Thank you for agreeing to participate in our study. As you may recall from the introductory letter, the purpose of this study is to examine factors related to the health of adults in the U.S. We will be discussing a variety of topics, including your past health, your past diet and other health habits. I want to remind you that your participation is voluntary and that all the information collected will be kept completely confidential. Neither your name nor any identifying information will appear on any report of the study. If there is any question you do not wish to answer, just let me know and I will go on to the next question. Unless you have any questions, I will begin the interview now.

ADMINISTER CONSENT FORM.

   9 R [SORY]
A001 I’d like to begin by asking you some questions about your background.  What is your date of birth?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

98  DK

A002 What is the highest grade or year of school or college that you have completed?

1  EIGHTH GRADE OR LESS
2  TRADE SCHOOL OR BUSINESS SCHOOL INSTEAD OF HIGH SCHOOL
3  SOME HIGH SCHOOL
4  HIGH SCHOOL GRADUATE OR GED
5  TRADE SCHOOL OR BUSINESS SCHOOL AFTER GRADUATING FROM HIGH SCHOOL
6  SOME COLLEGE INCLUDING 2 YEAR DEGREES
7  RECEIVED BACHELOR’S DEGREE
8  GRADUATE OR PROFESSIONAL EDUCATION BEYOND THE BACHELOR’S DEGREE
9  GRADUATE OR PROFESSIONAL DEGREE
98  DK

A003 Please look at this card (SHOW CARD) and tell me what is your race?

1  WHITE, NOT OF HISPANIC ORIGIN
2  WHITE, HISPANIC
3  BLACK, NOT OF HISPANIC ORIGIN
4  BLACK, HISPANIC
5  ASIAN OR PACIFIC ISLANDER (SORRY)
6  AMERICAN INDIAN OR ALASKA NATIVE (SORRY)
7  OTHER (SPECIFY) __________________________
8  DK
A004 Are you currently married, living as married, widowed, divorced, separated, or never married?

1  MARRIED
2  LIVING AS MARRIED
3  WIDOWED
4  DIVORCED
5  SEPARATED
6  NEVER MARRIED
8  DK

A005 Whether or not you attend church regularly, what is your religious preference? Are you:

(INTV: READ RESPONSE STEMS)

1  Catholic,
2  Protestant,
3  LDS,
4  Jewish,
5  Seventh-day Adventist,
6  Some other religion or
7  Have no religious preference?
8  DK

A006 During the last five years, which of the following statements best describes your attendance at religious services or meetings? Do you:

(INTV: READ RESPONSES)

1  Never attend,
2  Attend less than one service or meeting per month,
3  Attend one to three services or meetings per month or
4  Attend one or more services or meetings per week?
8  DK

A007 INTV: ENTER SEX

1  MALE
2  FEMALE

GO TO SECTION B, MEDICAL HISTORY
SECTION B
MEDICAL HISTORY

The next part of the questionnaire asks questions about your health and medical history.

<table>
<thead>
<tr>
<th>Did a doctor ever tell you that you have, or have had (CONDITION)?</th>
<th>In what year were you first told by a doctor that you had (CONDITION)?</th>
<th>Was it treated with surgery?</th>
</tr>
</thead>
</table>
| B001 familial polyposis an inherited condition in which you and other family members have had numerous colon polyps | B002 familial polyposis
1  YES (B002)
3  NO (B004)
8  DK (B004) | B003
1  YES
3  NO
8  DK |
| B004 a colon or rectal polyp (excluding familial polyposis) | B005 a colon or rectal polyp
1  YES (B005)
3  NO (B007)
8  DK (B007) | B006
1  YES
3  NO
8  DK |
| B007 ulcerative colitis | B008 ulcerative colitis
1  YES (B008)
3  NO (B010)
8  DK (B010) | B009
1  YES
3  NO
8  DK |
| B010 any other diseases of the colon or large bowel | B011 other diseases of the colon or large bowel
1  YES (B011)
3  NO (B013)
8  DK (B013) | B012
1  YES
3  NO
8  DK |
| B013 lactose intolerance or the inability to properly digest milk | B014 lactose intolerance
1  YES (B014)
3  NO (B015)
8  DK (B015) |  |

B015 Before (REFERENT DATE), on the average, how many bowel movements did you have per week?

____ ENTER NUMBER
998  DK

B016 Before (REFERENT DATE) were you ever diagnosed as having any type of cancer?

1  YES (B017)
3  NO (B025)
8  DK (B025)
### FIRST CANCER

<table>
<thead>
<tr>
<th>B017</th>
<th>01</th>
<th>SKIN (NOT MELANOMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>LUNG</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td></td>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td></td>
<td>09</td>
<td>OVARY</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>MELANOMA</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGANS, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>OTHER CANCER (SPECIFY)</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>RESPONDENT HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>UNKNOWN IF RESPONDENT HAD CANCER</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>CANCER OF THE LARGE BOWEL (COLON/RECTUM), SITE UNKNOWN</td>
</tr>
</tbody>
</table>

### SECOND CANCER

<table>
<thead>
<tr>
<th>B020</th>
<th>01</th>
<th>SKIN (NOT MELANOMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>LUNG</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td></td>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td></td>
<td>09</td>
<td>OVARY</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>MELANOMA</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGANS, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>OTHER CANCER (SPECIFY)</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>RESPONDENT HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>UNKNOWN IF RESPONDENT HAD CANCER</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>CANCER OF THE LARGE BOWEL (COLON/RECTUM), SITE UNKNOWN</td>
</tr>
</tbody>
</table>

### THIRD CANCER

<table>
<thead>
<tr>
<th>B023</th>
<th>01</th>
<th>SKIN (NOT MELANOMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td></td>
<td>04</td>
<td>LUNG</td>
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<tr>
<td></td>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td></td>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td></td>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td></td>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td></td>
<td>09</td>
<td>OVARY</td>
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<td>10</td>
<td>MELANOMA</td>
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<tr>
<td></td>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGANS, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>OTHER CANCER (SPECIFY)</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>RESPONDENT HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>UNKNOWN IF RESPONDENT HAD CANCER</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>CANCER OF THE LARGE BOWEL (COLON/RECTUM), SITE UNKNOWN</td>
</tr>
</tbody>
</table>

### How old were you when this cancer was diagnosed?

<table>
<thead>
<tr>
<th>B018</th>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>DK</td>
</tr>
</tbody>
</table>

### Before (REFERENT DATE) did you have any other cancer?

<table>
<thead>
<tr>
<th>B019</th>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES (B020)</td>
</tr>
<tr>
<td>3</td>
<td>NO (B025)</td>
</tr>
<tr>
<td>8</td>
<td>DK (B020)</td>
</tr>
</tbody>
</table>

### Before (REFERENT DATE) have you every had surgery for removal of all or part of your (PART)?

#### Stomach

<table>
<thead>
<tr>
<th>B025</th>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES (B026)</td>
</tr>
<tr>
<td>3</td>
<td>NO (B027)</td>
</tr>
<tr>
<td>8</td>
<td>DK (B027)</td>
</tr>
</tbody>
</table>

#### Intestines or Colon

<table>
<thead>
<tr>
<th>B027</th>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES (B028)</td>
</tr>
<tr>
<td>3</td>
<td>NO (B029)</td>
</tr>
<tr>
<td>8</td>
<td>DK (B029)</td>
</tr>
</tbody>
</table>

#### Gall Bladder

<table>
<thead>
<tr>
<th>B029</th>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES (B030)</td>
</tr>
<tr>
<td>3</td>
<td>NO (B031)</td>
</tr>
<tr>
<td>8</td>
<td>DK (B031)</td>
</tr>
</tbody>
</table>

### In what year was the surgery performed?

<table>
<thead>
<tr>
<th>B026</th>
<th>ENTER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B028</th>
<th>ENTER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B030</th>
<th>ENTER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Have you ever taken (MEDICINE) regularly? By regularly, I mean at least 3 times a week for at least 1 month.</td>
<td>B031</td>
</tr>
<tr>
<td>At about what age did you start taking (MEDICINE)</td>
<td>B036</td>
</tr>
<tr>
<td>About how long did you take (MEDICINE)</td>
<td>B040</td>
</tr>
<tr>
<td>Are you presently taking (MEDICINE)</td>
<td>B044</td>
</tr>
<tr>
<td>B048 preludin or phenmetrazine, which is one particular kind of reducing pill to cut down your appetite</td>
<td>B051</td>
</tr>
<tr>
<td>B055 other nonsteroidal anti-inflammatory drugs or arthritis medicines such as Motrin, Clinoril, Naprosyn, or Feldene</td>
<td>B056</td>
</tr>
<tr>
<td>In your whole life, have you ever taken penicillin for more than 30 days?</td>
<td>B059</td>
</tr>
</tbody>
</table>

1 YES  
3 NO  
8 DK
SECTION C
PHYSICAL ACTIVITY

CTX1 Now, I am going to ask about your level of physical activity. I will ask about your level of physical activity at work and then at leisure and at home.

C001 Between (FILL REFERENT PERIOD) were you employed at a job for pay, either full-time or part-time including self employment?

1 YES
3 NO (C039)
8 DK (C039)
9 R (C039)

C002 What was your complete job title?

8 DK
9 R

C003 In what kind of business or industry did you work; that is, what product was made or what service was given?

8 DK
9 R

C004 What were your main duties on that job?

8 DK
9 R

C005 In what month and year did you start working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
8 DK
9 R

C006 In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
6 STILL WORKING
8 DK
9 R

C007 Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C010)
8 DK (C010)
9 R (C010)
C008 Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS

98  DK  
99  R  

C009 Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS

998  DK  
999  R  

C010 Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1  YES  
3  NO  (C013)  
8  DK  (C013)  
9  R  (C013)  

C011 Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS

98  DK  
99  R  

C012 Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS

998  DK  
999  R  

C013 Between (FILL REFERENT PERIOD) were you employed at any other job for pay, either full-time or part-time including self employment?

1  YES  
3  NO  (C039)  
8  DK  (C039)  
9  R  (C039)  

C014 What was your complete job title?

8  DK  
9  R  

C015 In what kind of business or industry did you work; that is, what product was made or what service was given?

8  DK  
9  R  
C016 What were your main duties on that job?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
</tr>
</tbody>
</table>

C017 In what month and year did you start working at this job?

<table>
<thead>
<tr>
<th>ENTER MONTH AND YEAR: ___MONTH ___YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 DK</td>
</tr>
<tr>
<td>9 R</td>
</tr>
</tbody>
</table>

C018 In what month and year did you stop working at this job?

<table>
<thead>
<tr>
<th>ENTER MONTH AND YEAR: ___MONTH ___YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 STILL WORKING</td>
</tr>
<tr>
<td>8 DK</td>
</tr>
<tr>
<td>9 R</td>
</tr>
</tbody>
</table>

SECTION C

PHYSICAL ACTIVITY

CTX1 Now, I am going to ask about your level of physical activity. I will ask about your level of physical activity at work and then at leisure and at home.

C001 Between (FILL REFERENT PERIOD) were you employed at a job for pay, either full-time or part-time including self employment?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>3</td>
<td>NO (C039)</td>
</tr>
<tr>
<td>8</td>
<td>DK (C039)</td>
</tr>
<tr>
<td>9</td>
<td>R (C039)</td>
</tr>
</tbody>
</table>

C002 What was your complete job title?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
</tr>
</tbody>
</table>

C003 In what kind of business or industry did you work; that is, what product was made or what service was given?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
</tr>
</tbody>
</table>

C004 What were your main duties on that job?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
</tr>
</tbody>
</table>

C005 In what month and year did you start working at this job?

<table>
<thead>
<tr>
<th>ENTER MONTH AND YEAR: ___MONTH ___YR</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 DK</td>
</tr>
<tr>
<td>9 R</td>
</tr>
</tbody>
</table>
In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: __MONTH__ _YR
6 STILL WORKING
8 DK
9 R

Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C010)
8 DK (C010)
9 R (C010)

Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C013)
8 DK (C013)
9 R (C013)

Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

Between (FILL REFERENT PERIOD) were you employed at any other job for pay, either full-time or part-time including self employment?
1  YES
3  NO  (C039)
8  DK  (C039)
9  R  (C039)

C014 What was your complete job title?

8  DK
9  R

C015 In what kind of business or industry did you work; that is, what product was made or what service was given?

8  DK
9  R

C016 What were your main duties on that job?

8  DK
9  R

C017 In what month and year did you start working at this job?

ENTER MONTH AND YEAR:  __MONTH  __YR
8  DK
9  R

C018 In what month and year did you stop working at this job?

ENTER MONTH AND YEAR:  __MONTH  __YR
6  STILL WORKING
8  DK
9  R

C019 Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1  YES
3  NO  (C022)
8  DK  (C022)
9  R  (C022)

C020 Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98  DK
99  R

C021 Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?
Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1  YES  
3  NO   (C025)  
8  DK   (C025)  
9  R    (C025)

Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS

98  DK  
99  R

Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS

998  DK  
999  R

Between (FILL REFERENT PERIOD) were you employed at any other job for pay, either full-time or part-time including self employment?

1  YES  
3  NO   (C039)  
8  DK   (C039)  
9  R    (C039)

What was your complete job title?

8  DK  
9  R

In what kind of business or industry did you work; that is, what product was made or what service was given?

8  DK  
9  R

What were your main duties on that job?

8  DK  
9  R

In what month and year did you start working at this job?

ENTER MONTH AND YEAR:  __MONTH __YR
8 DK
9 R

**C030** In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: ___MONTH ___YR
6 STILL WORKING
8 DK
9 R

**C031** Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C034)
8 DK (C034)
9 R (C034)

**C032** Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

**C033** Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

**C034** Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C037)
8 DK (C037)
9 R (C037)

**C035** Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

**C036** Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

**C037** Between (FILL REFERENT PERIOD) were you working either fewer hours or at a lower physical effort because of injury, a recent illness or a long-term disease?
1  YES, INJURY  (C038)
3  YES, RECENT ILLNESS  (C038)
5  YES, LONG TERM ILLNESS  (C038)
7  NO  (C075)
8  DK  (C075)
9  R  (C075)

C038In what year did this change occur?

ENTER YEAR
98  DK
99  R
(C075)

C039Before (FILL REFERENT DATE), since age 18, have you ever been employed at a job for pay, either full-time or part-time including self employment?

1  YES
3  NO  (C081)
8  DK  (C081)
9  R  (C081)

C040What was your complete job title for the last job you held?

8  DK
9  R

C041In what kind of business or industry did you work; that is, what product was made or what service was given?

8  DK
9  R

C042What were your main duties on that job?

8  DK
9  R

C043In what month and year did you start working at this job?

ENTER MONTH AND YEAR:  __MONTH  __YR
8  DK
9  R

C044In what month and year did you stop working at this job?

ENTER MONTH AND YEAR:  __MONTH  __YR
8  DK
9  R

C045Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying
 heavy objects at this job?

1 YES
3 NO (C048)
8 DK (C048)
9 R (C048)

Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C051)
8 DK (C051)
9 R (C051)

Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R
C050 Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C051 Between (FILL LAST YEAR EMPLOYED) were you employed at any other job for pay, either full-time or part-time including self employment?

1 YES
3 NO (C075)
8 DK (C075)
9 R (C075)

C052 What was your complete job title?

8 DK
9 R

C053 In what kind of business or industry did you work; that is, what product was made or what service was given?

8 DK
9 R

C054 What were your main duties on that job?

8 DK
9 R

C055 In what month and year did you start working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
8 DK
9 R

C056 In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
8 DK
9 R
Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1  YES
3  NO  (C060)
8  DK  (C060)
9  R  (C060)

Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98  DK
99  R

Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998  DK
999  R

Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1  YES
3  NO  (C063)
8  DK  (C063)
9  R  (C063)

Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98  DK
99  R

Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998  DK
999  R

Between (FILL LAST YEAR EMPLOYED) were you employed at any other job for pay, either full-time or part-time including self employment?

1  YES
3  NO  (C075)
8  DK  (C075)
9  R  (C075)
C064 What was your complete job title?

8 DK
9 R

C065 In what kind of business or industry did you work; that is, what product was made or what service was given?

8 DK
9 R

C066 What were your main duties on that job?

8 DK
9 R

C067 In what month and year did you start working at this job?

ENTER MONTH AND YEAR: _MONTH__YR
8 DK
9 R

C068 In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: _MONTH__YR
8 DK
9 R

C069 Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C072)
8 DK (C072)
9 R (C072)

C070 Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C071 Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R
C072 Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1  YES
3  NO  (C075)
8  DK  (C075)
9  R  (C075)

C073 Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98  DK
99  R

C074 Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998  DK
999  R

(Screen all ever employed since age 18 for age now—if employed during the RP then do not ask about 60 if 62 or less now, do not ask 45 if 47 or less now and 30 if 32 or less now. If last yr employed is outside of the RP, the R will skip the question if age at the beginning the last year employed is less than or equal to the age we are asking about)

C075 Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 60 years old. Would it be: less, about the same or more physical activity?

1  LESS PHYSICAL ACTIVITY
3  ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C077)
5  MORE PHYSICAL ACTIVITY
7  NOT WORKING AT 60  (C077)
8  DK  (C077)
9  R  (C077)

C076 What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT
98  DK
99  R
Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 45 years old. Would it be:  less, about the same, or more physical activity?

1 LESS PHYSICAL ACTIVITY  
3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C079)  
5 MORE PHYSICAL ACTIVITY  
7 NOT WORKING AT 45 (C079)  
8 DK (C079)  
9 R (C079)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT
98 DK  
99 R

Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 30 years old. Would it be:  less, about the same, or more physical activity?

1 LESS PHYSICAL ACTIVITY  
3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C081)  
5 MORE PHYSICAL ACTIVITY  
7 NOT WORKING AT 30 (C081)  
8 DK (C081)  
9 R (C081)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT
98 DK  
99 R

Between (FILL REFERENT PERIOD), how many flights of stairs per week did you climb? A flight of stairs is ten steps.

ENTER NUMBER
998 DK  
999 R

Between (FILL REFERENT PERIOD), how many hours of sleep did you get on an average day?

ENTER NUMBER
98 DK  
99 R
The next questions ask about your level of physical activity at leisure and around the house between (FILL REFERENT PERIOD). Do not include any occupational activities which you just mentioned.

For each activity indicate whether you performed the activity between (FILL REFERENT PERIOD). Answer "yes" only for those activities performed for an hour or more during any month. Consider the time spent in the activity only. For example, riding a chairlift skiing is not considered time skiing; sitting by a swimming pool should not be included in time spent swimming.

Did you perform any of the following activities at a MODERATE PACE for at least one hour total time in any month between (FILL REFERENT PERIOD)? Moderate activities are those which are done at a more moderate pace than are more strenuous activities, or those which make you sweat or get out of breathe.

Did you perform sports at a moderate pace such as softball, shooting baskets, swimming, skiing, bowling or golfing?

1  YES
3  NO
8  DK
9  R

Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98  DK
99  R

What was the average time per session you performed this activity?

(ENTER NUMBER)
98  DK
99  R

What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98  DK
99  R

Did you perform moderate paced walks or hikes?

1  WEEK
3  MONTH
8  DK
9  R
1  YES
3  NO (C091)
8  DK (C091)
9  R (C091)

C088 Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98  DK
99  R

C089 What was the average time per session you performed this activity?

(ENTER NUMBER)
98  DK
99  R

089CINTV:  ENTER MINUTES/HOURS

1  MINUTES
3  HOURS
8  DK
9  R

C090 What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98  DK
99  R

090CINTV:  ENTER WEEK/MONTH

1  WEEK
3  MONTH
8  DK
9  R

C091 Did you perform moderate paced home exercise, calisthenics or dancing?

1  YES
3  NO (C095)
8  DK (C095)
9  R (C095)

C092 Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98  DK
99  R

C093 What was the average time per session you performed this activity?

(ENTER NUMBER)
98  DK
99  R

093CINTV:  ENTER MINUTES/HOURS
What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)

Did you perform moderate paced home maintenance, gardening, painting, raking, sweeping, mowing with a power mower, cleaning or vacuuming?

1 YES
3 NO (C099)
8 DK (C099)
9 R (C099)

Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)

What was the average time per session you performed this activity?

(ENTER NUMBER)

What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)

What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)

1 MINUTES
3 HOURS
8 DK
9 R

094CINTV: ENTER WEEK/MONTH

1 WEEK
3 MONTH
8 DK
9 R

094CINTV: ENTER WEEK/MONTH

1 WEEK

Of the following activities, which ones did you perform at a STRENUEOUS OR VIGOROUS PACE for at least one hour total time in any month between (FILL REFERENT PERIOD):

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C099</th>
<th>C100</th>
<th>C101</th>
<th>C102</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform vigorous racket sports and other strenuous sports such as tennis, squash or basketball?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C103</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C103</th>
<th>C104</th>
<th>C105</th>
<th>C106</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform jogging, running or biking?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C107</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C107</th>
<th>C108</th>
<th>C109</th>
<th>C110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform vigorous exercise class or vigorous dance</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C111</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C111</th>
<th>C112</th>
<th>C113</th>
<th>C114</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform weightlifting or use of exercise machines?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C115</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C115</th>
<th>C116</th>
<th>C117</th>
<th>C118</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform hiking uphill or backpacking?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C119</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C119</th>
<th>C120</th>
<th>C121</th>
<th>C122</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform vigorous swimming?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C123</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>C123</th>
<th>C124</th>
<th>C125</th>
<th>C126</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform scrubbing floors or mowing lawn with a non-power mower?</td>
<td>YES</td>
<td>ENTER NUMBER</td>
<td>98 DK</td>
<td>99 R</td>
</tr>
<tr>
<td>NO</td>
<td>C127</td>
<td>DK</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>9 R (C127)</td>
<td>99 R</td>
<td>99 R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>C127 Did you perform chopping or splitting wood, gardening with heavy tools or other heavy labor such as shoveling dirt?</td>
<td>C128 (ENTER NUMBER)</td>
<td>C130</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td>98 DK</td>
<td>98 DK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 NO (C131)</td>
<td>99 R</td>
<td>99 R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 DK (C131)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 R (C131)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C131 Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD) how would you describe your leisure time and home activity when you were 60 years old. Would it be: less, about the same or more physical activity?

1 LESS PHYSICAL ACTIVITY  
3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C133)  
5 MORE PHYSICAL ACTIVITY  
8 DK (C133)  
9 R (C133)

C132 What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT  
98 DK  
99 R

C133 Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD), how would you describe your leisure time and home activity when you were 45 years old. Would it be: less, about the same or more physical activity?

1 LESS PHYSICAL ACTIVITY  
3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C135)  
5 MORE PHYSICAL ACTIVITY  
8 DK (C135)  
9 R (C135)

C134 What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT  
98 DK  
99 R

C135 Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD), how would you describe your leisure time and home activity when you were 30 years old. Would it be: less, about the same or more physical activity?

1 LESS PHYSICAL ACTIVITY  
3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (NEXT SECTION)  
5 MORE PHYSICAL ACTIVITY  
8 DK (NEXT SECTION)  
9 R (NEXT SECTION)

C136 What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT  
98 DK  
99 R (ALL RESPONDENTS GO TO SECTION D: DIET HISTORY WHICH IS NOT BEING PROGRAMMED ON CASES)

C019 Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
C020 Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C021 Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C022 Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C025)
8 DK (C025)
9 R (C025)

C023 Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C024 Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C025 Between (FILL REFERENT PERIOD) were you employed at any other job for pay, either full-time or part-time including self employment?

1 YES
3 NO (C039)
8 DK (C039)
9 R (C039)

C026 What was your complete job title?

8 DK
9 R

C027 In what kind of business or industry did you work; that is, what product was made or what service was given?
What were your main duties on that job?

In what month and year did you start working at this job?

In what month and year did you stop working at this job?

Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

Between (FILL REFERENT PERIOD), in how many months did you perform moderate activity at this job?

Between (FILL REFERENT PERIOD), on average, how many hours per week did you perform moderate activity at this job?

Please look at this card and tell me, between (FILL REFERENT PERIOD), did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

Between (FILL REFERENT PERIOD), in how many months did you perform vigorous activity at this job?
Enter number of months

98 DK
99 R

Between (fill referent period), on average, how many hours per week did you perform vigorous activity at this job?

Enter number of hours

998 DK
999 R

Between (fill referent period) were you working either fewer hours or at a lower physical effort because of injury, a recent illness or a long-term disease?

1 Yes, injury (C038)
3 Yes, recent illness (C038)
5 Yes, long term illness (C038)
7 No (C075)
8 DK (C075)
9 R (C075)

In what year did this change occur?

Enter year

98 DK
99 R
(C075)

Before (fill referent date), since age 18, have you ever been employed at a job for pay, either full-time or part-time including self employment?

1 Yes
3 No (C081)
8 DK (C081)
9 R (C081)

What was your complete job title for the last job you held?

8 DK
9 R

In what kind of business or industry did you work; that is, what product was made or what service was given?

8 DK
9 R

What were your main duties on that job?
C043In what month and year did you start working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
8 DK
9 R

C044In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
8 DK
9 R

C045Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C048)
8 DK (C048)
9 R (C048)

C046Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C047Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C048Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C051)
8 DK (C051)
9 R (C051)

C049Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R
C050 Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

**ENTER NUMBER OF HOURS**

- 998 DK
- 999 R

C051 Between (FILL LAST YEAR EMPLOYED) were you employed at any other job for pay, either full-time or part-time including self employment?

- 1 YES
- 3 NO (C075)
- 8 DK (C075)
- 9 R (C075)

C052 What was your complete job title?

- 8 DK
- 9 R

C053 In what kind of business or industry did you work; that is, what product was made or what service was given?

- 8 DK
- 9 R

C054 What were your main duties on that job?

- 8 DK
- 9 R

C055 In what month and year did you start working at this job?

**ENTER MONTH AND YEAR: **__MONTH__ YR

- 8 DK
- 9 R

C056 In what month and year did you stop working at this job?

**ENTER MONTH AND YEAR: **__MONTH__ YR

- 8 DK
- 9 R
C057Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C060)
8 DK (C060)
9 R (C060)

C058Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C059Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C060Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1 YES
3 NO (C063)
8 DK (C063)
9 R (C063)

C061Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98 DK
99 R

C062Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998 DK
999 R

C063Between (FILL LAST YEAR EMPLOYED) were you employed at any other job for pay, either full-time or part-time including self employment?

1 YES
3 NO (C075)
8 DK (C075)
9 R (C075)
What was your complete job title?

[8 DK]
[9 R]

In what kind of business or industry did you work; that is, what product was made or what service was given?

[8 DK]
[9 R]

What were your main duties on that job?

[8 DK]
[9 R]

In what month and year did you start working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
[8 DK]
[9 R]

In what month and year did you stop working at this job?

ENTER MONTH AND YEAR: __MONTH __YR
[8 DK]
[9 R]

Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?

1 YES
3 NO (C072)
[8 DK] (C072)
[9 R] (C072)

Between (FILL LAST YEAR EMPLOYED), in how many months did you perform moderate activity at this job?

ENTER NUMBER OF MONTHS
[98 DK]
[99 R]

Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform moderate activity at this job?

ENTER NUMBER OF HOURS
[998 DK]
[999 R]
C072 Please look at this card and tell me, between (FILL LAST YEAR EMPLOYED) did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?

1  YES
3  NO  (C075)
8  DK  (C075)
9  R  (C075)

C073 Between (FILL LAST YEAR EMPLOYED), in how many months did you perform vigorous activity at this job?

ENTER NUMBER OF MONTHS
98  DK
99  R

C074 Between (FILL LAST YEAR EMPLOYED), on average, how many hours per week did you perform vigorous activity at this job?

ENTER NUMBER OF HOURS
998  DK
999  R

(Screen all ever employed since Age 18 for age now--If employed during the RP then do not ask about 60 if 62 or less now, do not ask 45 if 47 or less now and 30 if 32 or less now. If last yr employed is outside of the RP, the R will skip the question if age at the beginning the last year employed is less than or equal to the age we are asking about)

C075 Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 60 years old. Would it be: less, about the same or more physical activity?

