> Low-fat 1% milk <input type="radio"/> I don't drink milk				

Please use a #2 pencil for this form

HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME How many glasses on the days you drink it?
Beverages (continued)										
Regular soft drinks, or bottled drinks like Snapple (<u>not</u> diet drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles or cans 1 2 3-4 5+
Beer or non-alcoholic 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"/>	How many bottles or cans 1 2 3-4 5+
What kind? MARK ONLY ONE:	<input type="radio"/> Regular beer <input type="radio"/> Light beer <input type="radio"/> Non-alcoholic beer <input type="radio"/> I don't drink beer									
Wine or wine coolers	<input type="radio"/>	<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 glasses 1 2 3-4 5+
Liquor or mixed drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many drinks 1 2 3-4 5+
Glasses of water, tap or bottled	<input type="radio"/>	<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 glasses 1 2 3-4 5+
Coffee, regular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups 1 2 3-4 5+
Coffee, decaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups 1 2 3-4 5+
Tea or iced tea (<u>not</u> herb 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"/>	How many cups 1 2 3-4 5+
Chapparral tea (creosote bush)	<input type="radio"/>	<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 cups 1 2 3-4 5+
Essiac 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"/>	How many cups 1 2 3-4 5+
Green 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"/>	How many cups 1 2 3-4 5+
Pau d'Arco	<input type="radio"/>	<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 cups 1 2 3-4 5+
What do you usually add to coffee? MARK ONLY ONE:	<input type="radio"/> Cream or half & half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these									
What do you usually add to tea? MARK ONLY ONE:	<input type="radio"/> Cream or half & half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these									
Do you usually add sugar (or honey) to coffee?	<input type="radio"/> No		<input type="radio"/> Yes		IF YES, how many teaspoons each cup?					<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-4 <input type="radio"/> 5+
Do you usually add sugar (or honey) to tea?	<input type="radio"/> No		<input type="radio"/> Yes		IF YES, how many teaspoons each cup?					<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3-4 <input type="radio"/> 5+

HOW OFTEN WHEN IN SEASON	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D
How often do you eat each of the following fruits, just during the 2-3 months when they are in season?										
Raw peaches, apricots, nectarines, while they are 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"/>	<input type="radio"/>	How many each time 1/2 1 2 3
Cantaloupe, <u>in season</u>	<input type="radio"/>	<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 much 1/8 1/4 1/2 1
Strawberries, <u>in season</u>	<input type="radio"/>	<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 much A B C D
Watermelon, <u>in season</u>	<input type="radio"/>	<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 much A B C D
Any other fruit <u>in season</u> , like grapes, honeydew, pineapple, kiwi	<input type="radio"/>	<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 much A B C D

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME			
										SEE PORTION SIZE PICTURES FOR A-B-C-D			

How often do you eat the following foods all year round? Estimate your average for the past 12 months.

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"/>	How many each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Apples or pears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Oranges or tangerines	<input type="radio"/>	<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 each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Grapefruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Canned fruit like applesauce, fruit cocktail, or dried fruit like raisins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

HOW OFTEN	NEVER	FEW/ YEAR	ONCE/ MONTH	2-3 TIMES/ MONTH	ONCE/ WEEK	TWICE/ WEEK	3-4 TIMES/ WEEK	5-6 TIMES/ WEEK	EVERY DAY	HOW MUCH EACH TIME				
Eggs, including egg biscuits or Egg McMuffins (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"/>	<input type="radio"/>	How many eggs each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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"/>	<input type="radio"/>	How many pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Breakfast sausage, including sausage biscuits	<input type="radio"/>	<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 pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Pancakes, waffles, French toast, Pop Tarts	<input type="radio"/>	<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 pieces	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Breakfast bars, granola bars, Power Bars or other energy 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"/>	How many	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Cooked cereals 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"/>	Which bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
High-fiber cereals like All Bran, Raisin Bran, Fruit-n-Fiber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Which high-fiber cereal do you eat most often? **MARK ONLY ONE:** All Bran or Bran Buds Raisin Bran Fiber One, Fruit-n-Fiber, etc. Something else I don't know I don't eat it