1  LESS PHYSICAL ACTIVITY
3  ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C077)
5  MORE PHYSICAL ACTIVITY
7  NOT WORKING AT 60  (C077)
8  DK  (C077)
9  R  (C077)

C076 What percent (FILL MORE OR LESS) would that be?

ENTER PER CENT
98  DK
99  R
Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 45 years old. Would it be: less, about the same or more physical activity?

1  LESS PHYSICAL ACTIVITY
3  ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C079)
5  MORE PHYSICAL ACTIVITY
7  NOT WORKING AT 45  (C079)
8  DK  (C079)
9  R  (C079)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT

98  DK
99  R

Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were 30 years old. Would it be: less, about the same or more physical activity?

1  LESS PHYSICAL ACTIVITY
3  ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C081)
5  MORE PHYSICAL ACTIVITY
7  NOT WORKING AT 30  (C081)
8  DK  (C081)
9  R  (C081)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT

98  DK
99  R

Between (FILL REFERENT PERIOD), how many flights of stairs per week did you climb? A flight of stairs is ten steps.

ENTER NUMBER

998  DK
999  R

Between (FILL REFERENT PERIOD), how many hours of sleep did you get on an average day?

ENTER NUMBER

98  DK
99  R
The next questions ask about your level of physical activity at leisure and around the house between (FILL REFERENT PERIOD). Do not include any occupational activities which you just mentioned.

For each activity indicate whether you performed the activity between (FILL REFERENT PERIOD). Answer "yes" only for those activities performed for an hour or more during any month. Consider the time spent in the activity only. For example, riding a chair lift skiing is not considered time skiing; sitting by a swimming pool should not be included in time spent swimming.

Did you perform any of the following activities at a moderate pace for at least one hour total time in any month between (FILL REFERENT PERIOD)? Moderate activities are those which are done at a more moderate pace than are more strenuous activities, or those which make you sweat or get out of breathe.

Did you perform sports at a moderate pace such as softball, shooting baskets, swimming, skiing, bowling or golfing?

- YES
- NO (C087)
- DK (C087)
- R (C087)

Between (FILL REFERENT PERIOD), in how many months was this activity performed?

- ENTER NUMBER
- DK
- R

What was the average time per session you performed this activity?

- ENTER MINUTES/HOURS
- MINUTES
- HOURS
- DK
- R

What was the average number of days per week or month you performed this activity?

- ENTER WEEK/MONTH
- WEEK
- MONTH
- DK
- R

Did you perform moderate paced walks or hikes?
C088 Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98 DK
99 R

C089 What was the average time per session you performed this activity?

(ENTER NUMBER)
98 DK
99 R

089CINTV: ENTER MINUTES/HOURS

1 MINUTES
3 HOURS
8 DK
9 R

C090 What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98 DK
99 R

090CINTV: ENTER WEEK/MONTH

1 WEEK
3 MONTH
8 DK
9 R

C091 Did you perform moderate paced home exercise, calisthenics or dancing?

1 YES
3 NO (C095)
8 DK (C095)
9 R (C095)

C092 Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98 DK
99 R

C093 What was the average time per session you performed this activity?

(ENTER NUMBER)
98 DK
99 R

093CINTV: ENTER MINUTES/HOURS
What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98 DK
99 R

Did you perform moderate paced home maintenance, gardening, painting, raking, sweeping, mowing with a power mower, cleaning or vacuuming?

1 YES
3 NO (C099)
8 DK (C099)
9 R (C099)

Between (FILL REFERENT PERIOD), in how many months was this activity performed?

(ENTER NUMBER)
98 DK
99 R

What was the average time per session you performed this activity?

(ENTER NUMBER)
98 DK
99 R

What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98 DK
99 R

What was the average number of days per week or month you performed this activity?

(ENTER NUMBER)
98 DK
99 R

1 WEEK
Of the following activities, which ones did you perform at a STRENUEOUS OR VIGOROUS PACE for at least one hour total time in any month between (FILL REFERENT PERIOD):

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Between (FILL REFERENT PERIOD), in how many months was this activity performed?</th>
<th>What was the average time per session you performed this activity?</th>
<th>What was the average number of days per week or month you performed this activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform vigorous racket sports and other strenuous sports such as tennis, squash or basketball?</td>
<td>C099 (YES 1 NO 3 DK 8 R 9)</td>
<td>C100 (ENTER NUMBER) 98 DK 99 R</td>
<td>C101 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform jogging, running or biking?</td>
<td>C103 (YES 1 NO 3 DK 8 R 9)</td>
<td>C104 (ENTER NUMBER) 98 DK 99 R</td>
<td>C105 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform vigorous exercise class or vigorous dance</td>
<td>C107 (YES 1 NO 3 DK 8 R 9)</td>
<td>C108 (ENTER NUMBER) 98 DK 99 R</td>
<td>C109 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform weightlifting or use of exercise machines?</td>
<td>C111 (YES 1 NO 3 DK 8 R 9)</td>
<td>C112 (ENTER NUMBER) 98 DK 99 R</td>
<td>C113 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform hiking uphill or backpacking?</td>
<td>C115 (YES 1 NO 3 DK 8 R 9)</td>
<td>C116 (ENTER NUMBER) 98 DK 99 R</td>
<td>C117 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform vigorous swimming?</td>
<td>C119 (YES 1 NO 3 DK 8 R 9)</td>
<td>C120 (ENTER NUMBER) 98 DK 99 R</td>
<td>C121 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td>Did you perform scrubbing floors or mowing lawn with a non-power mower?</td>
<td>C123 (YES 1 NO 3 DK 8 R 9)</td>
<td>C124 (ENTER NUMBER) 98 DK 99 R</td>
<td>C125 _ MINUTES OR _ HOURS 98 DK 99 R</td>
</tr>
<tr>
<td></td>
<td>C127</td>
<td>C128</td>
<td>C129</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>1</td>
<td>YES</td>
<td>(ENTER NUMBER)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
<td></td>
<td>98 DK</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
<td></td>
<td>99 R</td>
</tr>
<tr>
<td>9</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD) how would you describe your leisure time and home activity when you were 60 years old. Would it be: less, about the same or more physical activity?

1. LESS PHYSICAL ACTIVITY
3. ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C133)
5. MORE PHYSICAL ACTIVITY
8. DK (C133)
9. R (C133)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT

98. DK
99. R

Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD), how would you describe your leisure time and home activity when you were 45 years old. Would it be: less, about the same or more physical activity?

1. LESS PHYSICAL ACTIVITY
3. ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C135)
5. MORE PHYSICAL ACTIVITY
8. DK (C135)
9. R (C135)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT

98. DK
99. R

Compared to your level of physical activity at leisure and at home between (FILL REFERENT PERIOD), how would you describe your leisure time and home activity when you were 30 years old. Would it be: less, about the same or more physical activity?

1. LESS PHYSICAL ACTIVITY
3. ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (NEXT SECTION)
5. MORE PHYSICAL ACTIVITY
8. DK (NEXT SECTION)
9. R (NEXT SECTION)

What per cent (FILL MORE OR LESS) would that be?

ENTER PER CENT

98. DK
99. R (ALL RESPONDENTS GO TO SECTION D: DIET HISTORY WHICH IS NOT BEING PROGRAMMED ON CASES)
Now, I am going to ask about your level of physical activity. I will ask about your level of physical activity at work and then at leisure and at home.

<table>
<thead>
<tr>
<th>Between (FILL REFERENT PERIOD) were you employed at a job for pay, either full-time or part-time including self employment?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C001</td>
<td>C013</td>
<td>C025</td>
</tr>
<tr>
<td>1 YES (C002)</td>
<td>1 YES (C014)</td>
<td>1 YES (C026)</td>
<td></td>
</tr>
<tr>
<td>3 NO (C039)</td>
<td>3 NO (C039)</td>
<td>3 NO (C039)</td>
<td></td>
</tr>
<tr>
<td>8 DK (C039)</td>
<td>8 DK (C039)</td>
<td>8 DK (C039)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What was your complete job title?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C002</td>
<td>C014</td>
<td>C026</td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In what kind of business or industry did you work; that is, what product was made or what service was given?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C003</td>
<td>C015</td>
<td>C027</td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What were your main duties on that job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C004</td>
<td>C016</td>
<td>C028</td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In what month and year did you start working at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER MONTH AND YEAR</td>
<td>C005</td>
<td>C017</td>
<td>C029</td>
</tr>
<tr>
<td>__ MONTH __ YEAR</td>
<td>__ MONTH __ YEAR</td>
<td>__ MONTH __ YEAR</td>
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</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In what month and year did you stop working at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER MONTH AND YEAR</td>
<td>C006</td>
<td>C018</td>
<td>C030</td>
</tr>
<tr>
<td>__ MONTH __ YEAR</td>
<td>__ MONTH __ YEAR</td>
<td>__ MONTH __ YEAR</td>
<td></td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please look at this card and tell me, between [FILL REFERENT PERIOD], did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C007</td>
<td>C019</td>
<td>C031</td>
</tr>
<tr>
<td>1 YES (C008)</td>
<td>1 YES (C020)</td>
<td>1 YES (C032)</td>
<td></td>
</tr>
<tr>
<td>3 NO (C010)</td>
<td>3 NO (C022)</td>
<td>3 NO (C034)</td>
<td></td>
</tr>
<tr>
<td>8 DK (C010)</td>
<td>8 DK (C022)</td>
<td>8 DK (C034)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Between [FILL REFERENT PERIOD], in how many months did you perform moderate activity at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER # OF MONTHS</td>
<td>C008</td>
<td>C020</td>
<td>C032</td>
</tr>
<tr>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Between [FILL REFERENT PERIOD], on average, how many hours per week did you perform moderate activity at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER # OF HOURS</td>
<td>C009</td>
<td>C021</td>
<td>C033</td>
</tr>
<tr>
<td>998 DK</td>
<td>998 DK</td>
<td>998 DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please look at this card and tell me, between [FILL REFERENT PERIOD], did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C010</td>
<td>C022</td>
<td>C034</td>
</tr>
<tr>
<td>1 YES (C011)</td>
<td>1 YES (C023)</td>
<td>1 YES (C035)</td>
<td></td>
</tr>
<tr>
<td>3 NO (C013)</td>
<td>3 NO (C025)</td>
<td>3 NO (C037)</td>
<td></td>
</tr>
<tr>
<td>8 DK (C013)</td>
<td>8 DK (C025)</td>
<td>8 DK (C037)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Between [FILL REFERENT PERIOD], in how many</th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
<th>THIRD JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C011</td>
<td>C023</td>
<td>C035</td>
</tr>
</tbody>
</table>
**C037** Between (FILL REFERENT PERIOD) were you working either fewer hours or at a lower physical effort because of injury, a recent illness or a long-term disease?

1. YES, INJURY (C038)
2. YES, RECENT ILLNESS (C038)
3. YES, LONG TERM ILLNESS (C038)
4. NO (C075)
5. DK (C075)

**C038** In what year did this change occur?

<table>
<thead>
<tr>
<th>ENTER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 DK</td>
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</tbody>
</table>

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**LAST JOB HELD** | **OTHER JOB** | **OTHER JOB**

<table>
<thead>
<tr>
<th>C039</th>
<th>C051</th>
<th>C063</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YES (C040)</td>
<td>1 YES (C052)</td>
<td>1 YES (C064)</td>
</tr>
<tr>
<td>3 NO (C081)</td>
<td>3 NO (C075)</td>
<td>3 NO (C075)</td>
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<tr>
<td>8 DK (C081)</td>
<td>8 DK (C075)</td>
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<thead>
<tr>
<th>C040</th>
<th>C052</th>
<th>C064</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>8 DK</td>
<td>8 DK</td>
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<table>
<thead>
<tr>
<th>C041</th>
<th>C053</th>
<th>C065</th>
</tr>
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<td></td>
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<tr>
<th>C042</th>
<th>C054</th>
<th>C066</th>
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<td></td>
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<td>8 DK</td>
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<table>
<thead>
<tr>
<th>C043</th>
<th>C055</th>
<th>C067</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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<td>8 DK</td>
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<table>
<thead>
<tr>
<th>C044</th>
<th>C056</th>
<th>C068</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td>8 DK</td>
</tr>
</tbody>
</table>

**Please look at this card and tell me, between [FILL LAST YEAR EMPLOYED] did you perform any moderate activities such as standing or walking not carrying heavy objects at this job?**

<table>
<thead>
<tr>
<th>ENTER # OF MONTHS</th>
<th>ENTER # OF MONTHS</th>
<th>ENTER # OF MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 DK</td>
<td>98 DK</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>C045</th>
<th>C057</th>
<th>C069</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YES (C046)</td>
<td>1 YES (C058)</td>
<td>1 YES (C070)</td>
</tr>
<tr>
<td>3 NO (C048)</td>
<td>3 NO (C060)</td>
<td>3 NO (C072)</td>
</tr>
<tr>
<td>8 DK (C048)</td>
<td>8 DK (C060)</td>
<td>8 DK (C072)</td>
</tr>
</tbody>
</table>
### C046
**Between [FILL LAST YEAR EMPLOYED] in how many months did you perform moderate activity at this job?**
- **98 DK**

### C058
**Between [FILL LAST YEAR EMPLOYED] on average, how many hours per week did you perform moderate activity at this job?**
- **98 DK**

Please look at this card and tell me, **between [FILL LAST YEAR EMPLOYED] did you perform any vigorous activities such as construction, shoveling dirt or other heavy labor at this job?**

- **1 YES (C049)**
- **3 NO (C051)**
- **8 DK (C051)**

### LAST JOB HELD
<table>
<thead>
<tr>
<th>LAST JOB HELD</th>
<th>OTHER JOB</th>
<th>OTHER JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C049</strong></td>
<td><strong>C061</strong></td>
<td><strong>C073</strong></td>
</tr>
<tr>
<td><strong>ENTER #</strong></td>
<td><strong>ENTER #</strong></td>
<td><strong>ENTER #</strong></td>
</tr>
<tr>
<td><strong>OF MONTHS</strong></td>
<td><strong>OF MONTHS</strong></td>
<td><strong>OF MONTHS</strong></td>
</tr>
<tr>
<td><strong>98 DK</strong></td>
<td><strong>98 DK</strong></td>
<td><strong>98 DK</strong></td>
</tr>
</tbody>
</table>

### C050
**Between [FILL LAST YEAR EMPLOYED] in how many months did you perform vigorous activity at this job?**
- **98 DK**

### C059
**Between [FILL LAST YEAR EMPLOYED] on average, how many hours per week did you perform vigorous activity at this job?**
- **98 DK**

**Compared to your level of physical activity at your job/s between (FILL EITHER REFERENT PERIOD OR LAST YEAR WORKED), how would you describe your level of physical activity at work when you were (FILL AGE). Would it be: less, about the same or more physical activity?**

- **1 LESS PHYSICAL ACTIVITY**
- **3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C077)**
- **5 MORE PHYSICAL ACTIVITY**
- **7 NOT WORKING AT 60 (C077)**
- **8 DK (C077)**

**What per cent (FILL MORE OR LESS) would that be?**
- **C076 ENTER PER CENT**
- **98 DK**

(CSCREEN ALL EVER EMPLOYED SINCE AGE 18 FOR AGE NOW--IF EMPLOYED DURING THE RP THEN DO NOT ASK ABOUT 60 IF 62 OR LESS NOW, DO NOT ASK 45 IF 47 OR LESS NOW AND 30 IF 32 OR LESS NOW. IF LAST YR EMPLOYED IS OUTSIDE OF THE RP, THE R WILL SKIP THE QUESTION IF AGE AT THE BEGINNING THE LAST YEAR EMPLOYED IS LESS THAN OR EQUAL TO THE AGE WE ARE ASKING ABOUT)

<table>
<thead>
<tr>
<th>60 YEARS OLD</th>
<th>45 YEARS OLD</th>
<th>30 YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C075</strong></td>
<td><strong>C077</strong></td>
<td><strong>C079</strong></td>
</tr>
<tr>
<td><strong>1 LESS PHYSICAL ACTIVITY</strong></td>
<td><strong>1 LESS PHYSICAL ACTIVITY (C078)</strong></td>
<td><strong>1 LESS PHYSICAL ACTIVITY (C080)</strong></td>
</tr>
<tr>
<td><strong>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C077)</strong></td>
<td><strong>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C079)</strong></td>
<td><strong>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C081)</strong></td>
</tr>
<tr>
<td><strong>5 MORE PHYSICAL ACTIVITY</strong></td>
<td><strong>5 MORE PHYSICAL ACTIVITY (C078)</strong></td>
<td><strong>5 MORE PHYSICAL ACTIVITY (C080)</strong></td>
</tr>
<tr>
<td><strong>7 NOT WORKING AT 60 (C077)</strong></td>
<td><strong>7 NOT WORKING AT 45 (C079)</strong></td>
<td><strong>7 NOT WORKING AT 60 (C081)</strong></td>
</tr>
<tr>
<td><strong>8 DK (C077)</strong></td>
<td><strong>8 DK (C079)</strong></td>
<td><strong>8 DK (C081)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60 YEARS OLD</th>
<th>45 YEARS OLD</th>
<th>30 YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C076</strong></td>
<td><strong>C078</strong></td>
<td><strong>C080</strong></td>
</tr>
<tr>
<td><strong>ENTER PER CENT</strong></td>
<td><strong>ENTER PER CENT</strong></td>
<td><strong>ENTER PER CENT</strong></td>
</tr>
<tr>
<td><strong>98 DK</strong></td>
<td><strong>98 DK</strong></td>
<td><strong>98 DK</strong></td>
</tr>
</tbody>
</table>

**C081 Between (FILL REFERENT PERIOD), how many flights of stairs per week did you climb? A flight of stairs is ten steps.**

---

**CCRF.QUEST SECTION C: PHYSICAL ACTIVITY 09/20/17**
Between (FILL REFERENT PERIOD), how many hours of sleep did you get on an average day?

   ENTER NUMBER
   98   DK

The next questions ask about your level of physical activity at leisure and around the house between (FILL REFERENT PERIOD). Do not include any occupational activities which you just mentioned.

For each activity indicate whether you performed the activity between (FILL REFERENT PERIOD). Answer "yes" only for those activities performed for an hour or more during any month. Consider the time spent in the activity only. For example, riding a chair lift skiing is not considered time skiing; sitting by a swimming pool should not be included in time spent swimming.
**CTX3 (INTV: GIVE RESPONDENT MODERATE ACTIVITY CUE CARD)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Between (FILL REFERENT PERIOD), in how many months was this activity performed?</th>
<th>What was the average time per session you performed this activity?</th>
<th>What was the average number of days per week or month you performed this activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you perform any of the following activities at a MODERATE PACE for at least one hour total time in any month between (FILL REFERENT PERIOD)?</td>
<td>Moderate activities are those which are done at a more moderate pace than are more strenuous activities, or those which make you sweat or get out of breathe.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C083 Did you perform sports at a moderate pace such as softball, shooting baskets, swimming, skiing, bowling or golfing?</td>
<td>1 YES (C084) 3 NO (C087) 8 DK (C087)</td>
<td>C084 (ENTER NUMBER) 98 DK</td>
<td>C085 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C086 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
<tr>
<td>C087 Did you perform moderate paced walks or hikes?</td>
<td>1 YES (C088) 3 NO (C091) 8 DK (C091)</td>
<td>C088 (ENTER NUMBER) 98 DK</td>
<td>C089 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C090 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
<tr>
<td>C091 Did you perform moderate paced home exercise, calisthenics or dancing?</td>
<td>1 YES (C092) 3 NO (C095) 8 DK (C095)</td>
<td>C092 (ENTER NUMBER) 98 DK</td>
<td>C093 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C094 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
<tr>
<td>C095 Did you perform moderate paced home maintenance, gardening, painting, raking, sweeping, mowing with a power mower, cleaning or vacuuming?</td>
<td>1 YES (C096) 3 NO (C099) 8 DK (C099)</td>
<td>C096 (ENTER NUMBER) 98 DK</td>
<td>C097 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C098 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
</tbody>
</table>

**INTV: GIVE RESPONDENT VIGOROUS ACTIVITY CUE CARD**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Between (FILL REFERENT PERIOD), in how many months was this activity performed?</th>
<th>What was the average time per session you performed this activity?</th>
<th>What was the average number of days per week or month you performed this activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the following activities, which ones did you perform at a STRENUIOUS OR VIGOROUS PACE for at least one hour total time in any month between (FILL REFERENT PERIOD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C099 Did you perform vigorous racket sports and other strenuous sports such as tennis, squash or basketball?</td>
<td>1 YES (C100) 3 NO (C103) 8 DK (C103)</td>
<td>C100 (ENTER NUMBER) 98 DK</td>
<td>C101 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C102 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
<tr>
<td>C103 Did you perform jogging, running or biking?</td>
<td>1 YES (C104) 3 NO (C107) 8 DK (C107)</td>
<td>C104 (ENTER NUMBER) 98 DK</td>
<td>C105 1 MINUTES ___ 3 HOURS ___ 8 DK</td>
<td>C106 1 WEEK ___ 3 MONTH ___ 8 DK</td>
</tr>
<tr>
<td>C107 Did you perform vigorous exercise class or vigorous dance</td>
<td>1 YES (C108)</td>
<td>C108 (ENTER NUMBER) 98 DK</td>
<td>C109 1 MINUTES ___ 1 WEEK ___</td>
<td>C110 1 WEEK ___</td>
</tr>
</tbody>
</table>
Of the following activities, which ones did you perform at a STRENUOUS OR VIGOROUS PACE for at least one hour total time in any month between (FILL REFERENT PERIOD).

<table>
<thead>
<tr>
<th>C111</th>
<th>Did you perform weightlifting or use of exercise machines?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>C112 (ENTER NUMBER)</td>
</tr>
<tr>
<td>NO</td>
<td>C115</td>
</tr>
<tr>
<td>DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C115</th>
<th>Did you perform hiking uphill or backpacking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>C116 (ENTER NUMBER)</td>
</tr>
<tr>
<td>NO</td>
<td>GOTO C119</td>
</tr>
<tr>
<td>DK</td>
<td>GOTO C119</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C119</th>
<th>Did you perform vigorous swimming?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>C120 (ENTER NUMBER)</td>
</tr>
<tr>
<td>NO</td>
<td>GOTO C123</td>
</tr>
<tr>
<td>DK</td>
<td>GOTO C123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C123</th>
<th>Did you perform scrubbing floors or mowing lawn with a non-power mower?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>C124 (ENTER NUMBER)</td>
</tr>
<tr>
<td>NO</td>
<td>GOTO C127</td>
</tr>
<tr>
<td>DK</td>
<td>GOTO C127</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C127</th>
<th>Did you perform chopping or splitting wood, gardening with heavy tools or other heavy labor such as shoveling dirt?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>C128 (ENTER NUMBER)</td>
</tr>
<tr>
<td>NO</td>
<td>GOTO C131</td>
</tr>
<tr>
<td>DK</td>
<td>GOTO C131</td>
</tr>
</tbody>
</table>

Compared to your level of physical activity at leisure and at home between [FILL REFERENT PERIOD] how would you describe your leisure time and home activity when you were (ENTER AGE). Would it be: less, about the same or more physical activity?

<table>
<thead>
<tr>
<th>C131</th>
<th>1 LESS PHYSICAL ACTIVITY (C132)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C133)</td>
</tr>
<tr>
<td></td>
<td>5 MORE PHYSICAL ACTIVITY (C132)</td>
</tr>
<tr>
<td></td>
<td>DK (C133)</td>
</tr>
</tbody>
</table>

What per cent (FILL MORE OR LESS) would

<table>
<thead>
<tr>
<th>C132</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C133</td>
<td>1 LESS PHYSICAL ACTIVITY (C134)</td>
</tr>
<tr>
<td></td>
<td>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (C135)</td>
</tr>
<tr>
<td></td>
<td>5 MORE PHYSICAL ACTIVITY (C134)</td>
</tr>
<tr>
<td></td>
<td>DK (C135)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C134</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 LESS PHYSICAL ACTIVITY (C136)</td>
</tr>
<tr>
<td></td>
<td>3 ABOUT THE SAME AMOUNT OF PHYSICAL ACTIVITY OR (NEXT SECTION)</td>
</tr>
<tr>
<td></td>
<td>5 MORE PHYSICAL ACTIVITY (C136)</td>
</tr>
<tr>
<td></td>
<td>DK (NEXT SECTION)</td>
</tr>
</tbody>
</table>
that be? ENTER PER CENT ENTER PER CENT ENTER PER CENT

98 DK 98 DK 98 DK

ALL RESPONDENTS GO TO SECTION D: DIET HISTORY WHICH IS NOT BEGIN PROGRAMMED ON CASES)
**SECTION D**

**DIETARY HISTORY**

DTX1

Now, I would like to ask about any special diets you were on between (REFERENT PERIOD).

<table>
<thead>
<tr>
<th>Are you on a (FILL TYPE) diet?</th>
<th>D001 Weight loss</th>
<th>D002 Weight gain</th>
<th>D003 Low salt</th>
<th>D004 Diabetic</th>
<th>D005 Cholesterol lowering</th>
<th>D006 Diet for any other medical condition</th>
<th>D007 Vegetarian</th>
<th>D008 Any other special (SPECIFY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YES</td>
<td>1 YES</td>
<td>1 YES</td>
<td>1 YES</td>
<td>1 YES</td>
<td>1 YES</td>
<td>1 YES</td>
<td>YES</td>
<td>1 YES</td>
</tr>
<tr>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>3 NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>

DTX2

The next questions ask about when you ate and drank during a usual day between (FILL REFERENT PERIOD) and what kinds of food or drink you typically consumed. Include those times when you only had something to drink such as coffee, juice, soda pop or an alcoholic beverage as well as those times when you ate and drank.

**INTV: GIVE RESPONDENT FOOD GROUP CUE CARD**

**IT MIGHT BE HELPFUL IF THE PREVIOUS ANSWERS COULD BE SHOWN ON THESE SERIES OF QUESTIONS**

<table>
<thead>
<tr>
<th>Between (FILL REFERENT PERIOD), did you eat and/or drink (FILL TIME PERIOD)?</th>
<th>Please look at this cue card and tell me the main foods or drink you typically consumed (FILL TIME PERIOD)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D009 before breakfast 1 YES (D010) 3 NO (D011) 8 DK (D011)</td>
<td>D010 before breakfast (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)</td>
</tr>
<tr>
<td>1 YES (D012) 3 NO (D013) 8 DK (D013)</td>
<td>6 OTHER (SPECIFY)</td>
</tr>
<tr>
<td>6 OTHER (SPECIFY)</td>
<td>8 DK</td>
</tr>
<tr>
<td>D011 at breakfast 1 YES (D012) 3 NO (D013) 8 DK (D013)</td>
<td>D012 at breakfast (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)</td>
</tr>
<tr>
<td>1 YES (D014) 3 NO (D015) 8 DK (D015)</td>
<td>6 OTHER (SPECIFY)</td>
</tr>
<tr>
<td>6 OTHER (SPECIFY)</td>
<td>8 DK</td>
</tr>
<tr>
<td>D013 between breakfast and lunch 1 YES (D014) 3 NO (D015) 8 DK (D015)</td>
<td>D014 between breakfast and lunch (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)</td>
</tr>
<tr>
<td>1 YES (D016) 3 NO (D017) 8 DK (D017)</td>
<td>6 OTHER (SPECIFY)</td>
</tr>
<tr>
<td>6 OTHER (SPECIFY)</td>
<td>8 DK</td>
</tr>
</tbody>
</table>

1  COFFEE OR TEA
2  JUICE
3  MILK
4  SODA OR POP
5  BEER, WINE OR MIXED DRINKS
6  OTHER (SPECIFY)
7  FRUIT
8  BREAD, ROLL, TOAST, BAGEL OR MUFFIN
9  CEREAL
10 PANCAKES OR WAFFLES
11 CHEESE
12 ICE CREAM
13 SALAD
14 EGG
15 HAM, BACON, SAUSAGE
16 KETTLE COOKED HAM
17 PORK
18 BACON SAUSAGE OR HAM
19 FISH
20 MEAT (BEEF, PORK, CHICKEN)
21 CASEROLE
22 PASTA AND RICE DISHES
23 PIZZA
24 SANDWICH WITH MEAT INCLUDING HAMBURGERS
25 SANDWICH WITHOUT MEAT INCLUDING PEANUT BUTTER AND CHEESE
26 CAKES, COOKIES, PIES OR OTHER SIMILAR DESSERTS
27 PASTRIES AND DOUGHNUTS
28 CANDY
Between (FILL REFERENT PERIOD), did you eat and/or drink (FILL TIME PERIOD)?

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 YOGURT</td>
<td>13</td>
</tr>
<tr>
<td>14 SALAD</td>
<td>14</td>
</tr>
<tr>
<td>15 VEGETABLES INCLUDING RAW VEGETABLES AND POTATOES</td>
<td>15</td>
</tr>
<tr>
<td>16 SOUP</td>
<td>16</td>
</tr>
<tr>
<td>17 EGGS OR OMELETTES</td>
<td>17</td>
</tr>
<tr>
<td>18 BACON SAUSAGE OR HAM</td>
<td>18</td>
</tr>
<tr>
<td>19 FISH</td>
<td>19</td>
</tr>
<tr>
<td>20 MEAT (BEEF, PORK, CHICKEN)</td>
<td>20</td>
</tr>
<tr>
<td>21 CASSEROLE</td>
<td>21</td>
</tr>
<tr>
<td>22 PASTA AND RICE DISHES</td>
<td>22</td>
</tr>
<tr>
<td>23 PIZZA</td>
<td>23</td>
</tr>
<tr>
<td>24 SANDWICH WITH MEAT INCLUDING HAMBURGERS</td>
<td>24</td>
</tr>
<tr>
<td>25 SANDWICH WITHOUT MEAT INCLUDING PEANUT BUTTER AND CHEESE</td>
<td>25</td>
</tr>
<tr>
<td>26 CAKES, COOKIES, PIES OR OTHER SIMILAR DESSERTS</td>
<td>26</td>
</tr>
<tr>
<td>27 PASTRIES AND DOUGHNUTS</td>
<td>27</td>
</tr>
<tr>
<td>28 CANDY</td>
<td>28</td>
</tr>
<tr>
<td>29 CHIPS, FRIES OR OTHER SALTY SNACKS</td>
<td>29</td>
</tr>
<tr>
<td>30 CRACKERS</td>
<td>30</td>
</tr>
<tr>
<td>31 NUTS</td>
<td>31</td>
</tr>
<tr>
<td>32 POPCORN</td>
<td>32</td>
</tr>
<tr>
<td>97 NO OTHERS</td>
<td>97</td>
</tr>
<tr>
<td>98 DK</td>
<td>98</td>
</tr>
</tbody>
</table>

Please look at this cue card and tell me the main foods or drink you typically consumed (FILL TIME PERIOD)?

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 MEAT (BEEF, PORK, CHICKEN)</td>
<td>20</td>
</tr>
<tr>
<td>21 CASSEROLE</td>
<td>21</td>
</tr>
<tr>
<td>22 PASTA AND RICE DISHES</td>
<td>22</td>
</tr>
<tr>
<td>23 PIZZA</td>
<td>23</td>
</tr>
<tr>
<td>24 SANDWICH WITH MEAT INCLUDING HAMBURGERS</td>
<td>24</td>
</tr>
<tr>
<td>25 SANDWICH WITHOUT MEAT INCLUDING PEANUT BUTTER AND CHEESE</td>
<td>25</td>
</tr>
<tr>
<td>26 CAKES, COOKIES, PIES OR OTHER SIMILAR DESSERTS</td>
<td>26</td>
</tr>
<tr>
<td>27 PASTRIES AND DOUGHNUTS</td>
<td>27</td>
</tr>
<tr>
<td>28 CANDY</td>
<td>28</td>
</tr>
<tr>
<td>29 CHIPS, FRIES OR OTHER SALTY SNACKS</td>
<td>29</td>
</tr>
<tr>
<td>30 CRACKERS</td>
<td>30</td>
</tr>
<tr>
<td>31 NUTS</td>
<td>31</td>
</tr>
<tr>
<td>32 POPCORN</td>
<td>32</td>
</tr>
<tr>
<td>97 NO OTHERS</td>
<td>97</td>
</tr>
<tr>
<td>98 DK</td>
<td>98</td>
</tr>
</tbody>
</table>

D015 at lunch:
1 YES (D016)
3 NO (D017)
8 DK (D017)

D016 at lunch (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)
6 OTHER (SPECIFY)
8 DK

D017 between lunch and your evening meal:
1 YES (D018)
3 NO (D019)
8 DK (D019)

D018 between lunch and your evening meal (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)
8 DK

D019 at your evening meal:
1 YES (D020)
3 NO (D021)
8 DK (D021)

D020 at your evening meal (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)
8 DK

D021 between your evening meal and bedtime:
1 YES (D022)
3 NO (D023)
8 DK (D023)

D022 (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)
8 DK

D023 after going to bed:
1 YES (D024)
3 NO (D025)
8 DK (D025)

D024 (ENTER FOOD GROUP NUMBERS-ALLOW FOR 15)
8 DK
DTX3

Now, I am going to ask about changes in your diet. (SCREEN RESPONDENT'S FOR AGE AT REFERENT PERIOD)

<table>
<thead>
<tr>
<th>Did you eat/drink (FILL FOOD OR BEVERAGE) when you were (FILL AGE)?</th>
<th>How often did you usually have it? INTV: ENTER PER DAY/WEEK MONTH</th>
<th>How much did you usually have?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D025 Whole milk</td>
<td>D026</td>
<td>D027 OZ</td>
</tr>
<tr>
<td>1 YES (D026)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D028)</td>
<td>2 WEEK</td>
<td></td>
</tr>
<tr>
<td>8 DK (D028)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D028 2% or skim milk</td>
<td>D029</td>
<td>D030 OZ</td>
</tr>
<tr>
<td>1 YES (D029)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D031)</td>
<td>2 WEEK</td>
<td></td>
</tr>
<tr>
<td>8 DK (D031)</td>
<td>5 MONTH</td>
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<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D031 Cheese</td>
<td>D032</td>
<td>D033 OZ</td>
</tr>
<tr>
<td>1 YES (D032)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D034)</td>
<td>2 WEEK</td>
<td></td>
</tr>
<tr>
<td>8 DK (D034)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D034 Fish</td>
<td>D035</td>
<td>D036 SERVINGS</td>
</tr>
<tr>
<td>1 YES (D035)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D037)</td>
<td>2 WEEK</td>
<td></td>
</tr>
<tr>
<td>8 DK (D037)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D037 Poultry</td>
<td>D038</td>
<td>D039 SERVINGS</td>
</tr>
<tr>
<td>1 YES (D038)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D040)</td>
<td>2 WEEK</td>
<td></td>
</tr>
<tr>
<td>8 DK (D040)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D040 Red meat such as beef, lamb or pork</td>
<td>D041</td>
<td>D042 SERVINGS</td>
</tr>
<tr>
<td>1 YES (D041)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D043)</td>
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<td></td>
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<tr>
<td>8 DK (D043)</td>
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<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D043 Fruits</td>
<td>D044</td>
<td>D045 PIECES</td>
</tr>
<tr>
<td>1 YES (D044)</td>
<td>1 DAY</td>
<td></td>
</tr>
<tr>
<td>3 NO (D046)</td>
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</tr>
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<td>3 CUPS</td>
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<td></td>
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<tr>
<td>D046 Vegetables</td>
<td>D047</td>
<td>D048 CUPS</td>
</tr>
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<td>1 YES (D047)</td>
<td>1 DAY</td>
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</tr>
<tr>
<td>3 NO (D049)</td>
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<td></td>
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<tr>
<td>8 DK (D049)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>D049 Whole wheat or high fiber bread</td>
<td>D050</td>
<td>D051 SLICES</td>
</tr>
<tr>
<td>1 YES (D050)</td>
<td>1 DAY</td>
<td>98 DK</td>
</tr>
<tr>
<td>3 NO (D052)</td>
<td>2 WEEK</td>
<td></td>
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<tr>
<td>8 DK (D052)</td>
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<td></td>
<td>8 DK</td>
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<tr>
<td>FOOD/BEVERAGE</td>
<td>AGE</td>
<td>FREQUENCY</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----</td>
<td>-----------</td>
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<td><strong>Did you eat/drink (FILL FOOD OR BEVERAGE) when you were (FILL AGE)?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole milk</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>2% or skim milk</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Cheese</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Fish</td>
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<td>1 DAY</td>
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<tr>
<td>Poultry</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Red meat such as beef, lamb or pork</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Fruits</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Vegetables</td>
<td>45</td>
<td>1 DAY</td>
</tr>
<tr>
<td>Whole wheat or high fiber bread</td>
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<td>1 DAY</td>
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### 30 YEARS OLD

<table>
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<tr>
<th>Question</th>
<th>How Often</th>
<th>How Much</th>
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<td>Did you eat/drink (FILL FOOD OR BEVERAGE) when you were (FILL AGE)?</td>
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<tr>
<td>D079 Whole milk</td>
<td>D080</td>
<td>D081</td>
</tr>
<tr>
<td>1 YES (D080)</td>
<td>1 DAY</td>
<td>___ OZ</td>
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<td>3 NO (D082)</td>
<td>2 WEEK</td>
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<td>8 DK (D082)</td>
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<tr>
<td>D082 2% or skim milk</td>
<td>D083</td>
<td>D084</td>
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<td>1 YES (D083)</td>
<td>1 DAY</td>
<td>____ OZ</td>
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<td>8 DK (D085)</td>
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<td>D085 Cheese</td>
<td>D086</td>
<td>D087</td>
</tr>
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<td>1 YES (D086)</td>
<td>1 DAY</td>
<td>____ OZ</td>
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<tr>
<td>D088 Fish</td>
<td>D089</td>
<td>D090</td>
</tr>
<tr>
<td>1 YES (D089)</td>
<td>1 DAY</td>
<td>__ SERVINGS</td>
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<tr>
<td>3 NO (D091)</td>
<td>2 WEEK</td>
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</tr>
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<td>8 DK (D091)</td>
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<tr>
<td>D091 Poultry</td>
<td>D092</td>
<td>D093</td>
</tr>
<tr>
<td>1 YES (D092)</td>
<td>1 DAY</td>
<td>__ SERVINGS</td>
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<td>3 NO (D094)</td>
<td>2 WEEK</td>
<td>98 DK</td>
</tr>
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<td>8 DK (D094)</td>
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<tr>
<td>D094 Red meat such as beef, lamb or pork</td>
<td>D095</td>
<td>D096</td>
</tr>
<tr>
<td>1 YES (D095)</td>
<td>1 DAY</td>
<td>__ SERVINGS</td>
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<td>3 NO (D097)</td>
<td>2 WEEK</td>
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<td>8 DK (D097)</td>
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<tr>
<td>D097 Fruits</td>
<td>D098</td>
<td>D099</td>
</tr>
<tr>
<td>1 YES (D098)</td>
<td>1 DAY</td>
<td>1 ____ PIECES</td>
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<tr>
<td>3 NO (E100)</td>
<td>2 WEEK</td>
<td>3 ____ CUPS</td>
</tr>
<tr>
<td>8 DK (E100)</td>
<td>5 MONTH</td>
<td>8 DK</td>
</tr>
<tr>
<td>E100 Vegetables</td>
<td>E101</td>
<td>E102</td>
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<tr>
<td>1 YES (E101)</td>
<td>1 DAY</td>
<td>____ CUPS</td>
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<td>2 WEEK</td>
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<tr>
<td>8 DK (E103)</td>
<td>5 MONTH</td>
<td></td>
</tr>
<tr>
<td>E103 Whole wheat or high fiber bread</td>
<td>E104</td>
<td>E105</td>
</tr>
<tr>
<td>1 YES (E104)</td>
<td>1 DAY</td>
<td>____ SLICES</td>
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<tr>
<td>3 NO (SECTION E)</td>
<td>2 WEEK</td>
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</tr>
<tr>
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<td></td>
</tr>
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<td></td>
<td>8 DK</td>
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### QUANTITATED FOOD HISTORY

#### EGGS

<table>
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<tr>
<th>NHLBI Code</th>
<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D \ W \ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. **Q.** Do you eat eggs or quiche? _____ NO
   **Q.** How many do you usually have? _____ egg(s)
   **Q.** How are they usually prepared?
   **Q.** How often do you have them?

   **Without fat:**
   - 25015 Hard, soft, poached (1 of each = 1 egg)  
   - 25338 Scrambled, omelet, fried (1 of each = 2 eggs)
   - 25448 Quiche (1 MOD=1/7 of 9" pie)

   **With fat:**
   - 25015 Hard, soft, poached (1 of each = 1 egg)  
   - 25338 Scrambled, omelet, fried (1 of each = 2 eggs)
   - 25448 Quiche (1 MOD=1/7 of 9" pie)

   **Note:** Eggs without fat: 1 egg = 1 SV.
   **Note:** Eggs with fat: 2 eggs = 1 SV.

2. **Q.** Do you eat Egg McMuffins or similar type breakfast sandwiches? _____ NO
   **Q.** How many do you usually have? _____
   **Q.** How often do you have them? _____

   - 25457 Egg McMuffin (1 PC = 1 Egg McMuffin)

3. **Q.** Do you eat egg salad? _____ NO
   **Q.** How much do you usually have? _____ CP
   **Q.** How often do you have it?

   - 25411 Egg salad: Mayo type dressing

---
### DAIRY

<table>
<thead>
<tr>
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<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td>W</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Q. Do you drink milk as a beverage? _____ NO

Q. How much do you usually have? _____ FO or _____ CP

Q. What kind do you usually have?

Q. How often do you usually have it?

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, % fat unknown</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Whole milk</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>2% milk</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>1% milk</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Skim milk/nonfat liq.</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Evap. skim (undil.)</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Evap. whole (undil.)</td>
<td>FO</td>
<td>CP</td>
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</table>

**Other:**

#### BUTTERMILK:

<table>
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<tr>
<th>Item Description</th>
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<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>% fat unknown</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Whole</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Skim</td>
<td>FO</td>
<td>CP</td>
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#### CHOCOLATE MILK, COMMERCIAL

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>% fat unknown</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Whole</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td>FO</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Skim</td>
<td>FO</td>
<td>CP</td>
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</tr>
</tbody>
</table>

#### 5. Q. Do you add anything to your milk? _____ NO

Q. What do you add?

Q. How often?

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chocolate syrup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocoa powder w/sugar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocoa powder w/o sugar, or w/artific. sweetener</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instant breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-fat dry milk powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein powder</td>
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</table>

**Other:**
6. Q. Do you usually eat cheese? Include hard cheese and processed cheese. ______ NO

Q. How much do you usually have? ______ OZ

Q. How often do you usually have it?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>SL</th>
<th>OZ</th>
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</thead>
<tbody>
<tr>
<td>36020</td>
<td>Cheese (natural): Mozzarella and other part skim (1 SL=0.75 oz)</td>
<td>SL</td>
<td>OZ</td>
</tr>
<tr>
<td>38026</td>
<td>All other types (1 SL=0.75 oz)</td>
<td>SL</td>
<td>OZ</td>
</tr>
<tr>
<td>38083</td>
<td>Processed: American, Swiss (1 SL=0.75 oz)</td>
<td>SL</td>
<td>OZ</td>
</tr>
<tr>
<td>34033</td>
<td>Diet (1 SL=0.75 oz)</td>
<td>SL</td>
<td>OZ</td>
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</tbody>
</table>

Note: Code cream cheese in bread section
Note: Code imitation cheese as diet, regular sodium

7. Q. Do you eat cottage cheese or ricotta cheese? ______ NO

Q. How much do you usually have? ______ CP or ______ OZ

Q. What kind do you usually have?

Q. How often do you usually have it?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>CP</th>
<th>OZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>34041</td>
<td>Cottage: % fat unknown</td>
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<td>OZ</td>
</tr>
<tr>
<td>34017</td>
<td>Regular (4% fat)</td>
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<td>OZ</td>
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<td>32037</td>
<td>Low fat</td>
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<td>OZ</td>
</tr>
<tr>
<td>34066</td>
<td>Ricotta: % fat unknown</td>
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<td>OZ</td>
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<tr>
<td>36038</td>
<td>Regular</td>
<td></td>
<td>OZ</td>
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<tr>
<td>34025</td>
<td>Part skim</td>
<td></td>
<td>OZ</td>
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</tbody>
</table>
8. Q. Do you usually eat yogurt? ______ NO
   Q. How much do you have? ______ OZ or ______ CP
   Q. What kind do you have?
   Q. How often do you usually have it?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>33068</td>
<td>Yogurt (flavored): % fat unknown</td>
<td>OZ CP</td>
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<td>35055</td>
<td>Whole</td>
<td>OZ CP</td>
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<td>33050</td>
<td>Lowfat</td>
<td>OZ CP</td>
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<td>35220</td>
<td>Nonfat</td>
<td>OZ CP</td>
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<td>33170</td>
<td>Sweetened with aspartame</td>
<td>OZ CP</td>
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<td>32250</td>
<td>Unflavored: % fat unknown</td>
<td>OZ CP</td>
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</tbody>
</table>

9. Q. Do you usually eat ice cream or frozen desserts?
   Include ice cream snacks, frozen yogurt, sherbet or milkshakes. ______ NO
   Q. What kind do you usually have?
   Q. How much do you usually have?
   (Ascertain serving size for each item mentioned)
   Q. How often do you have it?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>37101</td>
<td>Ice cream: % fat unknown</td>
<td>CP</td>
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<tr>
<td>31054</td>
<td>Very low fat (e.g. Weight Watchers)</td>
<td>CP</td>
<td></td>
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<tr>
<td>35030</td>
<td>Soft serve or ice milk</td>
<td>CP</td>
<td></td>
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<tr>
<td>37010</td>
<td>Regular fat</td>
<td>CP</td>
<td></td>
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<tr>
<td>37028</td>
<td>Very rich</td>
<td>CP</td>
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<tr>
<td>32300</td>
<td>Frozen yogurt</td>
<td>OZ CP</td>
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<tr>
<td>31021</td>
<td>Sherbet</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>35097</td>
<td>Milk shake</td>
<td>FO CP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>37093</td>
<td>Ice Cream Snacks: Sandwiches, bars, Drumsticks (1 bar=1 each)</td>
<td>Bar</td>
<td></td>
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<tr>
<td>91041</td>
<td>Popsicles (1 PC=1 single stick) (1 DB=1 double stick)</td>
<td>PC DB</td>
<td></td>
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</table>
10. Q. Do you add anything to your ice cream or frozen desserts? ______ NO

Q. How often?

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<tr>
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<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D</th>
<th>W</th>
<th>M</th>
<th>Prep Code</th>
<th>Fat Code</th>
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<tbody>
<tr>
<td>59121</td>
<td>ADDITIONS TO ICE CREAM/FROZEN YOGURT</td>
<td>Chocolate sauce</td>
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<tr>
<td>59618</td>
<td>Caramel topping</td>
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<tr>
<td>39024</td>
<td>Whipped cream: Dairy</td>
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<tr>
<td>28415</td>
<td>Nondairy</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>45435</td>
<td>Nuts</td>
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<td></td>
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<td></td>
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<tr>
<td>81281</td>
<td>Fresh fruit</td>
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<tr>
<td>59139</td>
<td>Chocolate syrup</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Other</td>
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</tr>
</tbody>
</table>
### GRAINS/CEREALS

<table>
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<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>60061</td>
<td></td>
<td>BREADS: White (1 SL=approx 4&quot;x4&quot;x1/2&quot;, 1 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60095</td>
<td></td>
<td>Whole wheat/mixed grains (1 SL=approx 4&quot;x4&quot;x1/2&quot;, 1 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>60251</td>
<td></td>
<td>High fiber breads (1 SL=approx 4&quot;x4&quot;x1/2&quot;, 1 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60087</td>
<td></td>
<td>French/Italian (1 SL=oval 4-1/4&quot;x2-3/4&quot;x1&quot;, 1 oz)</td>
<td></td>
<td>CI</td>
<td>SL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60053</td>
<td></td>
<td>Rye, Pumpernickel (1 SL=1 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60459</td>
<td></td>
<td>Diet w/fiber added (eg Less, Taystee Lite)(1 SL=0.8 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60464</td>
<td></td>
<td>White, thin sliced (eg Hollywood, Weight Watchers) (1 SL=0.6 oz)</td>
<td></td>
<td>SL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60442</td>
<td></td>
<td>Wheat, thin sliced (eg Hollywood, Weight Watchers) (1 SL=0.6 oz)</td>
<td></td>
<td>SL</td>
<td></td>
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</tr>
</tbody>
</table>

11. Q. Do you usually eat bread? ______ NO  
Q. What kind?  
Q. How often?

### 12. Q. Do you usually add anything to your bread? ______ NO  
Q. To what breads do you add these items?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
</tr>
</thead>
</table>
| 47035 | ADDITIONS TO BREAD:  
| 49030 | Butter  
| 49060 | Margarine: Regular  
| 48918 | Spread  
| 90100 | Diet  
| 90258 | Diet  
| 90050 | Syrup: Regular  
| 90035 | Reduced calorie  
| 90035 | Molasses  
| 90035 | Jelly/jam: Regular  
| 90320 | Reduced sugar  
| 45013 | Peanut butter  
| 90027 | Honey  
| 44206 | Mayo-type dressing  
| 44362 | Mayonnaise  
| 44214 | Reduced sugar  
| 06320 | Mustard  
| 38042 | Catsup  
| 06031 | Other:  
|
13. Q. Do you eat rolls, including any of these? ______ NO
   Q. What kind?
   Q. How often?

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>60137</td>
<td>Rolls: Hamburger (SM=3&quot; diam; MD=3.5&quot; diam, 8/pound; LG=4&quot; diam)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hot dog (SM=3.75&quot;; MD=5.25&quot;, LG= “foot long”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60277</td>
<td>Kaiser/Hard (SM=Kaiser 2.5&quot; diam; MD=Kaiser 3.75&quot; diam, Hard 2.5&quot; diam x 2&quot;; LG=Kaiser 4&quot; diam)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60293</td>
<td>Submarine (SM=5.5&quot;; MD=8.5&quot;; LG=11.5&quot;)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54361</td>
<td>Dinner roll (SM=2.25&quot; sq; MD=2.5&quot; sq; LG=3.5&quot;x2.5&quot;)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54395</td>
<td>Croissant (SM=1 oz; MD=5&quot;-6&quot;, 2 oz)</td>
<td></td>
<td>SM MD*</td>
<td>APFI BCOM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54403</td>
<td>Crescent</td>
<td></td>
<td>MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60152</td>
<td>English muffin</td>
<td></td>
<td>MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54015</td>
<td>Biscuit (SM=2&quot; diam; MD=2.33&quot; diam, 1.33 oz; LG=3&quot; diam)</td>
<td></td>
<td>SM MD* LG</td>
<td>APFI BCOM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60012</td>
<td>Bagel, all kinds (SM=2.33&quot; diam; MD=3&quot; diam, 2 oz; LG=3.5&quot; diam)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60194</td>
<td>Pita (SM=4&quot; diam; MD=5.25&quot; diam; LG=6.5&quot; diam, 3 oz)</td>
<td></td>
<td>SM MD LG*</td>
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<td></td>
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</tr>
</tbody>
</table>

Note: In this section, exclude all hamburger buns eaten in a fast food restaurant.
<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>47035</td>
<td>ADDITIONS TO ROLLS: Butter</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>49030</td>
<td>Margarine: Regular</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>49060</td>
<td>Spread</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48918</td>
<td>Diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90100</td>
<td>Syrup: Regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90258</td>
<td>Reduced calorie</td>
<td></td>
<td></td>
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<tr>
<td>90050</td>
<td>Molasses</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>90035</td>
<td>Jelly/jam: Regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90320</td>
<td>Reduced sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45013</td>
<td>Peanut butter</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>90027</td>
<td>Honey</td>
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<td></td>
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<tr>
<td>44206</td>
<td>Mayonnaise</td>
<td></td>
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<tr>
<td>44362</td>
<td>Mayo-type dressing</td>
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<tr>
<td>44214</td>
<td>Diet mayo-type dressing</td>
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<tr>
<td>06320</td>
<td>Mustard</td>
<td></td>
<td></td>
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<tr>
<td>38042</td>
<td>Cream cheese</td>
<td></td>
<td></td>
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<tr>
<td>06031</td>
<td>Catsup</td>
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</tbody>
</table>

14. Q. Do you usually add anything to your rolls? ______ NO
Q. To what rolls do you add these items?
15. Q. Do you usually eat pancakes, french toast, coffee cakes, other quick breads or muffins? ______ NO
   Q. How much do you usually have?
      (Ascertain serving size for each item mentioned)
   Q. How often?
   Q. How is it usually prepared?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>54730</td>
<td>Quick breads: Pancakes (1 SM=3&quot; diam; MD=4&quot; diam; LG=6.5&quot; diam)</td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54750</td>
<td>Waffles (1 MD=3.5&quot;x2.75&quot;; Lg=4.5&quot;x3.75&quot;)</td>
<td>MD LG* XL</td>
<td></td>
<td></td>
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<tr>
<td>25346</td>
<td>French toast</td>
<td>SL</td>
<td></td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>54528</td>
<td>Nut, banana &amp; other similar bread (1 SL=4 1/2&quot;x1/2&quot;)</td>
<td>SL</td>
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<td>APFI</td>
<td>BCOM</td>
</tr>
<tr>
<td>54536</td>
<td>Coffee cake (1 PC=3&quot;x3&quot;)</td>
<td>PC</td>
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<td>APFI</td>
<td>BCOM</td>
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<tr>
<td>67370</td>
<td>Muffins: Blueberry (SM=2&quot; diam x 1.5&quot;; LG=2 oz)</td>
<td>SM* LG*</td>
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<tr>
<td>54262</td>
<td>Muffins: Bran (MD=2.5&quot; diam x 1.5&quot;; LG=2.5 oz)</td>
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<td>APFI</td>
<td>BCOM</td>
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<tr>
<td>54023</td>
<td>Cornbread (1 PC=3&quot; square)</td>
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<td>APFI</td>
<td>BCOM</td>
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</table>

16. Q. Do you usually add anything to these foods? ______ NO
   Q. To what foods do you usually add these items?

<table>
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<td>Butter</td>
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<tr>
<td>49030</td>
<td>Margarine: Regular</td>
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<tr>
<td>49060</td>
<td>Spread</td>
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<tr>
<td>48918</td>
<td>Diet</td>
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<tr>
<td>90100</td>
<td>Syrup: Regular</td>
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<tr>
<td>90258</td>
<td>Reduced calorie</td>
<td></td>
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<tr>
<td>90050</td>
<td>Molasses</td>
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<tr>
<td>90035</td>
<td>Jelly/jam: Regular</td>
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<td>90320</td>
<td>Reduced sugar</td>
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<tr>
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<td>Honey</td>
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<td>Other:</td>
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</table>
### 17. Q. Do you usually eat doughnuts or sweet rolls? ______ NO 
Q. How often?

<table>
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<tr>
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<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>54551</td>
<td></td>
<td>Doughnuts all types (MD=yeast 4&quot;; cake 3.5&quot;)</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>54577</td>
<td></td>
<td>Sweet roll</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
</tbody>
</table>

### 18. Q. Do you usually eat pasta, including macaroni, macaroni and cheese, spaghetti, noodles or pasta salads? 
   Include ravioli and lasagna. ______ NO 
Q. How much do you usually have? 
Q. How often?