Product 19, Just Right or Total 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"/>	Which bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Any other cold cereal, like Corn Flakes, Cheerios, Special K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Milk or milk substitutes 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"/>	How many oz. on cereal	<input type="radio"/> 3 oz.	<input type="radio"/> 4-5 oz.	<input type="radio"/> 6-7 oz.	<input type="radio"/> 8+ oz.
Yogurt or frozen yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cheese, sliced cheese or cheese spread, 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"/>	How many slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
When you eat cheese, is it	<input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't eat													

Please use a #2 pencil for this form

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HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										A	B	C	D	
How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry, at home or in a restaurant?														
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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Carrots, or mixed vegetables or stews 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Green beans or green 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Spinach	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	How much	<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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
White potatoes not fried, incl. 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Sweet potatoes, yams (Not in 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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Raw tomatoes, including in 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"/>	<input type="radio"/>	How much	<input type="radio"/> 1/4	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2
Salad dressing	<input type="radio"/>	<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 Tbsp.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Is your salad dressing <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't use														
Any other vegetable, like okra, squash, cooked green peppers	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
Refried beans or bean burritos	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Baked beans, black-eye peas, pintos, any other dried 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Vegetable 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"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	
Vegetable soup, vegetable beef, chicken vegetable, 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"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	
Split pea, bean or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	
Any other soup, like chicken noodle, chowder, mushroom, instant 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"/>	<input type="radio"/>	Which Bowl	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	
Spaghetti, lasagna or 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Cheese dishes <u>without</u> 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Pizza, including carry-out	<input type="radio"/>	<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 slices	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

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SERIAL #

HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME			
										SEE PORTION SIZE PICTURES FOR A-B-C-D			

Do you ever eat chicken, turkey, meat or fish? Yes No IF NO, SKIP TO NEXT PAGE

Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much meat	<input type="checkbox"/> 1/8 lb.	<input type="checkbox"/> 1/4 lb.	<input type="checkbox"/> 1/2 lb.	<input type="checkbox"/> 3/4 lb.
Tacos, burritos, enchiladas, tamales, etc. with meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Beef steaks, roasts, pot roast, beef barbecue, or in frozen dinners or sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Pork, pork chops, pork roasts, pork barbecue, dinner ham or in frozen dinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

When you eat meat, do you Avoid eating the fat Sometimes eat the fat Often eat the fat I don't eat meat

Veal, lamb or deer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Ribs, spareribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many ribs	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-6	<input type="checkbox"/> 7-8	<input type="checkbox"/> 9+
Liver, including chicken livers or liverwurst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Gizzard, pork neckbones, chitlins, pigs feet, oxtail, tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with beef or pork, like stew, corned beef hash, stuffed cabbage, meat dish with noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with chicken, like chicken casserole, chicken & noodles, pot pie or in stir-fry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried chicken or chicken nuggets, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# medium pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

When you eat chicken, do you Avoid eating the skin Sometimes eat the skin Often eat the skin I don't eat chicken

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
Oysters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other shellfish like shrimp, scallops, crabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Tuna, tuna salad, tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much of the tuna	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried fish or fish sandwich, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other fish, not fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Hot dogs, or sausage like Polish, Italian or chorizos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Are your hot dogs Usually low-fat Sometimes low-fat Hardly ever low-fat Don't know/don't eat them

Boloney, sliced ham, turkey lunch meat, other lunch meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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Are your lunch meats Usually low-fat or turkey Sometimes low-fat Hardly ever low-fat I don't eat lunch meat

Menudo, pozole, caldo de res, sancocho, ajiaco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
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HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How much	A	B	C	D
Noodles, macaroni, pasta 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"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Chinese food, Thai or other Asian food, not counted 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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Snacks like potato chips, corn chips, popcorn (not pretzels)	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Are these snacks <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't eat														
Peanuts, other nuts or seeds	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Doughnuts, Danish 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"/>	How many	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Cake, sweet rolls, coffee cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Are they <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't eat														
Cookies	<input type="radio"/>	<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	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+
Are your cookies <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't eat														
Ice cream, ice milk, ice cream 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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Is your ice cream <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> I don't know/don't eat														
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"/>	How many slices	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Any other pie or cobbler	<input type="radio"/>	<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 slices	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
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"/>	How many bars	<input type="radio"/> 1 small	<input type="radio"/> 1 medium	<input type="radio"/> 1 large	<input type="radio"/> 2 large
Other candy, not chocolate, like hard candy, caramel, jelly 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"/>	<input type="radio"/>	How many pieces	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+