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>63016</td>
<td></td>
<td>Pasta: Macaroni, spaghetti</td>
<td>CP</td>
<td>SES</td>
<td></td>
<td>BCOM</td>
<td>HOME</td>
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<tr>
<td>63024</td>
<td></td>
<td>Egg noodles</td>
<td>CP</td>
<td>SES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38737</td>
<td></td>
<td>Macaroni &amp; cheese</td>
<td>CP</td>
<td>APFI</td>
<td></td>
<td>BCOM</td>
<td></td>
</tr>
<tr>
<td>65410</td>
<td></td>
<td>Pasta salad: Pasta w/ vinaigrette dressing</td>
<td>CP</td>
<td>APFI</td>
<td></td>
<td>BCOM</td>
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</tr>
<tr>
<td>65400</td>
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<td>Macaroni salad</td>
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<tr>
<td>38661</td>
<td></td>
<td>Ravioli/Pasta: With cheese</td>
<td>CP</td>
<td>APFI</td>
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<td>BCOM</td>
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<td>14142</td>
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<td>APFI</td>
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<td>BCOM</td>
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<tr>
<td>38760</td>
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<td>PC</td>
<td></td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
<tr>
<td>14134</td>
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<td>Beef and pork</td>
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### GRAINS/CEREALS Continued

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<th>Frequency D \ W \ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
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</table>

19. Q. Do you add anything to the pasta that you eat? ______ NO  
   Q. To which foods do you add these items?

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<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
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<th>Frequency D \ W \ M</th>
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<th>Fat Code</th>
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<tbody>
<tr>
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<td>51797</td>
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<td>Spaghetti sauce: with meat</td>
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<td>51599</td>
<td>White sauce/Alfredo</td>
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<td>47035</td>
<td>Butter</td>
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</tr>
<tr>
<td>49030</td>
<td>Margarine: Regular</td>
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<tr>
<td>49060</td>
<td>Spread</td>
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<tr>
<td>48918</td>
<td>Diet</td>
<td></td>
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<tr>
<td>38059</td>
<td>Parmesan cheese</td>
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<td>51940</td>
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<td></td>
<td>Other:</td>
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20. Q. Do you usually eat rice or other whole grains? Include rice mixes, fried rice or fried noodles. ______ NO  
   Q. How much do you usually have? ______ CP  
   Q. How often?

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<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D \ W \ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
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<tbody>
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<td>SES</td>
<td>BCOMHOME</td>
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<tr>
<td>61226</td>
<td>Brown rice</td>
<td>CP</td>
<td>SES</td>
<td>BCOMHOME</td>
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<tr>
<td>61406</td>
<td>Rice mixes, pilaf</td>
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<td>APFC</td>
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<tr>
<td>63120</td>
<td>Fried noodles</td>
<td>CP</td>
<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>61177</td>
<td>Fried rice</td>
<td>CP</td>
<td>APFC</td>
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<tr>
<td>61390</td>
<td>Kasha/Buckwheat, cooked</td>
<td>CP</td>
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<td>BCOMHOME</td>
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21. Q. Do you add anything to the rice or whole grains that you eat? ______ NO  
   Q. To which foods do you add these items?

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<tr>
<td>49060</td>
<td>Spread</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48918</td>
<td>Diet</td>
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<tr>
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<tr>
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<td>51789</td>
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<tr>
<td>51664</td>
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<td>Other:</td>
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</table>
22. Q. Do you usually eat hot or cold cereal? ______ NO
   Q. How much do you usually have? ______ CP
   Q. What kind do you usually have?
   Q. How often?

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<tr>
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<tbody>
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<td>61143</td>
<td>Oatmeal</td>
<td>CP</td>
<td></td>
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<td>SES</td>
<td>BCOM HOME</td>
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<tr>
<td>61890</td>
<td>Farina, Cream of Wheat</td>
<td>CP</td>
<td></td>
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<td>SES</td>
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<tr>
<td>61101</td>
<td>Corn grits</td>
<td>CP</td>
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Cold Cereals:
*Brand/type:
### GRAINS/CEREALS Continued

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<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
</table>

23. Q. Do you usually add anything to your cereals? Include any unprocessed bran or wheat germ. ______

   NO

   Q. To which cereals do you add these items?

   **ADDITIONS TO CEREALS:**
   
   *Milk, type:

   - 47035 Butter
   - 49030 Margarine: Regular
   - 49060 Spread
   - 48918 Diet
   - 28100 Nondairy liquid creamer
   - 90084 Sugar: White
   - 90068 Brown
   - 90027 Honey
   - 90274 Artificial sweetener:
     - Nutrasweet (Equal)
   - 90266 Saccharin or unknown
   - 61713 Unprocessed bran
   - 61184 Wheat germ
   - Other:

24. Q. Do you usually eat crackers? ______ NO

   Q. How many do you usually have?
   Q. What kind or brand?
   Q. How often?

   * Crackers - Brand/type:
25. Q. Do you usually add anything to your crackers? ______ NO
   Q. To which crackers do you usually add these items?

<table>
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<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
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<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
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<td>*Cheese</td>
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<tr>
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<td>Butter</td>
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<tr>
<td>49030</td>
<td>Margarine: Regular</td>
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<tr>
<td>49060</td>
<td>Spread</td>
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</tr>
<tr>
<td>48918</td>
<td>Diet</td>
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<td>Other:</td>
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</tbody>
</table>
26. Q. Do you usually drink any fruit or vegetable juices? ______ NO  

Q. How much do you usually have? ______ FO or ______ CP  

Q. How often?

<table>
<thead>
<tr>
<th>NHLBI Code</th>
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<td>84558</td>
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<td>80531</td>
<td>Cranberry juice: Low calorie</td>
<td>FO CP</td>
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<tr>
<td>84509</td>
<td>Sweetened</td>
<td>FO CP</td>
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<td></td>
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<tr>
<td>84517</td>
<td>Grape juice: Sweetened</td>
<td>FO CP</td>
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<tr>
<td>80606</td>
<td>Grapefruit juice: Unsweetened</td>
<td>FO CP</td>
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<td>84525</td>
<td>Sweetened</td>
<td>FO CP</td>
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<td>80523</td>
<td>Orange juice: Unsweetened</td>
<td>FO CP</td>
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<tr>
<td>84541</td>
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<td>FO CP</td>
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<tr>
<td>80614</td>
<td>Papaya juice</td>
<td>FO CP</td>
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<tr>
<td>82032</td>
<td>Pineapple juice: Unsweetened</td>
<td>FO CP</td>
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<td>82040</td>
<td>Prune juice</td>
<td>FO CP</td>
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<tr>
<td>84533</td>
<td>Nectars, all types: Apricot</td>
<td>FO CP</td>
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<tr>
<td>84574</td>
<td>Pear, peach</td>
<td>FO CP</td>
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<td>Other</td>
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<table>
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<tr>
<th>Vegetable Juices: Regular</th>
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<tr>
<td>70276 Tomato</td>
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<tr>
<td>70615 Mixed, V-8 type</td>
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</table>
27. Q. Do you eat fresh fruit? ______ NO

Q. Looking at this list, which ones do you eat and how often?

<table>
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<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>81018</td>
<td>FRESH FRUITS: Apple</td>
<td>SM MD* LG</td>
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<td>Apricot</td>
<td>MD</td>
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<td>Banana</td>
<td>LI SM MD* LG</td>
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<td>81059</td>
<td>Berries (all other than strawberries)</td>
<td>PC CP</td>
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<td>Cherries</td>
<td>PC CP</td>
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<td>Figs, fresh</td>
<td>SM MD* LG CP</td>
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<td>Grapes (15 = 1 CP)</td>
<td>PC CP</td>
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<td>Melons:</td>
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<td>81067</td>
<td>Cantaloupe</td>
<td>WDG* SM MD LG</td>
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<td>Honeydew</td>
<td>WDG* SM MD LG</td>
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<td>SM MD* LG CP</td>
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<td>Mango</td>
<td>MD CP</td>
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<td>Orange</td>
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<td>Peach</td>
<td>SM MD* LG</td>
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<td>81125</td>
<td>Pear</td>
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<td>Pineapple:</td>
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<td>Chunks (20 chunks = 1 CP)</td>
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<td>Slices</td>
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<td>Plum</td>
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<td>Tangerine</td>
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<td>81356</td>
<td>Kiwi fruit</td>
<td>MD CP</td>
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</table>
28. **Q.** Do you eat canned, cooked or frozen fruit?  ______ NO

**Q.** Looking at this list, which ones do you eat and how often?

**Q.** What is your usual serving size for canned or frozen fruit?  ______ CP

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<th>Select</th>
<th>Item Description</th>
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<th>Serving Size</th>
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<td>CP</td>
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<td>CP</td>
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<td>CP</td>
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<td>Fruit cocktail: Unsweetened</td>
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<td>Orange, mandarin</td>
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<td>81117</td>
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<td>Peaches: Cnd/frzn, unswt (2 halves=1 md)</td>
<td>MD</td>
<td>CP</td>
<td></td>
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<tr>
<td>84053</td>
<td></td>
<td>Frzn/cnd, swt (1 PC = 1/2)</td>
<td>PC</td>
<td>CP</td>
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<td></td>
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<tr>
<td>81125</td>
<td></td>
<td>Pears: Cnd/frzn, unswt (2 halves=1 md)</td>
<td>MD</td>
<td>CP</td>
<td></td>
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<tr>
<td>84061</td>
<td></td>
<td>Frzn/cnd, swt (1 PC=1 half)</td>
<td>PC</td>
<td>CP</td>
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<tr>
<td>81257</td>
<td></td>
<td>Pineapple: Frzn/cnd, unswt (SL = 1 slice)</td>
<td>CK</td>
<td>SL</td>
<td>CP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84079</td>
<td></td>
<td>Canned, sweetened</td>
<td>CK</td>
<td>SL</td>
<td>CP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>81158</td>
<td></td>
<td>Plums: Cnd, unsweetened</td>
<td>SM</td>
<td>MD*</td>
<td>LG</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>84087</td>
<td></td>
<td>Cnd, swt (1 pc = 1 plum)</td>
<td>PC</td>
<td>CP</td>
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</tbody>
</table>
## FRUITS Continued

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<tr>
<th>NHLBI Code</th>
<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>82099</td>
<td></td>
<td>Cnd/Frz/Ckd fruits: Rhubarb: Unsweetened</td>
<td></td>
<td>CP</td>
<td></td>
<td></td>
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<tr>
<td>84111</td>
<td></td>
<td>Sweetened</td>
<td></td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>81174</td>
<td></td>
<td>Strawberries: Frzn, unswt</td>
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<td>CP</td>
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<tr>
<td>84095</td>
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<td>Frzn, swt</td>
<td></td>
<td>CP</td>
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<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

29. Q. Do you usually eat dried fruits? ______ NO
   Q. How much do you usually have?
   (Ascertain serving size for each item mentioned)
   Q. How often?

| 83014      |        | Dried Fruits (uncooked): Apples |          | RG                  | CP              |           |          |
| 83022      |        | Apricots (1 pc=one half) (1 CP = 9 halves) |          | PC                  | CP              |           |          |
| 83030      |        | Dates (1 PC = 1) |          | PC                  | CP              |           |          |
| 83048      |        | Figs (1 PC = 1) |          | PC                  | CP              |           |          |
| 83055      |        | Peaches, pears & similar (1 PC=one half) |          | PC                  | CP              |           |          |
| 83063      |        | Prunes (1 PC = 1) |          | PC                  | CP              |           |          |
| 83071      |        | Raisins |          | TB                  | CP              |           |          |
| 84210      |        | Fruit leather or rolls (MD=1 rollup) |          | MD                  | OZ              |           |          |

30. Q. Do you usually add anything to your fruits? ______ NO
   Q. To which fruits do you add these items?

### ADDITIONS TO FRUITS:

- **Sugar**
  - 90084 White
  - 90068 Brown
  - 90027 Honey
  - Artificial sweetener
  - 90274 Nutrasweet (Equal)
  - 90266 Saccharin
    - *Milk, type:
      - 36202 Cream/half & half
      - 28100 Nondairy creamer
      - 39024 Whipped cream: Dairy
      - 28415 Nondairy
      - Other:
### ETHNIC

<table>
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</thead>
<tbody>
<tr>
<td>31.</td>
<td>Q.</td>
<td>Do you usually eat pizza? ______ NO</td>
<td></td>
<td>MOD SM MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q.</td>
<td>How much do you usually have? ______ slices</td>
<td></td>
<td>MOD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Q.</td>
<td>What kind?</td>
<td></td>
<td>MOD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Q.</td>
<td>How often?</td>
<td></td>
<td>MOD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38780 Pizza: Cheese, reg. (MOD = 1/8 14" diam; SM=9" diam; MD=12" diam) MOD SM MD
38729 Cheese pizza, deep dish (1 SL = 1/8 14" diam) SL APFI BCOM
15470 Meat pizza, reg. (MOD = 1/8 14" diam; SM=9" diam; MD=12" diam) MOD SM MD
38735 Meat pizza, deep dish SL APFI BCOM

Note: Disregard any vegetables on pizza.

### 32. Q. Do you eat Oriental foods (include fortune cookies)? ______ NO

Q. What is your usual serving size? ______ CP or ______ SV
Q. What kind?
Q. How often?

<table>
<thead>
<tr>
<th>14850</th>
<th>Chicken &amp; Oriental veg.</th>
<th>CP</th>
<th>APFC</th>
<th>BCOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>14851</td>
<td>Beef &amp; Oriental veg.</td>
<td>CP</td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>14852</td>
<td>Pork &amp; Oriental veg.</td>
<td>CP</td>
<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>14853</td>
<td>Seafood &amp; Oriental veg.</td>
<td>CP</td>
<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>70375</td>
<td>Oriental veg. (plain)</td>
<td>CP</td>
<td>SES</td>
<td>BCOM</td>
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<tr>
<td>71021</td>
<td>Tofu &amp; oriental veg.</td>
<td>CP</td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>14854</td>
<td>Sweet and sour dishes</td>
<td>CP</td>
<td>PAN</td>
<td>BCOM</td>
</tr>
<tr>
<td>25379</td>
<td>Egg roll (1 PC = 1)</td>
<td>PC</td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>25361</td>
<td>Egg foo yung (1 PC = 1 pancake)</td>
<td>PC</td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>93120</td>
<td>Fortune cookie (1 cookie=0.5 PC)</td>
<td>PC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06429</td>
<td>ADDITIONS: Soy sauce</td>
<td></td>
<td></td>
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<tr>
<td>51789</td>
<td>Sweet and sour sauce</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:
33. Q. Do you usually eat Mexican food?______ NO
Q. What kind?
Q. How often?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>14229</td>
<td></td>
<td>Mexican: Enchilada: (1 PC = 1 enchilada) Cheese</td>
<td></td>
<td>PC</td>
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<td></td>
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<tr>
<td>14227</td>
<td></td>
<td>Chicken</td>
<td></td>
<td>PC</td>
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<td>14820</td>
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<td>Beef</td>
<td></td>
<td>PC</td>
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<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>73635</td>
<td></td>
<td>Burrito: Bean</td>
<td>MD LG XL*</td>
<td></td>
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<tr>
<td>14704</td>
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<td>Beef</td>
<td>MD LG XL</td>
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<tr>
<td>14696</td>
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<td>Taco, beef</td>
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<tr>
<td>14223</td>
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<td>Tostada: Beef</td>
<td>MD</td>
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<tr>
<td>73643</td>
<td></td>
<td>Bean</td>
<td>MD</td>
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<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>73544</td>
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<td>Refried beans</td>
<td>CP</td>
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<td>APFC</td>
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<td>10512</td>
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<td>Chicken fajitas - meat</td>
<td>OZ</td>
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<td>PAN</td>
<td>BCOM</td>
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<tr>
<td>10017</td>
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<td>Beef fajitas - meat</td>
<td>OZ</td>
<td></td>
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<td>PAN</td>
<td>BCOM</td>
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<tr>
<td>65144</td>
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<td>Spanish rice</td>
<td>CP</td>
<td></td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
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<tr>
<td>60285</td>
<td></td>
<td>Tortilla: Flour (6&quot; diam): Plain</td>
<td>SM MD LG*</td>
<td></td>
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<td>APFC</td>
<td>BCOM</td>
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<tr>
<td>53108</td>
<td></td>
<td>Fried</td>
<td>SM MD LG*</td>
<td></td>
<td></td>
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<tr>
<td>60301</td>
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<td>Corn (5 1/2&quot; diam): Plain</td>
<td>MD</td>
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<tr>
<td>53173</td>
<td></td>
<td>Fried</td>
<td>MD</td>
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<td>APFC</td>
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</table>

**ADDITIONS:**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>51888</td>
<td>Salsa, taco sauce</td>
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<tr>
<td>38208</td>
<td>Sour cream</td>
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<tr>
<td>46078</td>
<td>Guacamole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38026</td>
<td>Cheese</td>
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</table>

**Note:** Use tortilla codes if eaten plain or separate from Mexican foods.
Code other ingredients of fajitas besides meat separately.
Code tortilla chips in salty snack section.
### SOUPS

|------------|--------|------------------|----------|---------------------|----------------------|-----------|---------|

34. **Q. Do you eat soups? Include stew, chowder and chili. ______ NO**

**Q. How much do you usually have? ______ FO or ______ CP**

**Q. What kind?**

**Q. How often?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Frequency D : W : M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>51102</td>
<td>Water based: Vegetable, Chicken, Beef Noodle/Rice (RTS)</td>
<td>FO CP</td>
<td></td>
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<tr>
<td>51094</td>
<td>Milk or cream based: Tomato (undil)</td>
<td>FO CP</td>
<td></td>
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<tr>
<td>51086</td>
<td>All others (undil)</td>
<td>FO CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Add type of milk:</td>
<td>FO CP</td>
<td></td>
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<tr>
<td>06098</td>
<td>Instant soups: Dry onion mix</td>
<td>PKG TB</td>
<td></td>
<td></td>
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<tr>
<td>51037</td>
<td>Bouillon (RTS)</td>
<td>FO CP</td>
<td></td>
<td></td>
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<tr>
<td>23275</td>
<td>Fish chowders: New England (cream, undil)</td>
<td>FO CP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23267</td>
<td>Manhattan (tomato, undil)</td>
<td>FO CP</td>
<td></td>
<td></td>
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<tr>
<td>23150</td>
<td>Gumbo (RTS)</td>
<td>CP</td>
<td></td>
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<tr>
<td>51045</td>
<td>Hearty soups: Bean soups (RTS)</td>
<td>FO CP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14035</td>
<td>Beef vegetable stew</td>
<td>CP</td>
<td>APFI BCOM</td>
<td></td>
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<tr>
<td>14050</td>
<td>Chili w/meat &amp; beans</td>
<td>CP</td>
<td></td>
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<tr>
<td>14060</td>
<td>Chili w/o meat, w/beans</td>
<td>CP</td>
<td></td>
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<tr>
<td>51177</td>
<td>Chunky soups: w/meat (RTS)</td>
<td>FO CP</td>
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<tr>
<td>51185</td>
<td>w/o meat (RTS)</td>
<td>FO CP</td>
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</table>

**Note:** Ascertain type of milk used in cream based soups.

**Note:** 1 cup of cream based soup = 1/2 cup soup concentrate + 1/2 cup milk (if used). If other soup noted as undiluted, code 1 cp soup = 1/2 cp soup concentrate.

**Note:** Code 1 tablespoon of dehydrated instant soup per serving for soup used in casseroles and other recipes.
35. Q. Do you usually eat frozen entrees, including TV dinners or pot pies? ______ NO

Q. What kind do you usually have?

Q. How often?

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>14121</td>
<td>Frozen Entrees - Regular Meat (1 PC=1 entree)</td>
<td>PC</td>
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<tr>
<td>10509</td>
<td>Poultry</td>
<td>PC</td>
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<tr>
<td>23109</td>
<td>Fish</td>
<td>PC</td>
<td></td>
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<tr>
<td>14037</td>
<td>Pot pies: Meat (1 PC=1 pie)</td>
<td>PC</td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
<tr>
<td>15160</td>
<td>Poultry</td>
<td>PC</td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
<tr>
<td>14032</td>
<td>T.V. Dinners (1 PC=1 entree)</td>
<td>PC</td>
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<tr>
<td>15162</td>
<td>Poultry</td>
<td>PC</td>
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<td></td>
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<tr>
<td>23115</td>
<td>Fish</td>
<td>PC</td>
<td></td>
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<tr>
<td>14129</td>
<td>Frozen entree: Low calorie: Meat (1 PC=1 entree)</td>
<td>PC</td>
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<td>15179</td>
<td>Poultry</td>
<td>PC</td>
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<tr>
<td>23237</td>
<td>Fish</td>
<td>PC</td>
<td></td>
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</tbody>
</table>
36. Q. Do you eat any fast food hamburgers or cheeseburgers? ______ NO

   Q. How many do you usually have? ______

   Q. What kind?

   Q. How often?

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<tr>
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<tbody>
<tr>
<td>14659</td>
<td>Hamburger, reg.</td>
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<td>SW</td>
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<tr>
<td>14660</td>
<td>Hamburger, 1/4 lb, unk</td>
<td></td>
<td>SW</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14665</td>
<td>Cheeseburger, reg.</td>
<td></td>
<td>SW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14666</td>
<td>Cheeseburger, 1/4 lb, unk</td>
<td></td>
<td>SW</td>
<td></td>
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</tr>
</tbody>
</table>

*Fast food hamburgers
Restaurant known:

37. Q. Do you eat ground beef including other hamburgers, meatloaf or meatballs? ______ NO

   Q. What kind of beef?

   Q. How much do you usually have? ______ OZ

   Q. How is it usually prepared?

|------------|-------------------------------------------|----------|---------------------|---------------------|-----------|----------|
| 13350      | Ground beef:
Regular hamburger, 23% fat            |          | OZ                  |                     |           |          |
| 13011      | Chuck, lean, 20% fat                     |          | OZ                  |                     |           |          |
| 12013      | Round, sirloin, extra lean,
15% fat                                      |          | OZ                  |                     |           |          |
| 11015      | < 15% fat                                  |          | OZ                  |                     |           |          |
| 13086      | % fat unknown or restaurant,
other than fast food                        |          | OZ                  |                     |           |          |
### MEATS Continued

|------------|--------|------------------|----------|---------------------|---------------------|-----------|----------|

38. Q. Do you usually add any of these items to your hamburgers, meatloaf, or meatballs? ______ NO
Q. To which foods do you add these items?

- **ADDITIONS TO GROUND BEEF**
  - 06031 Catsup, chili sauce, cocktail sauce
  - 06551 Steak sauce
  - 06429 Soy sauce
  - 06460 Worcestershire sauce
  - 06619 Teriyaki sauce
  - 06320 Mustards, prepared
  - 51990 BBQ sauce
  - 51864 Gravy
    - Other:

39. Q. Do you eat any ground beef casseroles or Hamburger Helper? ______ NO
Q. How much do you usually have?
Q. How often?

- **14373 Hamburger Helper**
- **14415 Ground beef & rice casserole w/tomato sauce**
- **15390 Casserole w/meat, pasta and vegetables**

40. Q. Do you eat any other beef such as pot roast or steaks? ______ NO
Q. Do you eat it trimmed or untrimmed?
Q. How much do you usually have? ______ OZ
Q. How often?
Q. How is it usually prepared?

- **11015 *Beef (9% fat)**
- **11015**
- **12013 *Beef (15% fat)**
- **12013**
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</tr>
</thead>
<tbody>
<tr>
<td>13011</td>
<td></td>
<td>Untrimmed beef:</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13011</td>
<td></td>
<td>*Beef (20% fat)</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13011</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

41. Q. Do you usually add any of these items to beef? ______ NO

Q. To which foods do you add these items?

<table>
<thead>
<tr>
<th>Code</th>
<th>Menus</th>
<th>Item Description</th>
<th>Ingredients</th>
</tr>
</thead>
<tbody>
<tr>
<td>06031</td>
<td></td>
<td>ADDITIONS TO BEEF:</td>
<td>Catsup, chili sauce,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>cocktail sauce</td>
</tr>
<tr>
<td>06551</td>
<td></td>
<td>Steak sauce</td>
<td></td>
</tr>
<tr>
<td>06429</td>
<td></td>
<td>Soy sauce</td>
<td></td>
</tr>
<tr>
<td>06460</td>
<td></td>
<td>Worcestershire sauce</td>
<td></td>
</tr>
<tr>
<td>06619</td>
<td></td>
<td>Teriyaki sauce</td>
<td></td>
</tr>
<tr>
<td>06320</td>
<td></td>
<td>Mustards, prepared</td>
<td></td>
</tr>
<tr>
<td>51990</td>
<td></td>
<td>BBQ sauce</td>
<td></td>
</tr>
<tr>
<td>51664</td>
<td></td>
<td>Gravy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

42. Q. Do you eat ham or ham hocks? ______ NO

Q. How much do you usually have? ______ OZ

Q. How often?

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11213</td>
<td></td>
<td>Ham, smoked</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fresh ham (leg):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11106</td>
<td></td>
<td>Trimmed</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13177</td>
<td></td>
<td>Untrimmed</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13243</td>
<td></td>
<td>Ham hocks</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Deli ham coded with cold cuts
43. **Q. Do you usually add any of these items to ham?**

**Q. To which foods do you add these items?**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D Ĵ W Ĵ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catsup, chili sauce, cocktail sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steak sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worcestershire sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teriyaki sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mustards, prepared</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BBQ sauce</td>
<td></td>
<td></td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
<tr>
<td>Gravy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44. **Q. Do you usually eat any bacon, breakfast sausages, or corned beef hash? _____ NO**

**Q. How often?**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D Ĵ W Ĵ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast Pork: Bacon, regular</td>
<td>SL</td>
<td>TKS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian bacon</td>
<td>SL</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM</td>
</tr>
<tr>
<td>Breakfast sausage: Patties or links</td>
<td>LK</td>
<td>SMP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corned beef hash</td>
<td>CP</td>
<td></td>
<td></td>
<td>APFC</td>
<td>BCOM</td>
</tr>
</tbody>
</table>
MEATS Continued

|------------|--------|---------------------------|----------|---------------------|---------------------|-----------|----------|

45. Q. Do you eat any other pork, including pork chops and ribs? ______ NO
Q. Do you eat it trimmed or untrimmed?
Q. How much do you usually have? ______ OZ
Q. How often?
Q. How is it usually prepared?

<table>
<thead>
<tr>
<th>12104</th>
<th>Trimmed pork: Chops, steak</th>
<th>OZ</th>
<th>PAN BST PFN BDF</th>
<th>BCOM HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>12104</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13102</td>
<td>Untrimmed pork: Chops, steak</td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13102</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13102</td>
<td>Spareribs, Back ribs</td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

46. Q. Do you eat veal or lamb? ______ NO
Q. Do you eat it trimmed or untrimmed?
Q. How much do you usually have? ______ OZ
Q. How often?
Q. How is it usually prepared?

<table>
<thead>
<tr>
<th>10041</th>
<th>Trimmed: Veal</th>
<th>OZ</th>
<th>PAN BST PFN BDF</th>
<th>BCOM HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>10041</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10033</td>
<td>Lamb</td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10033</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12021</td>
<td>Untrimmed: Veal</td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12021</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13320</td>
<td>Lamb</td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13320</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### MEATS Continued

|------------|--------|------------------|----------|---------------------|---------------------|-----------|----------|

#### 47. Q. Do you usually add any of these items to your pork, veal or lamb? ______ NO
Q. To which foods do you add these items?

- **06031** ADDITIONS:
  - Catsup, chili sauce, cocktail sauce
- **06551** Steak sauce
- **06429** Soy sauce
- **06460** Worcestershire sauce
- **06619** Teriyaki sauce
- **06320** Mustards, prepared
- **51990** BBQ sauce
- **51664** Gravy

Other:

**Others:**

#### 48. Q. Do you usually eat any of these cold cuts or sausage? ______ NO
Q. How much do you usually have? ______ OZ
Q. How often?

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13508</td>
<td></td>
<td>Cold cuts &amp; sausage: Bologna</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12229</td>
<td></td>
<td>Deli ham</td>
<td></td>
<td>OZ</td>
<td>PAN BST  PFN BDF</td>
<td>BCOM HOME</td>
<td></td>
</tr>
<tr>
<td>13466</td>
<td></td>
<td>Luncheon meat</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13771</td>
<td></td>
<td>Salami</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10025</td>
<td></td>
<td>Dried chipped beef</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13532</td>
<td></td>
<td>Liverwurst</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13599</td>
<td></td>
<td>Braunschweiger, liver sausage</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13573</td>
<td></td>
<td>Canned meats (Spam)</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13516</td>
<td></td>
<td>Frankfurters, hot dog: Regular (1 = 1 SV)</td>
<td>REG* JM OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13201</td>
<td></td>
<td>Kosher beef</td>
<td>REG* JM OZ</td>
<td>PAN BST  PFN BDF</td>
<td>BCOM HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13755</td>
<td></td>
<td>Turkey or chicken roll</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13730</td>
<td></td>
<td>Turkey/chicken franks</td>
<td>REG JM OZ</td>
<td>PAN BST  PFN BDF</td>
<td>BCOM HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13748</td>
<td></td>
<td>Turkey bologna/salami</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13557</td>
<td></td>
<td>Sausage: Unknown type/Polsih</td>
<td>LK OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13623</td>
<td></td>
<td>Knockwurst</td>
<td>LK OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13631</td>
<td></td>
<td>Italian</td>
<td>LK OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13565</td>
<td></td>
<td>Vienna</td>
<td>LK OZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
49. **Q. Do you add any of these items to your cold cuts or sausages?**

**Q. To which foods do you add these items?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency Day</th>
<th>Prepp Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>06031</td>
<td>ADDITIONS: Catsup, chili sauce, cocktail sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06551</td>
<td>Steak sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06429</td>
<td>Soy sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06460</td>
<td>Worcestershire sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06619</td>
<td>Teriyaki sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06320</td>
<td>Mustards, prepared</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51990</td>
<td>BBQ sauce</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

50. **Q. Do you usually eat any liver, kidney, heart, or other organ meats?**

**Q. How much do you usually have? ______ OZ**

(Ascertain serving size for each item mentioned)

**Q. How often?**

**Q. How is it usually prepared?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Organ Meats:</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency</th>
<th>Prepp Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>16055</td>
<td>Liver, beef</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16212</td>
<td>Liver, chicken, giblets</td>
<td>PC</td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16105</td>
<td>Liver, calves*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16220</td>
<td>Pate</td>
<td>TB</td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Other organ meats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### MEATS Continued

<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

51. Q. Do you eat game, including venison, rabbit or duck? ______ NO  
Q. How much do you usually have? ______ OZ  
Q. With skin or without skin?  
Q. How often?  
Q. How is it usually prepared?

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10538</td>
<td></td>
<td>Guinea hen, pheasant, wild duck</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM HOME</td>
</tr>
<tr>
<td>10058</td>
<td></td>
<td>All other game: Venison, rabbit,</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
</tr>
</tbody>
</table>

### POULTRY

52. Q. Do you usually eat chicken? Include any chicken sandwiches or chicken eaten at places like Kentucky Fried Chicken, Wendy’s or McDonald’s. ______ NO  
Q. How much do you usually have?  
Q. Light meat or dark meat?  
Q. With skin or without skin?  
Q. How often?  
Q. How is it usually prepared?

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11726</td>
<td></td>
<td>Chicken: Unknown type: w/skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM HOME</td>
<td></td>
</tr>
<tr>
<td>11734</td>
<td></td>
<td>Unknown type: w/o skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10504</td>
<td></td>
<td>Light meat w/skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10512</td>
<td></td>
<td>Light meat w/o skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11700</td>
<td></td>
<td>Dark meat w/skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10520</td>
<td></td>
<td>Dark meat w/o skin</td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Fast food chicken  

Note: Record weight without bone. See guide to ascertain weight of each part.  
Note: Ascertain fast food vs. home preparation
POULTRY Continued

|------------|--------|------------------|----------|---------------------|---------------------|-----------|----------|

53. Q. Do you eat turkey, cornish hens, duck or goose? ______ NO
Q. How much do you usually have? ______
Q. With skin or without skin?
Q. How often?
Q. How is it usually prepared?

| 11726 | Turkey/Cornish hens Unknown type: w/skin | OZ | PAN BST PFN BDF | BCOM HOME |
| 11734 | Unknown type: w/o skin | OZ | PAN BST PFN BDF |
| 10504 | Light meat: w/skin | OZ | PAN BST PFN BDF |
| 10512 | Light meat: w/o skin | OZ | PAN BST PFN BDF |
| 11700 | Dark meat: w/skin | OZ | PAN BST PFN BDF |
| 10520 | Dark meat: w/o skin | OZ | PAN BST PFN BDF |
| 13805 | Duck w/skin | OZ | PAN BST PFN BDF |
| 13813 | Goose w/skin | OZ | PAN BST PFN BDF |
| 11718 | Duck, goose w/o skin | OZ | PAN BST PFN BDF |

54. Q. Do you usually add any of these items to chicken, turkey, duck or goose? ______ NO
Q. To which foods do you add these items?

| 06031 | ADDITIONS: Catsup, chili sauce, cocktail sauce |
| 06551 | Steak sauce |
| 06429 | Soy sauce |
| 06460 | Worcestershire sauce |
| 06619 | Teriyaki sauce |
| 06320 | Mustards, prepared |
| 51990 | BBQ sauce |
| 51664 | Gravy | APFI BCOM |
| 90027 | Honey |

Other:
### Poultry Continued

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D \ W \ M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
</table>

55. Q. Do you eat chicken or turkey salad? ______ NO

Q. How much do you usually have? ______ CP

Q. How often?

| 14548 | Chicken/turkey salad Mayo-type dressing | | | CP | |

56. Q. Do you usually eat stuffing or dressing? ______ NO

Q. How much do you usually have? ______ CP

Q. How often?

| 54106 | Stuffing: Bread type | | CP | APFI | BCOM |
| 54130 | Cornbread type | | CP | APFI | BCOM |
### FISH/SHELLFISH

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Select Item Description</th>
<th>Comments</th>
<th>Serving Amount</th>
<th>Frequency D W M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20016</td>
<td>* Lean fish (2% fat)</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM</td>
</tr>
<tr>
<td>20024</td>
<td>* Medium fat fish (6%)</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM</td>
</tr>
<tr>
<td>21014</td>
<td>* High fat fish (12% fat)</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM</td>
</tr>
<tr>
<td></td>
<td>*Fast food fish</td>
<td></td>
<td>OZ</td>
<td>PAN BST</td>
<td>PFN BDF</td>
<td>BCOM</td>
</tr>
<tr>
<td>21469</td>
<td>Lox</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21520</td>
<td>Pickled herring (1 pc=0.5 oz)</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21501</td>
<td>Sushi or sashimi (no rice)</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20016</td>
<td>Fish sticks and breaded fish, frozen</td>
<td></td>
<td>OZ</td>
<td></td>
<td>BDF</td>
<td>BCOM</td>
</tr>
</tbody>
</table>

**NOTE:** Code rice for sushi separately

### 58. Q. Do you usually add any of these items to the fish you eat? 
Q. To which foods do you add these items?

<table>
<thead>
<tr>
<th>Code</th>
<th>Additions to Fish</th>
</tr>
</thead>
<tbody>
<tr>
<td>47035</td>
<td>Butter</td>
</tr>
<tr>
<td>49030</td>
<td>Margarine: Regular</td>
</tr>
<tr>
<td>49060</td>
<td>Spread</td>
</tr>
<tr>
<td>48918</td>
<td>Diet</td>
</tr>
<tr>
<td>06031</td>
<td>Cocktail sauce</td>
</tr>
<tr>
<td>06031</td>
<td>Catsup</td>
</tr>
<tr>
<td>44321</td>
<td>Tartar sauce</td>
</tr>
<tr>
<td>80515</td>
<td>Lemon juice</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
59. Q. Do you usually eat any fresh or frozen shellfish, octopus or squid? ______ NO
   Q. How much do you usually have?
     (Ascertain serving size for each item mentioned)
   Q. How often?
   Q. How is it usually prepared?

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Se-</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Amount</td>
<td>D \ W \ M</td>
<td>Code</td>
<td>Code</td>
</tr>
<tr>
<td>22236</td>
<td></td>
<td>Shellfish: Lobster</td>
<td></td>
<td>SML MD* LGL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22236</td>
<td></td>
<td>Lobster tail</td>
<td></td>
<td>SM MD* LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22269</td>
<td></td>
<td>Shrimp</td>
<td></td>
<td>SM MD* LG OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22210</td>
<td></td>
<td>Clams, cooked</td>
<td></td>
<td>SM MD LG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22020</td>
<td></td>
<td>Oysters, raw (E=Eastern)</td>
<td></td>
<td>MDE* MDP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22020</td>
<td></td>
<td>Oysters, raw (P=Pacific)</td>
<td></td>
<td>MDE* MDP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22251</td>
<td></td>
<td>Scallops</td>
<td></td>
<td>SM LG OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22202</td>
<td></td>
<td>Abalone (1 PC=1 abalone)</td>
<td></td>
<td>PC OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22301</td>
<td></td>
<td>Crab, hard shell (1 PC=1 crab)</td>
<td></td>
<td>PC OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22285</td>
<td></td>
<td>Squid, octopus</td>
<td></td>
<td>OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

60. Q. Do you usually add any of these items to the shellfish, squid or octopus? ______ NO
   Q. To which foods do you add these items?

| Code | ADDITIONS: | | | | | |
|------|------------|---|---|---|---|
| 47035| ADDITIONS: | | | | | |
| 49030| Butter     | | | | | |
| 49060| Margarine: Regular | | | | | |
| 48918| Spread     | | | | | |
| 06031| Diet       | | | | | |
| 06031| Cocktail sauce | | | | | |
| 44321| Catsup     | | | | | |
| 80515| Tartar sauce | | | | | |
| 80515| Lemon juice | | | | | |

61. Q. Do you usually eat tuna salad? ______ NO
   Q. How much do you usually have? ______ CP
   Q. How often?

| Code | Tuna salad: Mayo-type dressing | | | |
|------|--------------------------------|---|---|---|---|
| 23360| Tuna salad: Mayo-type dressing | | | | |
62. Q. Do you usually eat any other canned fish including tuna, sardines, herring or salmon? ______ NO

Q. How much do you usually have?
(Ascertain serving size for each item separately)

Q. How often?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Serving Size</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>21436</td>
<td>Canned fish: Sardines</td>
<td>SM MD* LG OZ</td>
<td>D W M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21410</td>
<td>Herring</td>
<td>SM MD* LG OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22228</td>
<td>Crabmeat</td>
<td>CP OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21428</td>
<td>Salmon</td>
<td>CP OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22806</td>
<td>Caviar</td>
<td>TB OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21402</td>
<td>Anchovies (1 PC=1 fillet)</td>
<td>PC OZ</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21444</td>
<td>Tuna: Oil pack</td>
<td>CP OZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20040</td>
<td>Water pack</td>
<td>CP OZ</td>
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### LEGUMES

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<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td>W</td>
<td>M</td>
</tr>
<tr>
<td>63. Q. Do you eat dried peas or beans? Include canned beans and baked beans. ______ NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. How much do you usually have? ______ CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. How often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. How are they usually prepared?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

|    |     |             |          |          |           |         |          |          |
|----|-----|-------------|----------|----------|-----------|--------|----------|
| 73790 | Navy beans | CP | SES | BCOM HOME |
| 73627 | Blackeye peas | CP | | |
| 73593 | Split peas | CP | | |
| 73536 | Baked beans | CP | | |
| 73800 | Pinto beans | CP | | |
| 73780 | Kidney, red beans | CP | | |
| 73577 | Northern beans | CP | | |
| 73585 | Chick peas | CP | | |
| 73820 | Lentils | CP | | |
| 73601 | Soybeans | CP | | |

64. Q. Do you eat tofu or Textured Vegetable Proteins (TVP)? ______ NO

Q. How much do you usually have? ______ CP

Q. How often?

Q. How is it usually prepared?

| 50054 | Soy Products or TVP: Tofu, soybean curd (1 PC=1 piece) | CP OZ | SES | BCOM HOME |
| 50039 | TVP: Dehydrated | CP OZ | | |
| 50096 | Ham substitute | SL OZ | SES | BCOM HOME |
| 50070 | Sausage substitute, link | LK OZ | | |
| 50088 | Sausage substitute, patty | SM MD* LG OZ | | |
| 50013 | Bacon substitute | SL | | |
| 50130 | Bacon-like bits | TB | | |
| 50104 | Frankfurter substitute | LK OZ | | |
## VEGETABLES

<table>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Salad greens:</strong> Iceberg or unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72074</td>
<td></td>
<td>Endive, escarole</td>
<td></td>
<td></td>
<td></td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>72058</td>
<td></td>
<td>Romaine</td>
<td></td>
<td></td>
<td></td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>72090</td>
<td></td>
<td>Watercress</td>
<td></td>
<td></td>
<td></td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>72231</td>
<td></td>
<td>Spinach, raw</td>
<td></td>
<td></td>
<td></td>
<td>CP</td>
<td></td>
</tr>
</tbody>
</table>

65. Q. Do you usually eat lettuce or green leafy salads? ______ NO

---

Q. How much do you usually have? ______ CP

Q. What kind?

Q. How often?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>44107</td>
<td></td>
<td>Salad dressing: Regular: Blue cheese and all other cheeses</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44460</td>
<td></td>
<td>Ranch</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44123</td>
<td></td>
<td>French</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44156</td>
<td></td>
<td>Italian</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44180</td>
<td></td>
<td>Russian</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44289</td>
<td></td>
<td>Thousand Island</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44099</td>
<td></td>
<td>Yogurt based</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44123</td>
<td></td>
<td>All other creamy types</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44156</td>
<td></td>
<td>All other clear types</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
</tbody>
</table>

66. Q. What kind of salad dressing do you use on your salads? ______ NO

---

Q. How much? ______ TS or ______ TB

Q. How often?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>44529</td>
<td></td>
<td>Homemade/Mixes: (Fat source known) Creamy type</td>
<td></td>
<td></td>
<td></td>
<td>APFI HOME</td>
<td></td>
</tr>
<tr>
<td>44024</td>
<td></td>
<td>Clear type (oil &amp; vinegar)</td>
<td></td>
<td></td>
<td></td>
<td>APFI HOME</td>
<td></td>
</tr>
<tr>
<td>44131</td>
<td></td>
<td>Oil free: clear</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
</tr>
<tr>
<td>44390</td>
<td></td>
<td>Oil free: creamy</td>
<td></td>
<td></td>
<td></td>
<td>TS TB CP</td>
<td></td>
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</tbody>
</table>
### VEGETABLES Continued

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</tr>
</thead>
<tbody>
<tr>
<td>44370</td>
<td></td>
<td>Low calorie: Blue cheese, Roquefort</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44388</td>
<td></td>
<td>French</td>
<td>TS TB CP</td>
<td></td>
<td></td>
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<tr>
<td>44172</td>
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<td>Italian</td>
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<td>Russian</td>
<td>TS TB CP</td>
<td></td>
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<tr>
<td>44297</td>
<td></td>
<td>Thousand Island</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>44480</td>
<td></td>
<td>Reduced calorie ranch, buttermilk</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44362</td>
<td></td>
<td>Mayonnaise: Mayo or mayo-type, unknown</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44206</td>
<td></td>
<td>Real mayonnaise</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44362</td>
<td></td>
<td>Mayo-type salad dressing</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44410</td>
<td></td>
<td>Diet mayo/mayo-type</td>
<td>TS TB CP</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

67. Q. Do you add bacos, croutons, lemon juice or other items to your salads? ______ NO

Q. How often?

<table>
<thead>
<tr>
<th>Code</th>
<th>ADDITIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>50130</td>
<td>Baco's</td>
</tr>
<tr>
<td>60327</td>
<td>Croutons</td>
</tr>
<tr>
<td>80515</td>
<td>Lemon juice</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### FRESH/FROZEN, CANNED VEGETABLES

68. Q. Do you eat vegetables? ______ NO

Q. How much do you usually have? ______ CP or ______ OZ

Q. Looking at this list, which of these vegetables do you eat and how often?

Q. How are they usually prepared?

<table>
<thead>
<tr>
<th>Code</th>
<th>Vegetables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>70111</td>
<td>Artichokes: Fresh (1 PC=1 heart)</td>
</tr>
<tr>
<td>70029</td>
<td>Asparagus: Fresh/frozen</td>
</tr>
<tr>
<td>70458</td>
<td>Canned</td>
</tr>
<tr>
<td>46086</td>
<td>Avocado</td>
</tr>
<tr>
<td></td>
<td>PC SM MD+ LG CP</td>
</tr>
<tr>
<td></td>
<td>SES BCOM HOME</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>70037</td>
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</tr>
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<td>70474</td>
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VEGETABLES Continued
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<th>Frequency D / W / M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
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<tbody>
<tr>
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<td>Seaweed, dried</td>
<td></td>
<td>PC</td>
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<tr>
<td></td>
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<td>(1 PC=1 sheet)</td>
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<tr>
<td>70367</td>
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<td>Sprouts, fresh:</td>
<td></td>
<td>CP</td>
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<td></td>
<td></td>
<td>Alfalfa</td>
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<tr>
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<td>Spinach: Fresh/frozen, Cooked</td>
<td>CP</td>
<td>SES</td>
<td>BCOM HOME</td>
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<tr>
<td>70508</td>
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<td>CP</td>
<td></td>
<td>SES</td>
<td></td>
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<tr>
<td>70243</td>
<td></td>
<td>Squash: Summer, fresh/frozen</td>
<td>CP</td>
<td>SES</td>
<td></td>
<td></td>
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<tr>
<td>70250</td>
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<td>Winter, fresh/frozen</td>
<td>CP</td>
<td>SES</td>
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<td></td>
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<tr>
<td>64055</td>
<td></td>
<td>Sweet Potatoes: Fresh/frozen</td>
<td>SM</td>
<td>SES</td>
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<td>SES</td>
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<tr>
<td>72124</td>
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<td>Tomatoes: Raw (SLM=1 slice)</td>
<td>SLM</td>
<td>SES</td>
<td>BCOM HOME</td>
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<td>70268</td>
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<td>Canned, regular</td>
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<td>CP</td>
<td></td>
<td>SES</td>
<td>BCOM HOME</td>
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<tr>
<td>70359</td>
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<td>Tomato sauce</td>
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<td>CP</td>
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<tr>
<td>70318</td>
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<td></td>
<td>CP</td>
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</tr>
<tr>
<td>70284</td>
<td></td>
<td>Turnips, cooked</td>
<td></td>
<td>CP</td>
<td></td>
<td>SES</td>
<td>BCOM HOME</td>
</tr>
</tbody>
</table>

Note: For vegetables frozen in sauce use SES BUTR.

Note: Vegetable combinations coded as the prominent vegetable or as mixed vegetable if equal amounts of vegetables in mixture.
**VEGETABLES Continued**

<table>
<thead>
<tr>
<th>NHLBI Code</th>
<th>Select</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size Amount</th>
<th>Frequency D</th>
<th>W</th>
<th>M</th>
<th>Prep Code</th>
<th>Fat Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>69. Q. Do you usually add any of these items to your vegetables? ______ NO</td>
<td></td>
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<tr>
<td>Q. To which foods do you add these items?</td>
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<td></td>
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<tr>
<td>47035 ADDITIONS TO VEGETABLES: Butter</td>
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<tr>
<td>49030 Margarine: Regular</td>
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<td>50130 Baco’s</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>51664 Gravy APFI BCOM</td>
<td></td>
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</tr>
<tr>
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</tbody>
</table>

**70. Q. Do you usually eat potatoes? Include any french fries or baked potatoes eaten at places such as McDonald’s, Wendy’s or Arby’s. ______ NO**

Q. What kind do you usually have?

Q. How much do you have? ______ CP

Q. How often?

| 64063 | Potatoes: Baked, boiled w/skin | SM | MD* | LG | XL | CP | SES | BCOM HOME |
| 64048 | w/o skin | SM | MD* | LG | XL | CP | SES | BCOM HOME |
| 65029 | French fried (REG=1 fry) (1 CP=14 reg.) | REG | CP | APFC | BCOM |
| 65037 | Hash brown | CP | APFC | BCOM |
| 65060 | Other pan fried | CP | APFC | BCOM |
| 65052 | Mashed | CP | APFI | BCOM |
| 65243 | Potato salad (mayo-type dressing) | CP | APFI | BCOM |
| 65094 | Potato salad (oil-type dressing) | CP | APFI | BCOM |
71. Q. Looking at this list, do you add any of these items to your potatoes? ______ NO

Q. To which potatoes do you add these items?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Comments</th>
<th>Serving Size</th>
<th>Frequency</th>
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<th>Fat Code</th>
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<td>BCOM</td>
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<td></td>
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<tr>
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</tr>
<tr>
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<td>BCOM</td>
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### DESSERTS

|------------|--------|------------------|----------|---------------------|---------------------|-----------|----------|

#### 72. Q. Do you eat cake, pie, poptarts or snack cakes?  _____ NO
- Q. What kind?
- Q. How often?

<table>
<thead>
<tr>
<th>56176</th>
<th>Cakes: Chocolate</th>
<th>ci</th>
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<tbody>
<tr>
<td>56192</td>
<td>Yellow/White/Unknown</td>
<td>ci</td>
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<tr>
<td>56432</td>
<td>Pound cake</td>
<td>ci</td>
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<td>PI</td>
<td>B</td>
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<tr>
<td>93013</td>
<td>Angel food</td>
<td>ci</td>
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<tr>
<td>56408</td>
<td>Cheesecake, cream</td>
<td>ci</td>
<td></td>
<td></td>
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<tr>
<td>56424</td>
<td>Fruitcake</td>
<td>ci</td>
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<td>AP</td>
<td>PI</td>
<td>B</td>
</tr>
<tr>
<td>56283</td>
<td>Carrot</td>
<td>ci</td>
<td></td>
<td>AP</td>
<td>PI</td>
<td>B</td>
</tr>
</tbody>
</table>

**Note:** Code crust of cheesecake separately.
**Note:** Code sponge cake as yellow/white cake.
**Note:** 1 slice of two layer wedge: 8.4 ci
1 slice of loaf cake: 5.63 ci (1/2 inch thick)
1 slice of sheet cake: 9.0 ci (3 x 3 x 1 inch)
1 cupcake: 4.71 ci (2 x 1 inch)

<table>
<thead>
<tr>
<th>57463</th>
<th>Pumpkin, sweet potato</th>
<th>MOD</th>
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<tbody>
<tr>
<td>91140</td>
<td>All fruit pies/tarts</td>
<td>MOD</td>
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<tr>
<td>57372</td>
<td>All cream pies/tarts</td>
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<tr>
<td>57067</td>
<td>Crusts: 1 crust</td>
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<td>AP</td>
<td>PI</td>
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<td>57059</td>
<td>2 crust</td>
<td>MOD</td>
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<td>PI</td>
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<td>57042</td>
<td>Graham cracker</td>
<td>MOD</td>
<td></td>
<td>AP</td>
<td>PI</td>
<td>B</td>
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<tr>
<td>57620</td>
<td>Turnovers/fried pies</td>
<td>PC</td>
<td></td>
<td>AP</td>
<td>FC</td>
<td>B</td>
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**Note:** Code filling and crust for each serving of pie.