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Soy Foods

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HOW OFTEN IN THE PAST 12 MONTHS	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										A	B	C	D	
How often do you eat each of the following foods?														
Tofu, bean curd, or tempeh	<input type="radio"/>	<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 much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Meat substitutes <u>made from soy</u> , including Morningstar Farms or Boca Burgers, vegetarian hot dogs, vegetarian lunch meats, or soy cheese.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Soy milk, any flavor	<input type="radio"/>	<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 glasses on those days	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Energy bars, including Luna, Oasis, Protein Plus or 'Tiger's Milk'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Miso 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"/>	Which bowl	<input type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Soy 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"/>	<input type="radio"/>	# Tbsp.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Edamame, boiled green 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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Soynuts, 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"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
<u>Soy</u> protein powder	<input type="radio"/>	<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 scoops	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Soy isoflavone tablets or capsules	<input type="radio"/>	<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 pills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3-4	<input type="radio"/> 5+
Flaxseeds	<input type="radio"/>	<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. each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Flaxseed oil	<input type="radio"/>	<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. each time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Flaxseed meal	<input type="radio"/>	<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. each time	<input type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5-6	<input type="radio"/> 7+
In the past year have you made an effort to include soy foods or supplements in your diet? <input type="radio"/> NO <input type="radio"/> YES														

Cooking Practices (continued)

The following questions are about how meats or chicken are usually prepared. We realize people often cook by more than one method, but please choose only one response that represents what you do most often.

Please use a #2 pencil for this form

When you eat steak, how is it usually cooked? Don't eat steak Pan Fried Oven broiled Grilled or barbecued

When you eat steak how well done is it usually cooked? Don't eat steak Medium rare Medium well done Very well done
 Rare Medium Well done Charred

When you eat hamburger, how is it usually cooked? Don't eat hamburger Pan Fried Oven broiled Grilled or barbecued

When you eat hamburger, how well done is it usually cooked? Don't eat hamburger Medium rare Medium well done Very well done
 Rare Medium Well done Charred

Not counting fried chicken, when you eat chicken, how is it usually cooked? Don't eat chicken Roasted or baked Grilled or barbecued
 Only eat fried chicken Oven broiled Stewed or boiled

When you eat pork chops, how are they usually cooked? Don't eat pork chops Pan Fried Oven broiled
 Baked Grilled or barbecued

When you eat pork chops, how well done are they usually cooked? Don't eat pork chops Just until done Very well done
 Well done Charred

When you eat bacon or sausage, how well done is it usually cooked? Don't eat bacon or sausage Well done or crisp
 Just until done Charred

How often do you eat meat, fish, or poultry that has been grilled or barbecued over coals, open fire, or ceramic briquettes? Never 1-2 times per week 1 time per day
 1 time per month or less 3-4 times per week 2 or more times per day
 2-3 times per month 5-6 times per week

When you eat grilled or barbecued meat, fish, or poultry, how often is it **charred** on the surface? Never grill or barbecue meat About half the time
 Almost never or never charred Frequently charred
 Occasionally charred Almost always or always

When you eat pan-fried or oven-broiled meat, how often is it **well-browned** on the surface? Never fry or broil meat About half the time
 Almost never or never well-browned Frequently
 Occasionally well-browned Almost always or always

How often do you eat garlic or food prepared with garlic, either raw or cooked? DO NOT include garlic capsules or pills. Never 1-2 times per week 1 time per day
 1 time per month or less 3-4 times per week 2 or more times per day
 2-3 times per month 5-6 times per week

How often do you eat foods containing turmeric or curcumin, such as curries, rice and potato dishes or mustard? Please do not include turmeric capsules. Never 1-2 times per week 1 time per day
 1 time per month or less 3-4 times per week 2 or more times per day
 2-3 times per month 5-6 times per week

Childhood Diet

Think back to when you were about 10 years old, remembering where you lived, who lived with you, and who did the cooking. Think about the whole year and average out the number of times that you may have eaten a particular type of food. Answer each question as best you can.