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<tr>
<th>93054</th>
<th>Poptarts/ Snack cakes: Poptarts (1 PC=1 Poptart)</th>
<th>PC</th>
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</thead>
<tbody>
<tr>
<td>56440</td>
<td>Snack cakes: Ring Ding, Ding Dong (similar) (1 PC=1 RD or DD)</td>
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<tr>
<td>56750</td>
<td>Twinkie (similar) (1 PC=1 Twinkie)</td>
<td>PC</td>
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</table>

#### 73. Q. Are your cakes usually frosted?  _____ NO
- Q. Which ones are frosted?

| 56663      | Frosting | 2 TB | AP | PI | B | COM |
DESSERTS Continued

|------------|--------|-----------------------|----------|---------------------|---------------------|-----------|----------|

74. Q. Do you eat jello or pudding? ______ NO

Q. How much do you usually have? ______ CP

Q. How often?

<p>| | | | | | | | |</p>
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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>91025</td>
<td>Jello: Regular</td>
<td>CP</td>
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<td>90310</td>
<td>Low calorie</td>
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<tr>
<td>58099</td>
<td>Puddings: Ingredients unknown: Chocolate</td>
<td>CP</td>
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<tr>
<td>58123</td>
<td>All other flavors</td>
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<td>91180</td>
<td>Chocolate</td>
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<td>91170</td>
<td>All other flavors</td>
<td>CP</td>
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</tbody>
</table>

75. Q. Do you usually add any toppings to your desserts? ______ NO

Q. To which desserts do you add these items?

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<tr>
<th></th>
<th>ADDITIONS TO DESSERTS: Whipped cream:</th>
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<td>39024</td>
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<td></td>
<td>Other:</td>
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</tbody>
</table>
### DESSERTS Continued

|------------|--------|------------------|----------|---------------------|---------------------|-----------|---------|

76. Q. Do you eat cookies or brownies? ______ NO  

Q. How many do you usually have?  

Q. How often?  

<table>
<thead>
<tr>
<th>Brand/type:</th>
<th></th>
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</table>
77. Q. Do you usually eat nuts or seeds? Include any trail mix, nuts or peanut butter that you have not reported. ______ NO

Q. How much do you usually have? ______ OZ or ______ TB or ______ CP

Q. How often?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
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<th>TB</th>
<th>CP</th>
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<tr>
<td>45328</td>
<td>Almonds</td>
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<tr>
<td>45336</td>
<td>Cashews</td>
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<tr>
<td>45252</td>
<td>Mixed nuts</td>
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<tr>
<td>45344</td>
<td>Peanuts</td>
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<tr>
<td>45450</td>
<td>Pecans</td>
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</tr>
<tr>
<td>73110</td>
<td>Roasted soy nuts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45351</td>
<td>Sunflower seeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45260</td>
<td>Pumpkin seeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45377</td>
<td>Trail mix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45013</td>
<td>Peanut butter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Sunflower seeds in shell 1 cp = 1/3 cp
Peanuts in shell 1 cp = 1/4 cp
### SALTY SNACKS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>53470</td>
<td></td>
<td>Chips: Regular</td>
<td></td>
<td>PC OZ CP</td>
<td></td>
<td>APF</td>
<td>BCOM</td>
</tr>
<tr>
<td>53095</td>
<td></td>
<td>Nachos w/cheese sauce</td>
<td></td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60525</td>
<td></td>
<td>Pretzels</td>
<td></td>
<td>MD OZ CP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

78. Q. Do you usually eat chips or pretzels? Include potato, corn or tortilla chips, pork skins and nachos. ______ NO

Q. How many do you usually have? ______ OZ or ______ CP

Q. How often?

79. Q. Do you usually add dips to these snacks? ______ NO

Q. How often?

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>36210</td>
<td>ADDITIONS: Dips: Sour cream based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73072</td>
<td>Bean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36012</td>
<td>Cream cheese based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32250</td>
<td>Yogurt based</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46078</td>
<td>Guacamole</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51888</td>
<td>Salsa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

80. Q. Do you eat popcorn? ______ NO

Q. How much do you usually have? ______ CP

Q. How often?

Q. How is it usually prepared?

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>61150</td>
<td>Popcorn: Popped w/fat: Salted</td>
<td></td>
<td>CP</td>
<td></td>
<td>APFC</td>
<td>BCOM</td>
</tr>
<tr>
<td>61358</td>
<td>Plain, w/o fat:</td>
<td></td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59147</td>
<td>Caramel &amp; similar</td>
<td></td>
<td>CP</td>
<td></td>
<td>APFI</td>
<td>BCOM</td>
</tr>
</tbody>
</table>
SALTY SNACKS Continued

|------------|--------|-------------------------------------|----------|---------------------|---------------------|-----------|----------|

81. Q. Do you usually add butter, margarine or some other item to your popcorn? ______ NO

| 47035 | ADDITIONS TO POPCORN:  
|       | Butter |
| 49030 | Margarine: Regular |
| 49060 | Spread |
| 48918 | Diet |
|       | Other: |

82. Q. Do you usually eat candy? ______ NO
Q. What kind?
Q. How much do you usually have? ______
Q. How often?

BEVERAGES

83. Q. Do you drink hot chocolate? ______ NO
Q. How much do you usually have? ______
Q. What kind?
Q. How often?

| 35280 | Cocoa: skim milk or pkg. mix | FO | CP |
| 33126 | Cocoa, sugar free            | FO | CP |
| 35022 | Cocoa, whole milk            | FO | CP |
### BEVERAGES Continued

<table>
<thead>
<tr>
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</tbody>
</table>

84. **Q. Do you usually drink coffee, including cappuccino and flavored types? _____ NO**
**Q. How much do you usually have _____ FO or _____ CP?**
**Q. How often?**

- 03012 Coffee: Brewed, regular
- 03046 Instant, regular, prepared
- 03624 Decaffeinated, all types
- 03038 Cafe au lait and similar types
- 03616 Postum, coffee substitute
- 03707 Cafe au lait & similar types, artificially sweetened

85. **Q. Do you usually drink any tea, iced or hot? _____ NO**
**Q. How much do you usually have _____ FO or _____ CP?**
**Q. How often?**

- 03327 Tea: Hot or iced, unsweet
- 03319 Hot or iced, sweet
- 03699 Hot or iced, sweet w/Aspartame
- 03343 Decaffeinated, herbal

86. **Q. Do you add anything to your coffee or tea? _____ NO**
**Q. To which beverages do you add these items?**

- 28100 ADDITIONS TO BEVERAGES: Coffee creamers, liquid
- 28118 Coffee creamer: powder
- 36202 Half & half
- 90084 Sugar
- 90274 Nutrasweet (Equal)
- 90266 Saccharin (Sweet n' Low)
- 80515 Lemon juice
- 90027 Honey

* *Milk, type:
* *Other:
### BEVERAGES Continued

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>87.</td>
<td></td>
<td>Q. Do you usually drink coke, soda or pop? ______ NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q.</td>
<td>How much do you usually have? ______ FO or ______ CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q.</td>
<td>How often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04010</td>
<td></td>
<td>Colas: Regular (include Mello Yello, Mountain Dew)</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04523</td>
<td></td>
<td>Low calorie</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01040</td>
<td></td>
<td>Caffeine-free colas: Regular</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01131</td>
<td></td>
<td>Low calorie</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01040</td>
<td></td>
<td>Noncolas: Regular, citrus, tonic water, ginger-ale type, root beer, etc.</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01131</td>
<td></td>
<td>Low calorie</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01099</td>
<td></td>
<td>Club soda, seltzer</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01016</td>
<td></td>
<td>Fruit-flavored</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.</td>
<td></td>
<td>Q. Do you drink mineral water? ______ NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q.</td>
<td>How much do you usually have? ______ FO or ______ CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q.</td>
<td>How often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01099</td>
<td></td>
<td>Mineral water</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01098</td>
<td></td>
<td>Mineral water &amp; fruit juice</td>
<td>FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### BEVERAGES Continued

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>85110</td>
<td></td>
<td>Fruit flavored drink (Hi-C)</td>
<td>FO</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85076</td>
<td></td>
<td>Mix, swt, reconstr. (Kool Aid)</td>
<td>FO</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85092</td>
<td></td>
<td>Mix, swt w/Aspartame, reconstr.</td>
<td>FO</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85019</td>
<td></td>
<td>Lemonade, sweetened</td>
<td>FO</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85050</td>
<td></td>
<td>Electrolyte drinks (Gatorade)</td>
<td>FO</td>
<td>CP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

89. Q. Do you drink Hi-C, Kool-Aid, lemonade or similar types of beverages? ______ NO

Q. How much do you usually have? ______ FO or ______ CP

Q. How often?

<table>
<thead>
<tr>
<th>02006</th>
<th>Beer: Regular</th>
<th>FO</th>
</tr>
</thead>
<tbody>
<tr>
<td>02022</td>
<td>Low calorie</td>
<td>FO</td>
</tr>
<tr>
<td>01057</td>
<td>Nonalcoholic</td>
<td>FO</td>
</tr>
</tbody>
</table>

90. Q. Do you drink beer? ______ NO

Q. How much do you usually have? ______ FO

Q. How often?

Q. How often during a month do you drink more than this amount? ______

How much more? ______ FO
### BEVERAGES Continued

<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

#### 91. Q. Do you drink wine? ______
- Q. How much do you usually have? ______ FO
- Q. How often?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>02113</td>
<td>Wine: Table</td>
<td>FO</td>
</tr>
<tr>
<td>02105</td>
<td>Sweet or dessert</td>
<td>FO</td>
</tr>
</tbody>
</table>

*Note: Code low calorie wine as 02113, 1/2 the amount reported.*

#### 92. Q. Do you drink liqueurs, mixed drinks, cocktails or liquor? ______ NO
- Q. How much? ______ FO
- Q. How often?

<table>
<thead>
<tr>
<th>Code</th>
<th>Item Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>02824</td>
<td>Liqueurs/cordials: fruit flavored</td>
<td>FO</td>
</tr>
<tr>
<td>02857</td>
<td>Coffee, chocolate</td>
<td>FO</td>
</tr>
<tr>
<td>02303</td>
<td>Liquor: Vodka</td>
<td>FO</td>
</tr>
<tr>
<td>02303</td>
<td>Gin</td>
<td>FO</td>
</tr>
<tr>
<td>02303</td>
<td>Rum</td>
<td>FO</td>
</tr>
<tr>
<td>02303</td>
<td>Whiskey/bourbon</td>
<td>FO</td>
</tr>
</tbody>
</table>

*Note: Ascertain any mixers used in drinks*
**MINERAL/VITAMIN SUPPLEMENTS**

|------------|--------|------------------|----------|---------------------|---------------------|-----------|----------|

93. Q. Do you usually take a vitamin or mineral supplement? ______ NO

   Q. What kind?
   
   Q. How many? ______ DS
   
   Q. How often?

<table>
<thead>
<tr>
<th>Vitamin/Mineral Supplement: *Brand known</th>
<th>(See screen)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand unknown:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07410 Multivitamin w/minerals DS</td>
</tr>
<tr>
<td>07360 w/o minerals or unknown DS</td>
</tr>
<tr>
<td>07440 w/iron DS</td>
</tr>
</tbody>
</table>

94. Q. Is there anything that I haven’t mentioned that you eat on a regular basis? ______ NO

**POST INTERVIEW**

Interviewer: How well do you think participant was able to recall dietary information?
(a) Excellent (3)  (b) Good (4)  (c) Fair (5)  (d) Poor (6)

When asked, the participant was able to provide:
  a) general information (3)
  b) specific information (4)

Interviewer’s code number ________________  THIS FORM IS: _____ COMPLETE (3)
Cross checked by ______________________  _____ INCOMPLETE (4)
SECTION E

BODY SIZE

E001 What was your usual adult height?  (ENTER INCHES TO THE NEAREST QUARTER)

____ FEET  ____ INCHES

98  DK

What was your usual weight (ENTER REFERENT DATE)?

<table>
<thead>
<tr>
<th>E002 12 months ago</th>
<th>E003 2 years ago</th>
<th>E004 5 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBS 8 DK</td>
<td>LBS 8 DK</td>
<td>LBS 8 DK</td>
</tr>
</tbody>
</table>

E005 ENTER HEIGHT:  (ENTER INCHES TO THE NEAREST QUARTER INCH)

FOR EXAMPLE:
FOR 6 FEET 3 1/2 INCHES ENTER 350
FOR 5 FEET 10 1/4 INCHES ENTER 1025

____ 998  DK

E006 ENTER WEIGHT:

____ 998  DK

READING #1          | READING #2
---------------------|---------------------
ENTER WAIST CIRCUMFERENCE

8  DK

E007

8  DK

E008

ENTER HIP CIRCUMFERENCE

8  DK

E009

8  DK

E010

E011 ENTER THIGH CIRCUMFERENCE:

98  DK

E012  SECOND THIGH READING:

98  DK
SECTION G

FAMILY HISTORY

In this section of the questionnaire I would like to ask you about the health history of your immediate blood relatives. This would include your mother, father, sisters, brothers and children. I am interested in living and deceased members of your family, but I'm interested only in your full blood relatives not half or adopted relatives.

I'm going to start with your parents.

G001 Is your mother still living?

1 YES  
3 NO [GOTO G003]  
8 DK [GOTO G015]  
9 R [GOTO G015]

G002 How old is she?

ENTER AGE [GOTO G004]  
998 DK [GOTO G004]  
999 R [GOTO G004]

G003 How old was she when she died?

ENTER AGE  
998 DK  
999 R

G004 Did she ever have a colon or rectal polyp?

1 YES  
3 NO [GOTO G006]  
8 DK [GOTO G006]  
9 R [GOTO G006]

G005 How old was she when the polyp was first diagnosed?

ENTER AGE  
998 DK  
999 R

G006 Was your mother ever diagnosed as having any type of cancer?

1 YES  
3 NO [GOTO G015]  
8 DK  
9 R [GOTO G015]

G007 What was the first type of cancer your mother had?

01 SKIN (NOT MELANOMA)  
03 BREAST  
04 LUNG  
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G008 How old was she when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R
G009 Did your mother have any other cancer?

1  YES
3  NO [GOTO G015]
8  DK
9  R [GOTO G015]

G010 What was the next type of cancer your mother had?

01  SKIN (NOT MELANOMA)
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  Ovary
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G011 How old was she when this cancer was diagnosed?

____ ENTER AGE
998  DK
999  R

G012 Did your mother have any other cancer?

1  YES
3  NO [GOTO G015]
8  DK
9  R [GOTO G015]

G013 What was the next type of cancer your mother had?

01  SKIN (NOT MELANOMA)
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  Ovary
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R
G014 How old was she when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G015 Is your father still living?

1 YES
3 NO [GOTO G017]
8 DK [GOTO GTX1]
9 R [GOTO GTX1]

G016 How old is he?

ENTER AGE [GOTO G018]
998 DK [GOTO G018]
999 R [GOTO G018]
G017 How old was he when he died?

ENTER AGE
998 DK
999 R

G018 Did he ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G020]
8 DK [GOTO G020]
9 R [GOTO G020]

G019 How old was he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G020 Was your father ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO GTX1]
8 DK
9 R [GOTO GTX1]

G021 What was the first type of cancer your father had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
04 LUNG
05 COLON
07 RECTUM
08 BLADDER
10 MELANOMA
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G022 How old was he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G023 Did your father have any other cancer?

1 YES
3 NO [GOTO GTX1]
8 DK
9 R [GOTO GTX1]

G024 What was the next type of cancer your father had?
01  SKIN (NOT MELANOMA)
02  PROSTATE
04  LUNG
05  COLON
07  RECTUM
08  BLADDER
10  MELANOMA
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

**G025** How old was he when this cancer was diagnosed?

__ ENTER AGE __

998  DK

999  R
G026 Did your father have any other cancer?

1 YES
3 NO [GOTO GTX1]
8 DK
9 R [GOTO GTX1]

G027 What was the next type of cancer your father had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
04 LUNG
05 COLON
07 RECTUM
08 BLADDER
10 MELANOMA
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G028 How old was he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

GTX1 Now I would like to ask you the same questions about your full brothers and sisters. Please include those who are living or deceased, but do not include adopted, foster, half or step brothers and sisters.

G029 How many full brothers do you have? Again, please include any who may have died.

ENTER NUMBER
00 NONE
98 DK
99 R

G030 How many full sisters do you have? Again, please include any who may have died.

ENTER NUMBER
00 NONE
98 DK
99 R

[IF G029=0, 98 OR 99 AND 1030=0, 98 OR 99 THEN GOTO GTX2]

G031 What is the name of your oldest brother or sister? They will not be contacted. This is a simple way to help you complete this part of the questionnaire.

ENTER NAME
98 DK
99 R

G032 What is [FILL NAME]'s sex?
1  MALE
2  FEMALE
8  DK
9  R

G033 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G035]
8  DK [GOTO G036]
9  R [GOTO G036]

G034 How old is [FILL NAME]?

___ ENTER AGE [GOTO G036]
998  DK [GOTO G036]
999  R [GOTO G036]
G035 How old was [FILL NAME] when s/he died?

- ENTER AGE
- 998 DK
- 999 R

G036 Did [FILL NAME] ever have a colon or rectal polyp?

- 1 YES
- 3 NO [GOTO G038]
- 8 DK [GOTO G038]
- 9 R [GOTO G038]

G037 How old was s/he when the polyp was first diagnosed?

- ENTER AGE
- 998 DK
- 999 R

G038 Was [FILL NAME] ever diagnosed as having any type of cancer?

- 1 YES
- 3 NO [GOTO G047]
- 8 DK
- 9 R [GOTO G047]

G039 What was the first type of cancer [FILL NAME] had?

- 01 SKIN (NOT MELANOMA)
- 02 PROSTATE
- 03 BREAST
- 04 LUNG
- 05 COLON
- 06 CORPUS (UTERINE)
- 07 RECTUM
- 08 BLADDER
- 09 OVARY
- 10 MELANOMA
- 11 CERVIX
- 12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
- 13 OTHER CANCER [SPECIFY]
- 14 RELATIVE HAD CANCER, SITE UNKNOWN
- 15 UNKNOWN IF RELATIVE HAD CANCER
- 99 R

G040 How old was s/he when this cancer was diagnosed?

- ENTER AGE
- 998 DK
- 999 R

G041 Did [FILL NAME] have any other cancer?

- 1 YES
- 3 NO [GOTO G047]
8 DK
9 R [GOTO G047]
G042 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G043 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G044 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G047]
8 DK
9 R [GOTO G047]

G045 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G046 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
G047 What is the name of your next brother or sister?  (They will not be contacted.  This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00  NO MORE BROTHERS OR SISTERS [GTX2]
98  DK [GOTO GTX2]
99  R [GOTO GTX2]

G048 What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R
049 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G051]
8  DK [GOTO G052]
9  R [GOTO G052]

050 How old is [FILL NAME]?

___ ENTER AGE [GOTO G052]
998  DK [GOTO G052]
999  R [GOTO G052]

051 How old was [FILL NAME] when s/he died?

___ ENTER AGE
998  DK
999  R

052 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G054]
8  DK [GOTO G054]
9  R [GOTO G054]

053 How old was s/he when the polyp was first diagnosed?

___ ENTER AGE
998  DK
999  R

054 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G063]
8  DK
9  R [GOTO G063]

055 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G056 How old was s/he when this cancer was diagnosed?

[ ] ENTER AGE
998 DK
999 R

G057 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G063]
8 DK
9 R [GOTO G063]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G063]
8 DK
9 R [GOTO G063]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G065 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G067]
8  DK [GOTO G068]
9  R [GOTO G068]

G066 How old is [FILL NAME]?

ENTER AGE [GOTO G068]
998 DK [GOTO G068]
999 R [GOTO G068]

G067 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G068 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G070]
8  DK [GOTO G070]
9  R [GOTO G070]

G069 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G070 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G079]
8  DK
9  R [GOTO G079]

G071 What was the first type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
G072 How old was s/he when this cancer was diagnosed?

________ ENTER AGE
998 DK
999 R

G073 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G079]
8 DK
9 R [GOTO G079]
G074 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G075 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G076 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G079]
8 DK
9 R [GOTO G079]

G077 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G078 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?
1 MALE
2 FEMALE
8 DK
9 R
G081 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G083]
8  DK [GOTO G084]
9  R [GOTO G084]

G082 How old is [FILL NAME]?

ENTER AGE [GOTO G084]
998  DK [GOTO G084]
999  R [GOTO G084]

G083 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G084 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G086]
8  DK [GOTO G086]
9  R [GOTO G086]

G085 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G086 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G095]
8  DK
9  R [GOTO G095]

G087 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G088 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R

G089 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G095]
8  DK
9  R [GOTO G095]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G095]
8 DK
9 R [GOTO G095]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
What is the name of your next brother or sister?  (They will not be contacted.  This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00  NO MORE BROTHERS OR SISTERS [GOTO GTX2]

98  DK [GOTO GTX2]

99  R [GOTO GTX2]

What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R
G097 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G099]
8  DK [GOTO G100]
9  R [GOTO G100]

G098 How old is [FILL NAME]?

ENTER AGE [GOTO G100]
998  DK [GOTO G100]
999  R [GOTO G100]

G099 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G100 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G102]
8  DK [GOTO G102]
9  R [GOTO G102]

G101 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G102 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G111]
8  DK
9  R [GOTO G111]

G103 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  Ovary
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G104 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G105 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G111]
8 DK
9 R [GOTO G111]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G111]
8 DK
9 R [GOTO G111]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G113 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G115]
8  DK [GOTO G116]
9  R [GOTO G116]

G114 How old is [FILL NAME]? 

ENTER AGE [GOTO G116]
998  DK [GOTO G116]
999  R [GOTO G116]

G115 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G116 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G118]
8  DK [GOTO G118]
9  R [GOTO G118]

G117 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G118 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G127]
8  DK
9  R [GOTO G127]

G119 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G120 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G121 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G127]
8 DK
9 R [GOTO G127]
G122 What was the next type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G123 How old was s/he when this cancer was diagnosed?

__ ENTER AGE __
998  DK
999  R

G124 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G127]
8  DK
9  R [GOTO G127]

G125 What was the next type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G126 How old was s/he when this cancer was diagnosed?

__ ENTER AGE __
998  DK
G127 What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

G128 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G129 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G131]
8 DK [GOTO G132]
9 R [GOTO G132]

G130 How old is [FILL NAME]?

ENTER AGE [GOTO G132]
998 DK [GOTO G132]
999 R [GOTO G132]

G131 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G132 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G134]
8 DK [GOTO G134]
9 R [GOTO G134]

G133 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G134 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G143]
8 DK
9 R [GOTO G143]

G135 What was the first type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G136 How old was s/he when this cancer was diagnosed?

   ENTER AGE
998 DK
999 R

G137 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G143]
8 DK
9 R [GOTO G143]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G143]
8 DK
9 R [GOTO G143]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
G143 What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

G144 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G145 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G147]
8  DK [GOTO G148]
9  R [GOTO G148]

G146 How old is [FILL NAME]?

ENTER AGE [GOTO G148]
998  DK [GOTO G148]
999  R [GOTO G148]

G147 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G148 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G150]
8  DK [GOTO G150]
9  R [GOTO G150]

G149 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G150 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G159]
8  DK
9  R [GOTO G159]

G151 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G152 How old was s/he when this cancer was diagnosed?

   ENTER AGE
998  DK
999  R

G153 Did [FILL NAME] have any other cancer?

   1  YES
   3  NO [GOTO G159]
   8  DK
   9  R [GOTO G159]
G154 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G155 How old was s/he when this cancer was diagnosed?

__ ENTER AGE
998 DK
999 R

G156 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G159]
8 DK
9 R [GOTO G159]

G157 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G158 How old was s/he when this cancer was diagnosed?

__ ENTER AGE
998 DK
G159 What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

G160 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G161 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G163]
8  DK [GOTO G164]
9  R [GOTO G164]

G162 How old is [FILL NAME]?

ENTER AGE [GOTO G164]
998  DK [GOTO G164]
999  R [GOTO G164]

G163 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G164 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G166]
8  DK [GOTO G166]
9  R [GOTO G166]

G165 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G166 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G175]
8  DK
9  R [GOTO G175]

G167 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  Ovary
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G168 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G169 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G175]
8 DK
9 R [GOTO G175]
G170 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G171 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G172 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G175]
8 DK
9 R [GOTO G175]

G173 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G174 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G177 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G179]
8  DK [GOTO G180]
9  R [GOTO G180]

G178 How old is [FILL NAME]?

___ ENTER AGE [GOTO G180]
998  DK [GOTO G180]
999  R [GOTO G180]

G179 How old was [FILL NAME] when s/he died?

___ ENTER AGE
998  DK
999  R

G180 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G182]
8  DK [GOTO G182]
9  R [GOTO G182]

G181 How old was s/he when the polyp was first diagnosed?

___ ENTER AGE
998  DK
999  R

G182 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G191]
8  DK
9  R [GOTO G191]

G183 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G184 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R

G185 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G191]
8  DK
9  R [GOTO G191]
G186 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G187 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G188 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G191]
8 DK
9 R [GOTO G191]

G189 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G190 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G193 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G195]
8  DK [GOTO G196]
9  R [GOTO G196]

G194 How old is [FILL NAME]?

--- ENTER AGE [GOTO G196] ---
998  DK [GOTO G196]
999  R [GOTO G196]

G195 How old was [FILL NAME] when s/he died?

--- ENTER AGE ---
998  DK
999  R

G196 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G198]
8  DK [GOTO G198]
9  R [GOTO G198]

G197 How old was s/he when the polyp was first diagnosed?

--- ENTER AGE ---
998  DK
999  R

G198 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G207]
8  DK
9  R [GOTO G207]

G199 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G200 How old was s/he when this cancer was diagnosed?

  ____ ENTER AGE
  998 DK
  999 R

G201 Did [FILL NAME] have any other cancer?

  1 YES
  3 NO [GOTO G207]
  8 DK
  9 R [GOTO G207]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G207]
8 DK
9 R [GOTO G207]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
G207 What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

G208 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G209 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G211]
8 DK [GOTO G212]
9 R [GOTO G212]

G210 How old is [FILL NAME]?  

ENTER AGE [GOTO G212]
998 DK [GOTO G212]
999 R [GOTO G212]

G211 How old was [FILL NAME] when s/he died?  

ENTER AGE
998 DK
999 R

G212 Did [FILL NAME] ever have a colon or rectal polyp?  

1 YES
3 NO [GOTO G214]
8 DK [GOTO G214]
9 R [GOTO G214]

G213 How old was s/he when the polyp was first diagnosed?  

ENTER AGE
998 DK
999 R

G214 Was [FILL NAME] ever diagnosed as having any type of cancer?  

1 YES
3 NO [GOTO G223]
8 DK [GOTO G223]
9 R [GOTO G223]

G215 What was the first type of cancer [FILL NAME] had?  

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G216 How old was s/he when this cancer was diagnosed?

   ENTER AGE
998  DK
999  R

G217 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G223]
8  DK
9  R [GOTO G223]
G218 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G219 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G220 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G223]
8 DK
9 R [GOTO G223]

G221 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G222 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
G223 What is the name of your next brother or sister?  (They will not be contacted.  This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00  NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98  DK [GOTO GTX2]
99  R [GOTO GTX2]

G224 What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R
G225 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G227]
8  DK [GOTO G228]
9  R [GOTO G228]

G226 How old is [FILL NAME]?

ENTER AGE [GOTO G228]

998  DK [GOTO G228]
999  R [GOTO G228]

G227 How old was [FILL NAME] when s/he died?

ENTER AGE

998  DK
999  R

G228 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G230]
8  DK [GOTO G230]
9  R [GOTO G230]

G229 How old was s/he when the polyp was first diagnosed?

ENTER AGE

998  DK
999  R

G230 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G239]
8  DK
9  R [GOTO G239]

G231 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15 unknown if relative had cancer
99 r

G232 How old was s/he when this cancer was diagnosed?

--- ENTER AGE ---
998 DK
999 R

G233 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G239]
8 DK
9 R [GOTO G239]
What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER Age

998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G239]
8 DK
9 R [GOTO G239]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER Age

998 DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G241 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G243]
8  DK [GOTO G244]
9  R [GOTO G244]

G242 How old is [FILL NAME]?

ENTER AGE [GOTO G244]

9 98  DK [GOTO G244]
9 99  R [GOTO G244]

G243 How old was [FILL NAME] when s/he died?

ENTER AGE

998  DK
999  R

G244 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G246]
8  DK [GOTO G246]
9  R [GOTO G246]

G245 How old was s/he when the polyp was first diagnosed?

ENTER AGE

998  DK
999  R

G246 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G255]
8  DK [GOTO G255]
9  R [GOTO G255]

G247 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G248 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R

G249 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G255]
8  DK
9  R [GOTO G255]
G250 What was the next type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G251 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R

G252 Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G255]
8  DK
9  R [GOTO G255]

G253 What was the next type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G254 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
What is the name of your next brother or sister? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE BROTHERS OR SISTERS [GOTO GTX2]
98 DK [GOTO GTX2]
99 R [GOTO GTX2]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R
G257 Is [FILL NAME] still living?

1  YES  
3  NO  [GOTO G259]  
8  DK  [GOTO G260]  
9  R  [GOTO G260]  

G258 How old is [FILL NAME]?

ENTER AGE  [GOTO G260]  
998  DK  [GOTO G260]  
999  R  [GOTO G260]  

G259 How old was [FILL NAME] when s/he died?

ENTER AGE  
998  DK  
999  R  

G260 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES  
3  NO  [GOTO G262]  
8  DK  [GOTO G262]  
9  R  [GOTO G262]  

G261 How old was s/he when the polyp was first diagnosed?

ENTER AGE  
998  DK  
999  R  

G262 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES  
3  NO  [GOTO GTX2]  
8  DK  
9  R  [GOTO GTX2]  

G263 What was the first type of cancer [FILL NAME] had?

01  SKIN (NOT MELANOMA)  
02  PROSTATE  
03  BREAST  
04  LUNG  
05  COLON  
06  CORPUS (UTERINE)  
07  RECTUM  
08  BLADDER  
09  OVARY  
10  MELANOMA  
11  CERVIX  
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN  
13  OTHER CANCER [SPECIFY]  
14  RELATIVE HAD CANCER, SITE UNKNOWN
G264 How old was s/he when this cancer was diagnosed?

__ ENTER AGE 
998 DK
999 R

G265 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO GTX2]
8 DK
9 R [GOTO GTX2]
G266 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G267 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G268 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO GTX2]
8 DK
9 R [GOTO GTX2]

G269 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G270 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
GTX2I would like to ask you the same questions about your children. Again, include those who are living or deceased, but do not include adopted, foster, or step children.

G271 How many children do you have?

ENTER NUMBER

- 00 NONE [GOTO ITX1]
- 98 DK [GOTO ITX1]
- 99 R [GOTO ITX1]
What is the name of your oldest child? They will not be contacted. This is a simple way to help you complete this part of the questionnaire.

________ ENTER NAME
  98 DK
  99 R

What is [FILL NAME]'s sex?

  1 MALE
  2 FEMALE
  8 DK
  9 R

Is [FILL NAME] still living?

  1 YES
  3 NO [GOTO G276]
  8 DK [GOTO G277]
  9 R [GOTO G277]

How old is [FILL NAME]?

________ ENTER AGE [GOTO G277]
  998 DK [GOTO G277]
  999 R [GOTO G277]

How old was [FILL NAME] when s/he died?

________ ENTER AGE
  998 DK
  999 R

Did [FILL NAME] ever have a colon or rectal polyp?

  1 YES
  3 NO [GOTO G279]
  8 DK [GOTO G279]
  9 R [GOTO G279]

How old was s/he when the polyp was first diagnosed?

________ ENTER AGE
  998 DK
  999 R

Was [FILL NAME] ever diagnosed as having any type of cancer?

  1 YES
  3 NO [GOTO G288]
  8 DK
  9 R [GOTO G288]

What was the first type of cancer [FILL NAME] had?
<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Skin (not melanoma)</td>
</tr>
<tr>
<td>02</td>
<td>Prostate</td>
</tr>
<tr>
<td>03</td>
<td>Breast</td>
</tr>
<tr>
<td>04</td>
<td>Lung</td>
</tr>
<tr>
<td>05</td>
<td>Colon</td>
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<td>06</td>
<td>Corpus (uterine)</td>
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<tr>
<td>07</td>
<td>Rectum</td>
</tr>
<tr>
<td>08</td>
<td>Bladder</td>
</tr>
<tr>
<td>09</td>
<td>Ovary</td>
</tr>
<tr>
<td>10</td>
<td>Melanoma</td>
</tr>
<tr>
<td>11</td>
<td>Cervix</td>
</tr>
<tr>
<td>12</td>
<td>Cancer of female reproductive organ, site unknown</td>
</tr>
<tr>
<td>13</td>
<td>Other cancer [specify]</td>
</tr>
<tr>
<td>14</td>
<td>Relative had cancer, site unknown</td>
</tr>
<tr>
<td>15</td>
<td>Unknown if relative had cancer</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
G281 How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R

G282 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G288]
8 DK
9 R [GOTO G288]

G283 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G284 How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R

G285 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G288]
8 DK
9 R [GOTO G288]

G286 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R

G287 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R
What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00  NO MORE CHILDREN [GOTO ITX1]
98  DK [GOTO ITX1]
99  R [GOTO ITX1]

What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R

Is [FILL NAME] still living?

1  YES
3  NO [GOTO G292]
8  DK [GOTO G293]
9  R [GOTO G293]

How old is [FILL NAME]?

ENTER AGE [GOTO G293]
998  DK [GOTO G293]
999  R [GOTO G293]

How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G295]
8  DK [GOTO G295]
9  R [GOTO G295]

How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

Did [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G304]
8  DK
9  R [GOTO G304]

What was the first type of cancer [FILL NAME] had?
<table>
<thead>
<tr>
<th>Number</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>SKIN (NOT MELANOMA)</td>
</tr>
<tr>
<td>02</td>
<td>PROSTATE</td>
</tr>
<tr>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td>04</td>
<td>LUNG</td>
</tr>
<tr>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td>09</td>
<td>OVARY</td>
</tr>
<tr>
<td>10</td>
<td>MELANOMA</td>
</tr>
<tr>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN</td>
</tr>
<tr>
<td>13</td>
<td>OTHER CANCER [SPECIFY]</td>
</tr>
<tr>
<td>14</td>
<td>RELATIVE HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td>15</td>
<td>UNKNOWN IF RELATIVE HAD CANCER</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
G297 How old was s/he when this cancer was diagnosed?

   ENTER AGE
   998 DK
   999 R

G298 Did [FILL NAME] have any other cancer?

   1 YES
   3 NO [GOTO G304]
   8 DK
   9 R [GOTO G304]

G299 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G300 How old was s/he when this cancer was diagnosed?

   ENTER AGE
   998 DK
   999 R

G301 Did [FILL NAME] have any other cancer?

   1 YES
   3 NO [GOTO G304]
   8 DK
   9 R [GOTO G304]

G302 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G303 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R
G304 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

________ ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G305 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G306 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G308]
8 DK [GOTO G309]
9 R [GOTO G309]

G307 How old is [FILL NAME]?

________ ENTER AGE [GOTO G309]
998 DK [GOTO G309]
999 R [GOTO G309]

G308 How old was [FILL NAME] when s/he died?

________ ENTER AGE
998 DK
999 R

G309 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G311]
8 DK [GOTO G311]
9 R [GOTO G311]

G310 How old was s/he when the polyp was first diagnosed?

________ ENTER AGE
998 DK
999 R

G311 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G320]
8 DK
9 R [GOTO G320]

G312 What was the first type of cancer [FILL NAME] had?
|   01 | SKIN (NOT MELANOMA) |
|   02 | PROSTATE            |
|   03 | BREAST              |
|   04 | LUNG                |
|   05 | COLON               |
|   06 | CORPUS (UTERINE)    |
|   07 | RECTUM              |
|   08 | BLADDER             |
|   09 | OVARY               |
|   10 | MELANOMA            |
|   11 | CERVIX              |
|   12 | CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN |
|   13 | OTHER CANCER [SPECIFY] |
|   14 | RELATIVE HAD CANCER, SITE UNKNOWN |
|   15 | UNKNOWN IF RELATIVE HAD CANCER |
|   99 | R                   |
G313 How old was s/he when this cancer was diagnosed?

ENTER AGE
  998 DK
  999 R

G314 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G320]
8 DK
9 R [GOTO G320]

G315 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G316 How old was s/he when this cancer was diagnosed?

ENTER AGE
  998 DK
  999 R

G317 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G320]
8 DK
9 R [GOTO G320]

G318 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
<table>
<thead>
<tr>
<th>#</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>09</td>
<td>Ovary</td>
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<tr>
<td>10</td>
<td>Melanoma</td>
</tr>
<tr>
<td>11</td>
<td>Cervix</td>
</tr>
<tr>
<td>12</td>
<td>Cancer of female reproductive organ, site unknown</td>
</tr>
<tr>
<td>13</td>
<td>Other cancer [specify]</td>
</tr>
<tr>
<td>14</td>
<td>Relative had cancer, site unknown</td>
</tr>
<tr>
<td>15</td>
<td>Unknown if relative had cancer</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>

G319: How old was s/he when this cancer was diagnosed?

---

ENTER AGE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>998</td>
<td>DK</td>
</tr>
<tr>
<td>999</td>
<td>R</td>
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</table>
G320 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME

00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G321 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G322 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G324]
8 DK [GOTO G325]
9 R [GOTO G325]

G323 How old is [FILL NAME]?

ENTER AGE [GOTO G325]
998 DK [GOTO G325]
999 R [GOTO G325]

G324 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G325 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G327]
8 DK [GOTO G327]
9 R [GOTO G327]

G326 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G327 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G336]
8 DK
9 R [GOTO G336]

G328 What was the first type of cancer [FILL NAME] had?
<table>
<thead>
<tr>
<th></th>
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<tr>
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<td>Prostate</td>
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<td>03</td>
<td>Breast</td>
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<tr>
<td>04</td>
<td>Lung</td>
</tr>
<tr>
<td>05</td>
<td>Colon</td>
</tr>
<tr>
<td>06</td>
<td>Corpus (uterine)</td>
</tr>
<tr>
<td>07</td>
<td>Rectum</td>
</tr>
<tr>
<td>08</td>
<td>Bladder</td>
</tr>
<tr>
<td>09</td>
<td>Ovary</td>
</tr>
<tr>
<td>10</td>
<td>Melanoma</td>
</tr>
<tr>
<td>11</td>
<td>Cervix</td>
</tr>
<tr>
<td>12</td>
<td>Cancer of female reproductive organ, site unknown</td>
</tr>
<tr>
<td>13</td>
<td>Other cancer, specify</td>
</tr>
<tr>
<td>14</td>
<td>Relative had cancer, site unknown</td>
</tr>
<tr>
<td>15</td>
<td>Unknown if relative had cancer</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
G329 How old was s/he when this cancer was diagnosed?

**ENTER AGE**
998 DK
999 R

G330 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G336]
8 DK
9 R [GOTO G336]

G331 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G332 How old was s/he when this cancer was diagnosed?

**ENTER AGE**
998 DK
999 R

G333 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G336]
8 DK
9 R [GOTO G336]

G334 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G335 How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R
G336 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G337 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G338 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G340]
8 DK [GOTO G341]
9 R [GOTO G341]

G339 How old is [FILL NAME]?

ENTER AGE [GOTO G341]
998 DK [GOTO G341]
999 R [GOTO G341]

G340 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G341 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G343]
8 DK [GOTO G343]
9 R [GOTO G343]

G342 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G343 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G352]
8 DK
9 R [GOTO G352]

G344 What was the first type of cancer [FILL NAME] had?
01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R
G345 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G346 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G352]
8 DK
9 R [GOTO G352]

G347 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G348 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G349 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G352]
8 DK
9 R [GOTO G352]

G350 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09  Ovary
10  Melanoma
11  Cervix
12  Cancer of female reproductive organ, site unknown
13  Other cancer [specify]
14  Relative had cancer, site unknown
15  Unknown if relative had cancer
99  R

G351 How old was s/he when this cancer was diagnosed?

ENTER AGE
998  DK
999  R
G352 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G353 What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R

G354 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G356]
8  DK [GOTO G357]
9  R [GOTO G357]

G355 How old is [FILL NAME]?

ENTER AGE [GOTO G357]
998 DK [GOTO G357]
999 R [GOTO G357]

G356 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G357 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G359]
8  DK [GOTO G359]
9  R [GOTO G359]

G358 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G359 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G368]
8  DK
9  R [GOTO G368]

G360 What was the first type of cancer [FILL NAME] had?
01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R
G361 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R

G362 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G368]
8 DK
9 R [GOTO G368]

G363 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G364 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R

G365 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G368]
8 DK
9 R [GOTO G368]

G366 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
How old was s/he when this cancer was diagnosed?

**ENTER AGE**

998 DK

999 R
G368 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

_____ ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK
99 R [GOTO ITX1]

G369 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G370 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G372]
8 DK [GOTO G373]
9 R [GOTO G373]

G371 How old is [FILL NAME]?

_____ ENTER AGE [GOTO G373]
998 DK [GOTO G373]
999 R [GOTO G373]

G372 How old was [FILL NAME] when s/he died?

_____ ENTER AGE
998 DK
999 R

G373 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G375]
8 DK [GOTO G375]
9 R [GOTO G375]

G374 How old was s/he when the polyp was first diagnosed?

_____ ENTER AGE
998 DK
999 R

G375 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G384]
8 DK
9 R [GOTO G384]

G376 What was the first type of cancer [FILL NAME] had?
| 01 | SKIN (NOT MELANOMA) |
| 02 | PROSTATE           |
| 03 | BREAST             |
| 04 | LUNG               |
| 05 | COLON              |
| 06 | CORPUS (UTERINE)   |
| 07 | RECTUM             |
| 08 | BLADDER            |
| 09 | OVARY              |
| 10 | MELANOMA           |
| 11 | CERVIX             |
| 12 | CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN |
| 13 | OTHER CANCER [SPECIFY] |
| 14 | RELATIVE HAD CANCER, SITE UNKNOWN |
| 15 | UNKNOWN IF RELATIVE HAD CANCER |
| 99 | R                  |
G377 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G378 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G384]
8 DK
9 R [GOTO G384]

G379 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G380 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G381 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G384]
8 DK
9 R [GOTO G384]

G382 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARV
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G383 How old was s/he when this cancer was diagnosed?

____ ENTER AGE
998 DK
999 R
G384 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G385 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G386 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G388]
8 DK [GOTO G389]
9 R [GOTO G389]

G387 How old is [FILL NAME]?

ENTER AGE [GOTO G389]
998 DK [GOTO G389]
999 R [GOTO G389]

G388 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G389 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G391]
8 DK [GOTO G391]
9 R [GOTO G391]

G390 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G391 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G400]
8 DK
9 R [GOTO G400]

G392 What was the first type of cancer [FILL NAME] had?
<table>
<thead>
<tr>
<th>Code</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>SKIN (NOT MELANOMA)</td>
</tr>
<tr>
<td>02</td>
<td>PROSTATE</td>
</tr>
<tr>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td>04</td>
<td>LUNG</td>
</tr>
<tr>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td>09</td>
<td>OVARY</td>
</tr>
<tr>
<td>10</td>
<td>MELANOMA</td>
</tr>
<tr>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN</td>
</tr>
<tr>
<td>13</td>
<td>OTHER CANCER [SPECIFY]</td>
</tr>
<tr>
<td>14</td>
<td>RELATIVE HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td>15</td>
<td>UNKNOWN IF RELATIVE HAD CANCER</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO H400]
8 DK
9 R [GOTO H400]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R

Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G400]
8 DK
9 R [GOTO G400]

What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 Ovary  
10 Melanoma  
11 Cervix  
12 Cancer of Female Reproductive Organ, Site Unknown  
13 Other Cancer [Specify]  
14 Relative Had Cancer, Site Unknown  
15 Unknown if Relative Had Cancer  
99 R

How old was s/he when this cancer was diagnosed?

--- ENTER AGE ---

998 DK

999 R
G400 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G401 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G402 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G404]
8 DK [GOTO G405]
9 R [GOTO G405]

G403 How old is [FILL NAME]?

ENTER AGE [GOTO G405]
998 DK [GOTO G405]
999 R [GOTO G405]

G404 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G405 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G407]
8 DK [GOTO G407]
9 R [GOTO G407]

G406 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G407 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G416]
8 DK
9 R [GOTO G416]

G408 What was the first type of cancer [FILL NAME] had?
<table>
<thead>
<tr>
<th>Code</th>
<th>Tumor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Skin (Not Melanoma)</td>
</tr>
<tr>
<td>02</td>
<td>Prostate</td>
</tr>
<tr>
<td>03</td>
<td>Breast</td>
</tr>
<tr>
<td>04</td>
<td>Lung</td>
</tr>
<tr>
<td>05</td>
<td>Colon</td>
</tr>
<tr>
<td>06</td>
<td>Corpus (Uterine)</td>
</tr>
<tr>
<td>07</td>
<td>Rectum</td>
</tr>
<tr>
<td>08</td>
<td>Bladder</td>
</tr>
<tr>
<td>09</td>
<td>Ovary</td>
</tr>
<tr>
<td>10</td>
<td>Melanoma</td>
</tr>
<tr>
<td>11</td>
<td>Cervix</td>
</tr>
<tr>
<td>12</td>
<td>Cancer of Female Reproductive Organ, Site Unknown</td>
</tr>
<tr>
<td>13</td>
<td>Other Cancer (Specify)</td>
</tr>
<tr>
<td>14</td>
<td>Relative Had Cancer, Site Unknown</td>
</tr>
<tr>
<td>15</td>
<td>Unknown If Relative Had Cancer</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
G409 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G410 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G416]
8 DK
9 R [GOTO G416]

G411 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 Ovary
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G412 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R

G413 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G416]
8 DK
9 R [GOTO G416]

G414 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
How old was s/he when this cancer was diagnosed?

________ ENTER AGE

998 DK

999 R
G416 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

G417 What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

G418 Is [FILL NAME] still living?

1 YES
3 NO [GOTO G420]
8 DK [GOTO G421]
9 R [GOTO G421]

G419 How old is [FILL NAME]?

ENTER AGE [GOTO G421]
998 DK [GOTO G421]
999 R [GOTO G421]

G420 How old was [FILL NAME] when s/he died?

ENTER AGE
998 DK
999 R

G421 Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G423]
8 DK [GOTO G423]
9 R [GOTO G423]

G422 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998 DK
999 R

G423 Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G432]
8 DK
9 R [GOTO G432]

G424 What was the first type of cancer [FILL NAME] had?
01 SKIN (NOT MELANOMA)  
02 PROSTATE  
03 BREAST  
04 LUNG  
05 COLON  
06 CORPUS (UTERINE)  
07 RECTUM  
08 BLADDER  
09 OVARY  
10 MELANOMA  
11 CERVIX  
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN  
13 OTHER CANCER [SPECIFY]  
14 RELATIVE HAD CANCER, SITE UNKNOWN  
15 UNKNOWN IF RELATIVE HAD CANCER  
99 R
G425 How old was s/he when this cancer was diagnosed?

- ENTER AGE
  998 DK
  999 R

G426 Did [FILL NAME] have any other cancer?

  1 YES
  3 NO [GOTO G432]
  8 DK
  9 R [GOTO G432]

G427 What was the next type of cancer [FILL NAME] had?

  01 SKIN (NOT MELANOMA)
  02 PROSTATE
  03 BREAST
  04 LUNG
  05 COLON
  06 CORPUS (UTERINE)
  07 RECTUM
  08 BLADDER
  09 OVARY
  10 MELANOMA
  11 CERVIX
  12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
  13 OTHER CANCER [SPECIFY]
  14 RELATIVE HAD CANCER, SITE UNKNOWN
  15 UNKNOWN IF RELATIVE HAD CANCER
  99 R

G428 How old was s/he when this cancer was diagnosed?

- ENTER AGE
  998 DK
  999 R

G429 Did [FILL NAME] have any other cancer?

  1 YES
  3 NO [GOTO G432]
  8 DK
  9 R [GOTO G432]

G430 What was the next type of cancer [FILL NAME] had?

  01 SKIN (NOT MELANOMA)
  02 PROSTATE
  03 BREAST
  04 LUNG
  05 COLON
  06 CORPUS (UTERINE)
  07 RECTUM
  08 BLADDER
G431 How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK

999 R
G432 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

<table>
<thead>
<tr>
<th>ENTER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 NO MORE CHILDREN [GOTO ITX1]</td>
</tr>
<tr>
<td>98 DK [GOTO ITX1]</td>
</tr>
<tr>
<td>99 R [GOTO ITX1]</td>
</tr>
</tbody>
</table>

G433 What is [FILL NAME]'s sex?

| 1 MALE |
| 2 FEMALE |
| 8 DK |
| 9 R |

G434 Is [FILL NAME] still living?

| 1 YES |
| 3 NO [GOTO G436] |
| 8 DK [GOTO G437] |
| 9 R [GOTO G437] |

G435 How old is [FILL NAME]?

| ENTER AGE [GOTO G437] |
| 998 DK [GOTO G437] |
| 999 R [GOTO G437] |

G436 How old was [FILL NAME] when s/he died?

| ENTER AGE |
| 998 DK |
| 999 R |

G437 Did [FILL NAME] ever have a colon or rectal polyp?

| 1 YES |
| 3 NO [GOTO G439] |
| 8 DK [GOTO G439] |
| 9 R [GOTO G439] |

G438 How old was s/he when the polyp was first diagnosed?

| ENTER AGE |
| 998 DK |
| 999 R |

G439 Was [FILL NAME] ever diagnosed as having any type of cancer?

| 1 YES |
| 3 NO [GOTO G448] |
| 8 DK |
| 9 R [GOTO G448] |

G440 What was the first type of cancer [FILL NAME] had?
01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS {UTERINE}
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R
G441 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R

G442 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G448]
8 DK
9 R [GOTO G448]

G443 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G444 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R

G445 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G448]
8 DK
9 R [GOTO G448]

G446 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G447 How old was s/he when this cancer was diagnosed?

___ ENTER AGE
998 DK
999 R
G448 What is the name of your next child?  (They will not be contacted.  This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00  NO MORE CHILDREN [GOTO ITX1]
98  DK [GOTO ITX1]
99  R [GOTO ITX1]

G449 What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R

G450 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G452]
8  DK [GOTO G453]
9  R [GOTO G453]

G451 How old is [FILL NAME]?

ENTER AGE [GOTO G453]
998  DK [GOTO G453]
999  R [GOTO G453]

G452 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G453 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G455]
8  DK [GOTO G455]
9  R [GOTO G455]

G454 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G455 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G464]
8  DK
9  R [GOTO G464]

G456 What was the first type of cancer [FILL NAME] had?
01  SKIN (NOT MELANOMA)
02  PROSTATE
03  BREAST
04  LUNG
05  COLON
06  CORPUS (UTERINE)
07  RECTUM
08  BLADDER
09  OVARY
10  MELANOMA
11  CERVIX
12  CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13  OTHER CANCER [SPECIFY]
14  RELATIVE HAD CANCER, SITE UNKNOWN
15  UNKNOWN IF RELATIVE HAD CANCER
99  R
G457 How old was s/he when this cancer was diagnosed?

<table>
<thead>
<tr>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>998 DK</td>
</tr>
<tr>
<td>999 R</td>
</tr>
</tbody>
</table>

G458 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G464]
8 DK
9 R [GOTO G464]

G459 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G460 How old was s/he when this cancer was diagnosed?

<table>
<thead>
<tr>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>998 DK</td>
</tr>
<tr>
<td>999 R</td>
</tr>
</tbody>
</table>

G461 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G464]
8 DK
9 R [GOTO H64]

G462 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

How old was s/he when this cancer was diagnosed?

ENTER AGE

998 DK
999 R
What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

---

ENTER NAME
00 NO MORE CHILDREN [GOTO ITX1]
98 DK [GOTO ITX1]
99 R [GOTO ITX1]

What is [FILL NAME]'s sex?

1 MALE
2 FEMALE
8 DK
9 R

Is [FILL NAME] still living?

1 YES
3 NO [GOTO G468]
8 DK [GOTO G469]
9 R [GOTO G469]

How old is [FILL NAME]?

---

ENTER AGE [GOTO G469]
998 DK [GOTO G469]
999 R [GOTO G469]

How old was [FILL NAME] when s/he died?

---

ENTER AGE
998 DK
999 R

Did [FILL NAME] ever have a colon or rectal polyp?

1 YES
3 NO [GOTO G471]
8 DK [GOTO G471]
9 R [GOTO G471]

How old was s/he when the polyp was first diagnosed?

---

ENTER AGE
998 DK
999 R

Was [FILL NAME] ever diagnosed as having any type of cancer?

1 YES
3 NO [GOTO G480]
8 DK
9 R [GOTO G480]

What was the first type of cancer [FILL NAME] had?
01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R
G473 How old was s/he when this cancer was diagnosed?

--- ENTER AGE
998 DK
999 R

G474 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G480]
8 DK
9 R [GOTO G480]

G475 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G476 How old was s/he when this cancer was diagnosed?

--- ENTER AGE
998 DK
999 R

G477 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO G480]
8 DK
9 R [GOTO G480]

G478 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
How old was s/he when this cancer was diagnosed?

Enter age

998 DK
999 R
G480 What is the name of your next child? (They will not be contacted. This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00  NO MORE CHILDREN [GOTO ITX1]
98  DK [GOTO ITX1]
99  R [GOTO ITX1]

G481 What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R

G482 Is [FILL NAME] still living?

1  YES
3  NO [GOTO G484]
8  DK [GOTO G485]
9  R [GOTO G485]

G483 How old is [FILL NAME]?

ENTER AGE [GOTO G485]
998  DK [GOTO G485]
999  R [GOTO G485]

G484 How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

G485 Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G487]
8  DK [GOTO G487]
9  R [GOTO G487]

G486 How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

G487 Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO G496]
8  DK
9  R [GOTO G496]

G488 What was the first type of cancer [FILL NAME] had?
01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R
**G489** How old was s/he when this cancer was diagnosed?

---

**ENTER AGE**

- 998 DK
- 999 R

**G490** Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G496]
8  DK
9  R [GOTO G496]

**G491** What was the next type of cancer [FILL NAME] had?

- 01 SKIN (NOT MELANOMA)
- 02 PROSTATE
- 03 BREAST
- 04 LUNG
- 05 COLON
- 06 CORPUS (UTERINE)
- 07 RECTUM
- 08 BLADDER
- 09 OVARY
- 10 MELANOMA
- 11 CERVIX
- 12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
- 13 OTHER CANCER [SPECIFY]
- 14 RELATIVE HAD CANCER, SITE UNKNOWN
- 15 UNKNOWN IF RELATIVE HAD CANCER
- 99 R

**G492** How old was s/he when this cancer was diagnosed?

---

**ENTER AGE**

- 998 DK
- 999 R

**G493** Did [FILL NAME] have any other cancer?

1  YES
3  NO [GOTO G496]
8  DK
9  R [GOTO G496]

**G494** What was the next type of cancer [FILL NAME] had?

- 01 SKIN (NOT MELANOMA)
- 02 PROSTATE
- 03 BREAST
- 04 LUNG
- 05 COLON
- 06 CORPUS (UTERINE)
- 07 RECTUM
- 08 BLADDER
<table>
<thead>
<tr>
<th></th>
<th>09 Ovary</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Melanoma</td>
</tr>
<tr>
<td>11</td>
<td>Cervix</td>
</tr>
<tr>
<td>12</td>
<td>Cancer of Female Reproductive Organ, Site Unknown</td>
</tr>
<tr>
<td>13</td>
<td>Other Cancer [Specify]</td>
</tr>
<tr>
<td>14</td>
<td>Relative Had Cancer, Site Unknown</td>
</tr>
<tr>
<td>15</td>
<td>Unknown If Relative Had Cancer</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>

G495 How old was s/he when this cancer was diagnosed?

Enter Age

<table>
<thead>
<tr>
<th></th>
<th>998 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>999</td>
<td>R</td>
</tr>
</tbody>
</table>
What is the name of your next child?  (They will not be contacted.  This is a simple way to help you complete this part of the questionnaire.)

ENTER NAME
00  NO MORE CHILDREN [GOTO ITX1]
98  DK [GOTO ITX1]
99  R [GOTO ITX1]

What is [FILL NAME]'s sex?

1  MALE
2  FEMALE
8  DK
9  R

Is [FILL NAME] still living?

1  YES
3  NO [GOTO G500]
8  DK [GOTO G501]
9  R [GOTO G501]

How old is [FILL NAME]?

ENTER AGE [GOTO G501]
998  DK [GOTO G501]
999  R [GOTO G501]

How old was [FILL NAME] when s/he died?

ENTER AGE
998  DK
999  R

Did [FILL NAME] ever have a colon or rectal polyp?

1  YES
3  NO [GOTO G503]
8  DK [GOTO G503]
9  R [GOTO G503]

How old was s/he when the polyp was first diagnosed?

ENTER AGE
998  DK
999  R

Was [FILL NAME] ever diagnosed as having any type of cancer?

1  YES
3  NO [GOTO ITX1]
8  DK
9  R [GOTO ITX1]

What was the first type of cancer [FILL NAME] had?
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>SKIN (NOT MELANOMA)</td>
</tr>
<tr>
<td>02</td>
<td>PROSTATE</td>
</tr>
<tr>
<td>03</td>
<td>BREAST</td>
</tr>
<tr>
<td>04</td>
<td>LUNG</td>
</tr>
<tr>
<td>05</td>
<td>COLON</td>
</tr>
<tr>
<td>06</td>
<td>CORPUS (UTERINE)</td>
</tr>
<tr>
<td>07</td>
<td>RECTUM</td>
</tr>
<tr>
<td>08</td>
<td>BLADDER</td>
</tr>
<tr>
<td>09</td>
<td>OVARY</td>
</tr>
<tr>
<td>10</td>
<td>MELANOMA</td>
</tr>
<tr>
<td>11</td>
<td>CERVIX</td>
</tr>
<tr>
<td>12</td>
<td>CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN</td>
</tr>
<tr>
<td>13</td>
<td>OTHER CANCER [SPECIFY]</td>
</tr>
<tr>
<td>14</td>
<td>RELATIVE HAD CANCER, SITE UNKNOWN</td>
</tr>
<tr>
<td>15</td>
<td>UNKNOWN IF RELATIVE HAD CANCER</td>
</tr>
<tr>
<td>99</td>
<td>R</td>
</tr>
</tbody>
</table>
G505 How old was s/he when this cancer was diagnosed?

<table>
<thead>
<tr>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>998 DK</td>
</tr>
<tr>
<td>999 R</td>
</tr>
</tbody>
</table>

G506 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO ITX1]
8 DK
9 R [GOTO ITX1]

G507 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G508 How old was s/he when this cancer was diagnosed?

<table>
<thead>
<tr>
<th>ENTER AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>998 DK</td>
</tr>
<tr>
<td>999 R</td>
</tr>
</tbody>
</table>

G509 Did [FILL NAME] have any other cancer?

1 YES
3 NO [GOTO ITX1]
8 DK
9 R [GOTO ITX1]

G510 What was the next type of cancer [FILL NAME] had?

01 SKIN (NOT MELANOMA)
02 PROSTATE
03 BREAST
04 LUNG
05 COLON
06 CORPUS (UTERINE)
07 RECTUM
08 BLADDER
09 OVARY
10 MELANOMA
11 CERVIX
12 CANCER OF FEMALE REPRODUCTIVE ORGAN, SITE UNKNOWN
13 OTHER CANCER [SPECIFY]
14 RELATIVE HAD CANCER, SITE UNKNOWN
15 UNKNOWN IF RELATIVE HAD CANCER
99 R

G511 How old was s/he when this cancer was diagnosed?

ENTER AGE
998 DK
999 R
This next section of the interview includes questions about your menstrual history as well as any pregnancies you might have had.

H001 How old were you when you menstruated for the first time, that is, had your first period?

   ENTER AGE
   97 NEVER MENSTRATED (H004)
   98 DK

H002 Which of the statements on this card best describes your current menstrual status? (INTV: READ RESPONSES)

   1 I am still having periods (H004)
   2 I have had an operation which stopped my periods
   3 My periods stopped by themselves
   4 I am taking medication that stopped my periods
   5 I am presently pregnant; or my pregnancy ended within the past 2 months; or I am nursing. (THNX)
   6 OTHER (SPECIFY) (H004)
   8 DK (H004)

H003 How old were you when your periods stopped completely?

   ENTER AGE
   98 DK

H004 Have you ever had a D & C, that is, a "scraping" or "cleaning out" of your uterus or womb?

   1 YES (H005)
   3 NO (H006)
   8 DK (H006)

H005 How many times have you had a D & C?

   ENTER NUMBER
   98 DK

H006 Has your uterus or womb been surgically removed?

   1 YES (H007)
   3 NO (H007)
   8 DK
H007 Have one or both of your ovaries been surgically removed?

- 1  YES ONE OVARY
- 2  YES BOTH OVARIAS
- 3  NO
- 8  DK

H008 How many times in all have you been pregnant? Please count all live births, stillbirths, miscarriages, ectopic or tubal pregnancies, and induced abortions.

<table>
<thead>
<tr>
<th>ENTER NUMBER</th>
<th>00</th>
<th>NONE (H109)</th>
<th>98</th>
<th>DK (H109)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PREGNANCY NUMBER</th>
<th>Starting with your first pregnancy, what was your age at the beginning of the pregnancy?</th>
<th>How many weeks or months did this pregnancy last?</th>
<th>What was the outcome of this pregnancy? (INTV: SHOW CARD)</th>
<th>Did you breastfeed this child?</th>
<th>How many weeks or months did you breastfeed this child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>H009  ENTER AGE 98 DK</td>
<td>H010  MONTHS OR WEEKS 98 DK</td>
<td>H011 1 LIVE BIRTH (H012) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H014)</td>
<td>H012 1 YES (H013) 3 NO (H014) 8 DK (H014)</td>
<td>H013  MONTHS OR WEEKS 98 DK</td>
</tr>
<tr>
<td>2</td>
<td>H014  ENTER AGE 98 DK</td>
<td>H015  MONTHS OR WEEKS 98 DK</td>
<td>H016 1 LIVE BIRTH (H017) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H019)</td>
<td>H017 1 YES (H018) 3 NO (H019) 8 DK (H019)</td>
<td>H018  MONTHS OR WEEKS 98 DK</td>
</tr>
<tr>
<td>3</td>
<td>H019  ENTER AGE 98 DK</td>
<td>H020  MONTHS OR WEEKS 98 DK</td>
<td>H021 1 LIVE BIRTH (H022) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H024)</td>
<td>H022 1 YES (H023) 3 NO (H024) 8 DK (H024)</td>
<td>H023  MONTHS OR WEEKS 98 DK</td>
</tr>
<tr>
<td>4</td>
<td>H024  ENTER AGE 98 DK</td>
<td>H025  MONTHS OR WEEKS 98 DK</td>
<td>H026 1 LIVE BIRTH (H027) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H029)</td>
<td>H027 1 YES (H028) 3 NO (H029) 8 DK (H029)</td>
<td>H028  MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>PREGNANCY NUMBER</td>
<td>Starting with your first pregnancy, what was your age at the beginning of the pregnancy?</td>
<td>How many weeks or months did this pregnancy last?</td>
<td>What was the outcome of this pregnancy? (INTV: SHOW CARD)</td>
<td>Did you breastfeed this child?</td>
<td>How many weeks or months did you breastfeed this child?</td>
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<tr>
<td>5</td>
<td>H029 __ ENTER AGE 98 DK</td>
<td>H030 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H031 1 LIVE BIRTH (H032) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H034)</td>
<td>H032 1 YES (H033) 3 NO (H034) 8 DK (H034)</td>
<td>H033 __ MONTHS OR __ WEEKS 98 DK</td>
</tr>
<tr>
<td>6</td>
<td>H034 __ ENTER AGE 98 DK</td>
<td>H035 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H036 1 LIVE BIRTH (H037) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H039)</td>
<td>H037 1 YES (H038) 3 NO (H039) 8 DK (H039)</td>
<td>H038 __ MONTHS OR __ WEEKS 98 DK</td>
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<tr>
<td>7</td>
<td>H039 __ ENTER AGE 98 DK</td>
<td>H040 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H041 1 LIVE BIRTH (H042) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H044)</td>
<td>H042 1 YES (H043) 3 NO (H044) 8 DK (H044)</td>
<td>H043 __ MONTHS OR __ WEEKS 98 DK</td>
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<tr>
<td>8</td>
<td>H044 __ ENTER AGE 98 DK</td>
<td>H045 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H046 1 LIVE BIRTH (H047) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H049)</td>
<td>H047 1 YES (H048) 3 NO (H049) 8 DK (H049)</td>
<td>H048 __ MONTHS OR __ WEEKS 98 DK</td>
</tr>
<tr>
<td>9</td>
<td>H049 __ ENTER AGE 98 DK</td>
<td>H050 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H051 1 LIVE BIRTH (H052) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H054)</td>
<td>H052 1 YES (H053) 3 NO (H054) 8 DK (H054)</td>
<td>H053 __ MONTHS OR __ WEEKS 98 DK</td>
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<td>10</td>
<td>H054 __ ENTER AGE 98 DK</td>
<td>H055 __ MONTHS OR __ WEEKS 98 DK</td>
<td>H056 1 LIVE BIRTH (H057) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H059)</td>
<td>H057 1 YES (H058) 3 NO (H059) 8 DK (H059)</td>
<td>H058 __ MONTHS OR __ WEEKS 98 DK</td>
</tr>
<tr>
<td>PREGNANCY NUMBER</td>
<td>Starting with your first pregnancy, what was your age at the beginning of the pregnancy?</td>
<td>How many weeks or months did this pregnancy last?</td>
<td>What was the outcome of this pregnancy? (INTV: SHOW CARD)</td>
<td>Did you breastfeed this child?</td>
<td>How many weeks or months did you breastfeed this child?</td>
</tr>
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</tr>
<tr>
<td>11 11</td>
<td>H059 ENTER AGE 98 DK</td>
<td>H060 MONTHS OR WEEKS 98 DK</td>
<td>H061 1 LIVE BIRTH (H062) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H064)</td>
<td>H062 1 YES 3 NO (H064) 8 DK (H064)</td>
<td>H063 MONTHS OR WEEKS 98 DK</td>
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<td>H064 ENTER AGE 98 DK</td>
<td>H065 MONTHS OR WEEKS 98 DK</td>
<td>H066 1 LIVE BIRTH (H067) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H069)</td>
<td>H067 1 YES (H068) 3 NO (H069) 8 DK (H069)</td>
<td>H068 MONTHS OR WEEKS 98 DK</td>
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<td>13 13</td>
<td>H069 ENTER AGE 98 DK</td>
<td>H070 MONTHS OR WEEKS 98 DK</td>
<td>H071 1 LIVE BIRTH (H072) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H074)</td>
<td>H072 1 YES (H073) 3 NO (H074) 8 DK (H074)</td>
<td>H073 MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>14 14</td>
<td>H074 ENTER AGE 98 DK</td>
<td>H075 MONTHS OR WEEKS 98 DK</td>
<td>H076 1 LIVE BIRTH (H077) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H079)</td>
<td>H077 1 YES (H078) 3 NO (H079) 8 DK (H079)</td>
<td>H078 MONTHS OR WEEKS 98 DK</td>
</tr>
<tr>
<td>15 15</td>
<td>H079 ENTER AGE 98 DK</td>
<td>H080 MONTHS OR WEEKS 98 DK</td>
<td>H081 1 LIVE BIRTH (H082) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H084)</td>
<td>H082 1 YES (H083) 3 NO (H084) 8 DK (H084)</td>
<td>H083 MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>16 16</td>
<td>H084 ENTER AGE 98 DK</td>
<td>H085 MONTHS OR WEEKS 98 DK</td>
<td>H086 1 LIVE BIRTH (H087) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H089)</td>
<td>H087 1 YES (H088) 3 NO (H089) 8 DK (H089)</td>
<td>H088 MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>PREGNANCY NUMBER</td>
<td>Starting with your first pregnancy, what was your age at the beginning of the pregnancy?</td>
<td>How many weeks or months did this pregnancy last?</td>
<td>What was the outcome of this pregnancy? (INTV: SHOW CARD)</td>
<td>Did you breastfeed this child?</td>
<td>How many weeks or months did you breastfeed this child?</td>
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<td>17</td>
<td>H089  ENTER AGE 98 DK</td>
<td>H090  MONTHS OR WEEKS 98 DK</td>
<td>H091 1 LIVE BIRTH (H092) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H094)</td>
<td>H092 1 YES (H093) 3 NO (H094) 8 DK (H094)</td>
<td>H093  MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>18</td>
<td>H094  ENTER AGE 98 DK</td>
<td>H095  MONTHS OR WEEKS 98 DK</td>
<td>H096 1 LIVE BIRTH (H097) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H099)</td>
<td>H097 1 YES (H098) 3 NO (H099) 8 DK (H099)</td>
<td>H098  MONTHS OR WEEKS 98 DK</td>
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<tr>
<td>19</td>
<td>H099  ENTER AGE 98 DK</td>
<td>H100  MONTHS OR WEEKS 98 DK</td>
<td>H101 1 LIVE BIRTH (H102) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H104)</td>
<td>H102 1 YES (H103) 3 NO (H104) 8 DK (H104)</td>
<td>H103  MONTHS OR WEEKS 98 DK</td>
</tr>
<tr>
<td>20</td>
<td>H104  ENTER AGE 98 DK</td>
<td>H105  MONTHS OR WEEKS 98 DK</td>
<td>H106 1 LIVE BIRTH (H107) 2 STILLBIRTH 3 MISCARRIAGE 4 ECTOPIC/TUBAL 5 INDUCED ABORTION 8 DK (OTHERS H109)</td>
<td>H107 1 YES 3 NO (H109) 8 DK (H109)</td>
<td>H108  MONTHS OR WEEKS 98 DK</td>
</tr>
</tbody>
</table>

H109 Did you ever try for one straight year or more to become pregnant and, during that time, not become pregnant?

- 1 YES (H110)
- 3 NO (H112)
- 8 DK (H112)

H110 Did you or your partner ever visit a doctor, clinic, or hospital because you had trouble getting pregnant?

- 1 YES (H111)
- 3 NO (H112)
- 8 DK (H112)
H111 What was the reason you had a problem getting pregnant? (INTV: READ RESPONSES)

1  a problem with your ovaries or hormones,
2  a problem with your fallopian tubes,
3  a problem with your uterus or cervix,
4  your partner had fertility problems,
5  other fertility problem or
6  no problem was found
8  DK

H112 Have you ever taken oral contraceptives that is birth control pills?

1  YES (H113)
3  NO (H116)
8  DK (H116)

H113 In what year did you begin taking them?

ENTER YEAR
98  DK

H114 In what year did you last take them?

ENTER YEAR
00  STILL TAKING
98  DK

H115 For many women, taking oral contraceptives involves starting and stopping several times. How long, altogether (have you been/were you) actually taking the pills?

MONTHS OR YEARS
98  DK

H116 Have you ever used estrogen, progestin, or other female hormones for any reason? The preparation may be pills, shots, skin patches, vaginal creams, or vaginal suppositories?

1  YES (H117)
3  NO (ITX1)
8  DK (ITX1)

H117 In what year did you begin taking them?

ENTER YEAR
98  DK

H118 In what year did you last take them?

ENTER YEAR
00  STILL TAKING
98  DK
For many women, taking hormones involves starting and stopping several times. How long, altogether (have you been/were you) actually taking the pills, shots or using skin patches, creams or suppositories?

MONTHS  YEARS
98     DK
This section discusses lifestyle and personal habits.

<table>
<thead>
<tr>
<th>CIGARETTES</th>
<th>CIGARS</th>
<th>PIPES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H001</strong> Have you smoked at least 100 cigarettes in your lifetime?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  YES (H002)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  NO (H007)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  DK (H007)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>H007</strong> Have you ever smoked cigars on a regular basis in your lifetime, that is for a period of at least one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  YES (H008)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  NO (H013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  DK (H013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>H013</strong> Have you ever smoked pipes on a regular basis in your lifetime, that is for a period of at least one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1  YES (H014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  NO (H019)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  DK (H019)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**H002** How old were you when you first started smoking (TYPE TOBACCO) on a regular basis?

| 98  DK (H003) |

**H008** How old were you when you first started smoking cigars on a regular basis in your lifetime, that is for a period of at least one year?

| 98  DK (H009) |

**H014** How old were you when you first started smoking pipes on a regular basis in your lifetime, that is for a period of at least one year?

| 98  DK (H015) |

**H003** Do you smoke (TYPE TOBACCO) now?

| 1  YES (H004) |
| 3  NO (H005) |
| 8  DK (H005) |

**H009** Do you smoke cigars now?

| 1  YES (H010) |
| 3  NO (H011) |
| 8  DK (H011) |

**H015** Do you smoke pipes now?

| 1  YES (H016) |
| 3  NO (H017) |
| 8  DK (H017) |

**H004** On average, about how many (TYPE TOBACCO) do you smoke per day?

| 998  DK (H007) |

**H010** On average, about how many (TYPE TOBACCO) do you smoke per day before you quit?

| 998  DK (H013) |

**H016** On average, about how many (TYPE TOBACCO) do you smoke per day before you quit?

| 998  DK (H019) |

**H005** How old were you when you stopped smoking (TYPE TOBACCO)?

| 98  DK (H006) |

**H011** How old were you when you stopped smoking cigars?

| 98  DK (H012) |

**H017** How old were you when you stopped smoking pipes?

| 98  DK (H018) |

**H006** On average, about how many (TYPE TOBACCO) did you smoke per day before you quit?

| 998  DK (H007) |

**H012** On average, about how many (TYPE TOBACCO) did you smoke per day before you quit?

| 998  DK (H013) |

**H018** On average, about how many (TYPE TOBACCO) did you smoke per day before you quit?

| 998  DK (H019) |

**H019** Which statement best describes your use of alcoholic beverages that is beer, wine and hard liquor including alcoholic cocktails, whiskey, gin, vodka, scotch, bourbon or rum. (INTV: READ RESPONSES)

1  I have never consumed alcoholic beverages, (HTX3)

3  I used to consume alcoholic beverages, but I don’t anymore or (H020)

5  I currently consume some alcoholic beverages (HTX2)

8  DK (H020)

**H020** In what month and year did you stop drinking alcoholic beverages?

_ MONTH _ YEAR

8  DK

**(SCREEN FOR DRINKING DURING REFERENT PERIOD - ONLY THOSE THAT DRANK DURING RP ASKED H021)**
HTX2I am going to ask you about your use of alcoholic beverages between (REFERENT PERIOD).

H021 Between (REFERENT PERIOD), did you drink an average of one or more alcoholic beverages a week?

1  YES (H022)
3  NO (H043)
8  DK (H022)

<table>
<thead>
<tr>
<th>Between (REFERENT PERIOD) did you typically consume any alcoholic beverages on (DAY)?</th>
<th>Between (REFERENT PERIOD) how many 12-ounce cans or bottles of beer did you usually drink on (DAY)?</th>
<th>Between (REFERENT PERIOD) how many 4-ounce glasses of wine did you usually drink on (DAY)?</th>
<th>Between (REFERENT PERIOD) how many 1 1/2-ounce shots of hard liquor did you usually drink on (DAY)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>H022 Monday</td>
<td>H023</td>
<td>H024</td>
<td>H025</td>
</tr>
<tr>
<td>1  YES (H023)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H026)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H026)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H026 Tuesday</td>
<td>H027</td>
<td>H028</td>
<td>H029</td>
</tr>
<tr>
<td>1  YES (H027)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H030)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H030)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H030 Wednesday</td>
<td>H031</td>
<td>H032</td>
<td>H033</td>
</tr>
<tr>
<td>1  YES (H031)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H034)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H034)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H034 Thursday</td>
<td>H035</td>
<td>H036</td>
<td>H037</td>
</tr>
<tr>
<td>1  YES (H035)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H038)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H038)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H038 Friday</td>
<td>H039</td>
<td>H040</td>
<td>H041</td>
</tr>
<tr>
<td>1  YES (H039)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H042)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H042)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H042 Saturday</td>
<td>H043</td>
<td>H044</td>
<td>H045</td>
</tr>
<tr>
<td>1  YES (H043)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H046)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H046)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
<tr>
<td>H046 Sunday</td>
<td>H047</td>
<td>H048</td>
<td>H049</td>
</tr>
<tr>
<td>1  YES (H047)</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
<td>_ NUMBER</td>
</tr>
<tr>
<td>3  NO (H050)</td>
<td>00 NONE</td>
<td>00 NONE</td>
<td>00 NONE</td>
</tr>
<tr>
<td>8  DK (H050)</td>
<td>98 DK</td>
<td>98 DK</td>
<td>98 DK</td>
</tr>
</tbody>
</table>
### Did you drink alcoholic beverages when you were (AGE) years old?

<table>
<thead>
<tr>
<th>Do you drink alcohol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YES (H051)</td>
</tr>
<tr>
<td>3 NO (H054)</td>
</tr>
<tr>
<td>8 DK (H054)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>60 Years Old</th>
<th>45 Years Old</th>
<th>30 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>H050</td>
<td>1 YES (H051)</td>
<td>1 YES (H055)</td>
<td>1 YES (H059)</td>
</tr>
<tr>
<td></td>
<td>3 NO (H054)</td>
<td>3 NO (H058)</td>
<td>3 NO (HTX3)</td>
</tr>
<tr>
<td></td>
<td>8 DK (H054)</td>
<td>8 DK (H058)</td>
<td>8 DK (HTX3)</td>
</tr>
</tbody>
</table>

### How many 12-ounce cans or bottles of beer did you usually drink per week?

<table>
<thead>
<tr>
<th>Number of Beer Cans/Bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td>000  NONE</td>
</tr>
<tr>
<td>998  DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>60 Years Old</th>
<th>45 Years Old</th>
<th>30 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>H051</td>
<td>000 NONE</td>
<td>000 NONE</td>
<td>000 NONE</td>
</tr>
<tr>
<td></td>
<td>998 DK</td>
<td>998 DK</td>
<td>998 DK</td>
</tr>
</tbody>
</table>

### How many 4-ounce glasses of wine did you usually drink per week?

<table>
<thead>
<tr>
<th>Number of Wine Glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>000  NONE</td>
</tr>
<tr>
<td>998  DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>60 Years Old</th>
<th>45 Years Old</th>
<th>30 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>H052</td>
<td>000 NONE</td>
<td>000 NONE</td>
<td>000 NONE</td>
</tr>
<tr>
<td></td>
<td>998 DK</td>
<td>998 DK</td>
<td>998 DK</td>
</tr>
</tbody>
</table>

### How many 1 1/2-ounce shots of hard liquor did you usually drink per week?

<table>
<thead>
<tr>
<th>Number of Shots of Liquor</th>
</tr>
</thead>
<tbody>
<tr>
<td>000  NONE</td>
</tr>
<tr>
<td>998  DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>60 Years Old</th>
<th>45 Years Old</th>
<th>30 Years Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>H053</td>
<td>000 NONE</td>
<td>000 NONE</td>
<td>000 NONE</td>
</tr>
<tr>
<td></td>
<td>998 DK</td>
<td>998 DK</td>
<td>998 DK</td>
</tr>
</tbody>
</table>

### Between (REFERENT PERIOD), how many hours per week, on average, did you spend outside during the (SEASON)?

<table>
<thead>
<tr>
<th>Season</th>
<th>Hours Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>000 NONE</td>
</tr>
<tr>
<td></td>
<td>998 DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>SUMMER</th>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>H062</td>
<td>000 NONE (H065)</td>
<td>000 NONE (H068)</td>
<td>000 NONE (H071)</td>
<td>000 NONE (HTX4)</td>
</tr>
<tr>
<td></td>
<td>998 DK (H063)</td>
<td>998 DK (H066)</td>
<td>998 DK (H069)</td>
<td>998 DK (HTX4)</td>
</tr>
</tbody>
</table>

### Approximately what percentage of your body was exposed to the sun?

<table>
<thead>
<tr>
<th>Percentage Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 very little, (less than 10%)</td>
</tr>
<tr>
<td>2 some, (10% to 30%)</td>
</tr>
<tr>
<td>3 a lot, (31% to 50%) or</td>
</tr>
<tr>
<td>4 most of it? (over 50%)</td>
</tr>
<tr>
<td>8 DK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>SUMMER</th>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>H063</td>
<td>000 NONE (H066)</td>
<td>000 NONE (H068)</td>
<td>000 NONE (H071)</td>
<td>000 NONE (HTX4)</td>
</tr>
<tr>
<td></td>
<td>998 DK (H063)</td>
<td>998 DK (H066)</td>
<td>998 DK (H069)</td>
<td>998 DK (HTX4)</td>
</tr>
</tbody>
</table>

### Did you use sun screen?

<table>
<thead>
<tr>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YES (H065)</td>
</tr>
<tr>
<td>3 NO (H065)</td>
</tr>
<tr>
<td>8 DK (H065)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>SUMMER</th>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>H064</td>
<td>000 NONE (H066)</td>
<td>000 NONE (H068)</td>
<td>000 NONE (H071)</td>
<td>000 NONE (HTX4)</td>
</tr>
<tr>
<td></td>
<td>998 DK (H065)</td>
<td>998 DK (H066)</td>
<td>998 DK (H069)</td>
<td>998 DK (HTX4)</td>
</tr>
</tbody>
</table>

| H065      | 000 NONE (H068) | 000 NONE (H069) | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H066) | 998 DK (H069) | 998 DK (H072) | 998 DK (HTX4) |

| H066      | 000 NONE (H068) | 000 NONE (H069) | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H066) | 998 DK (H069) | 998 DK (H072) | 998 DK (HTX4) |

| H067      | 000 NONE (H068) | 000 NONE (H069) | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H066) | 998 DK (H069) | 998 DK (H072) | 998 DK (HTX4) |

| H068      | 000 NONE (H069) | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H069) | 998 DK (H072) | 998 DK (HTX4) |

| H069      | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H069) | 998 DK (HTX4) |

| H070      | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H071) | 998 DK (HTX4) |

| H071      | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H071) | 998 DK (HTX4) |

| H072      | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H071) | 998 DK (HTX4) |

| H073      | 000 NONE (H072) | 000 NONE (HTX4) |
|           | 998 DK (H071) | 998 DK (HTX4) |

### HTX3 These next questions ask about how much time you spent out of doors.
HTX4

Now, I am going to read you a list of materials you may have handled or been exposed to on a job, at home or as a hobby before **(REFERENT PERIOD)**. You should answer yes if you handled or were exposed to any material at least once a week for six months or longer or had a very heavy exposure for a briefer period of time on a job, at home or as a hobby.

<table>
<thead>
<tr>
<th>Did you ever handle, or were you exposed to, (MATERIAL)?</th>
<th>Was this at work, outside of your job, or both?</th>
<th>What was the first year you handled or were exposed to it/them?</th>
<th>What was the last year you handled, or were exposed to it/them?</th>
<th>What was the total number of years you handled, or were exposed to it/them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>H074 asbestos</td>
<td>H075</td>
<td>H076 19 _</td>
<td>H077 19 _</td>
<td>H078 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H075)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H079)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H079)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H079 wood or sawdust</td>
<td>H080</td>
<td>H081 19 _</td>
<td>H082 19 _</td>
<td>H083 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H080)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H084)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H084)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H084 solvents</td>
<td>H085</td>
<td>H086 19 _</td>
<td>H087 19 _</td>
<td>H088 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H085)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H089)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H089)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H089 fiberglass</td>
<td>H090</td>
<td>H091 19 _</td>
<td>H092 19 _</td>
<td>H093 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H090)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H094)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H094)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H094 grinding or sand blasting abrasives</td>
<td>H095</td>
<td>H096 19 _</td>
<td>H097 19 _</td>
<td>H098 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H095)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H099)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H099)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H099 paint or varnish</td>
<td>H100</td>
<td>H101 19 _</td>
<td>H102 19 _</td>
<td>H103 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H104)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H104)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H104 weed killers, insect killers or other pesticides</td>
<td>H105</td>
<td>H106 19 _</td>
<td>H107 19 _</td>
<td>H108 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H105)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (H109)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (H109)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
<tr>
<td>H109 petroleum or petroleum based products</td>
<td>H110</td>
<td>H111 19 _</td>
<td>H112 19 _</td>
<td>H113 __ NUMBER 8 _ DK</td>
</tr>
<tr>
<td>1 YES (H110)</td>
<td>1 WORK</td>
<td>8 DK</td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>3 NO (ITX5)</td>
<td>3 HOME/HOBBY</td>
<td></td>
<td>19 _</td>
<td></td>
</tr>
<tr>
<td>8 DK (ITX5)</td>
<td>5 BOTH</td>
<td></td>
<td>8 DK</td>
<td></td>
</tr>
</tbody>
</table>
These final questions are for statistical purposes only.

H114 This question asks about your household last year. Was your total family income last year before deductions and taxes more than or less than 35,000?

1  OVER 35,000 (H115)
3  UNDER 35,000 (H116)
8  DK (H117)

H115 I am going to mention several income categories. When I mention the category which describes your total family income last year please stop me.

01  Between 35 and 40 thousand
02  Between 40 and 45 thousand
03  Between 45 and 50 thousand
04  Between 50 and 55 thousand
05  Between 55 and 60 thousand
06  60,000 or more
98  DK (H117)

H116 I am going to mention several income categories. When I mention the category which describes your total family income last year please stop me.

01  Less than 5,000
02  Between 5 and 10 thousand
03  Between 10 and 15 thousand
04  Between 15 and 20 thousand
05  Between 20 and 30 thousand
06  Between 30 and 35 thousand
98  DK (H117)

H117 What was the total number of persons in your household last year, including yourself?

NUMBER
998  DK

HTX6 If we need to contact you in the future, it is helpful to know the name of an individual outside your household who will always know your whereabouts. What is the name, address, and phone number of a close friend or relative who does not live with you?

1  CONTINUE
8  DK (H123)

H118 NAME:  (LAST NAME FIRST)
H119 STREET ADDRESS:

H120 CITY, STATE:

H121 TELEPHONE:

H122 What is (NAME)'s relationship to you?

1 MOTHER
2 FATHER
3 SON
4 DAUGHTER
5 OTHER RELATIVE (SPECIFY)
6 FRIEND
8 DK

H123 Do you have a social security number?

1 YES (H124)
3 NO (H125)
8 DK (H125)

H124 To help identify participants in our study, we are asking for your social security number. Your providing this information to us is voluntary. Your answer or refusal to answer will have no effect in any way on your social security benefits. What is your social security number?

--- --- --- --- --- --- --- --- NUMBER
8 DK

H125 Do you currently have a valid (STATE) driver's license?

1 YES
3 NO
8 DK

H126 (IF 65 OR OVER) Are you enrolled in Medicare?

1 YES
3 NO
8 DK

THNX That completes the interview. You have been very helpful and I appreciate your time and cooperation.

GO TO SECTION I