Please use a #2 pencil for this form

HOW OFTEN WHEN YOU WERE 10 YEARS OLD	NEVER	LESS than ONCE per WEEK	ONCE per WEEK	MORE than ONCE per WEEK	EVERY DAY	2 or MORE TIMES per DAY
About how often did you eat "fast" foods like hamburgers, hot dogs, French fries, pizza, or tacos?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat meat like beef, chicken, duck, lamb, or pork, including meat in mixed dishes like stew, meatloaf, or casseroles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat fish, seafood, or tuna including canned tuna?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat processed meat like bacon, salami, hot dogs, bologna, or other luncheon meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat organ meats like liver, kidney, or brain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT including MILK, about how often did you have a serving of dairy products like cheese, yogurt or cottage cheese? (A serving is equal to about an ounce of cheese.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat a serving of fruit either canned, fresh, frozen, or as 100% juice? (A serving is equal to one medium apple or a half-cup of cut up fruit.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat a serving of vegetables either canned, fresh, frozen, or as 100% vegetable juice? Do NOT include potatoes or french fries but DO include salads, corn, green beans and other vegetables. (A serving is equal to about a half cup of cooked vegetables or a whole carrot.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat or drink soy milk, tofu, miso soup, or Chinese black bean sauce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat dried apricots, alfalfa sprouts, soybeans or sprouts, refried beans, or pinto beans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat garlic or food prepared with garlic, either raw or cooked? Please do NOT include garlic capsules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat bread made with white flour such as white bread, biscuits, flour tortillas, and bagels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat cereal, either hot or cold, pancakes, waffles, or French toast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat rice, noodles, pasta (like macaroni or spaghetti), or potatoes cooked any way. Do NOT include sweet potatoes or yams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat sweets or desserts, including ice cream, candy, and pastries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often did you eat salty snacks like potato chips, crackers, pretzels, peanuts, or popcorn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Childhood Diet (continued)

Which fats or oils were usually used for cooking when you were 10 years old?
(Mark all that apply.)

- | | |
|--|---|
| <input type="radio"/> Margarine (stick or tub) | <input type="radio"/> Corn oil or vegetable oil |
| <input type="radio"/> Butter | <input type="radio"/> Canola oil |
| <input type="radio"/> Crisco | <input type="radio"/> Oil spray like Pam |
| <input type="radio"/> Lard, fatback, bacon fat, or chicken fat | <input type="radio"/> Other kinds of oils like peanut or sesame oil |
| <input type="radio"/> Olive oil | <input type="radio"/> None of the above |

Which fats were usually added after cooking to vegetables, potatoes or at the table when you were 10 years old?
(Mark all that apply.)

- | | |
|--|---|
| <input type="radio"/> Margarine (stick or tub) | <input type="radio"/> Corn oil or vegetable oil |
| <input type="radio"/> Butter | <input type="radio"/> Canola oil |
| <input type="radio"/> Crisco | <input type="radio"/> Oil spray like Pam |
| <input type="radio"/> Lard, fatback, bacon fat, or chicken fat | <input type="radio"/> Other kinds of oils like peanut or sesame oil |
| <input type="radio"/> Olive oil | <input type="radio"/> None of the above |

About how often did you have a glass of milk when you were 10 years old?

- | | |
|--|-------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 2-3/day |
| <input type="radio"/> Several times a week | <input type="radio"/> 4-5/day |
| <input type="radio"/> 1/day | <input type="radio"/> 6 or more/day |

Please think back to the years before you turned 21.
Which (if any) of these diets did you follow for longer than a month?

PLEASE MARK ALL THAT APPLY.

How long did you follow this diet?

How old were you when you first followed this diet?

	How long did you follow this diet?			How old were you when you first followed this diet?		
	<8 weeks	8 weeks - 1 year	More than 1 year	<10 years	10 – 15 years	16 – 21 years
<input type="radio"/> Part-Vegetarian or Semi-Vegetarian -- eating no red or white meat (beef, pork, venison, etc.), but sometimes eating poultry and fish, or fats, oils, gelatin and other products that come from animals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Ovo-Lacto Vegetarian -- eating eggs and dairy products and maybe meat by-products (e.g. fats, gelatin) but no meat or flesh of any kind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Vegan Vegans are strict vegetarians. They eat <i>only</i> plant foods - no animal products, no eggs, no dairy, no honey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Macrobiotic Vegetarian -- eating no meat, poultry, dairy products, or eggs, but sometimes eating fish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you use the pictures to choose your serving size on this form? Yes No I didn't have any pictures.

Thank you very much for filling out this questionnaire.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #