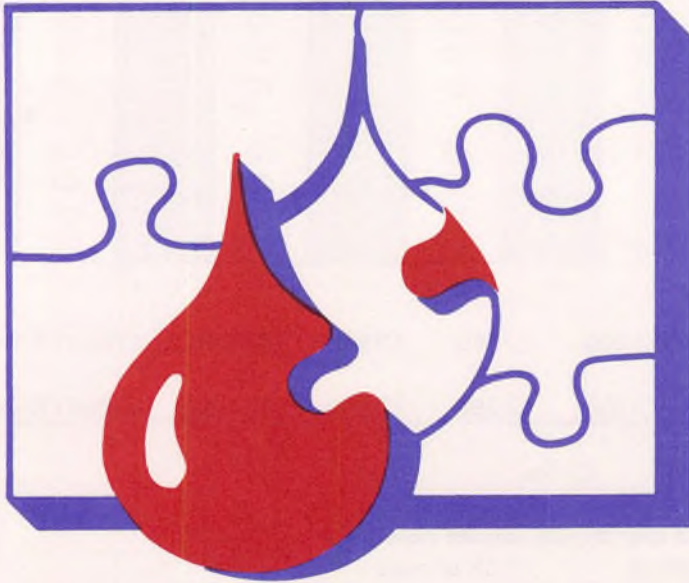


OPERATION CLUE II



Give Us A Clue

This form asks about your usual food intake over the past year. It takes about 20 minutes to complete.

Please follow these instructions:

- Answer each question as best you can—estimate if you aren't sure.
- Use only a #2, ordinary pencil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.

Correct mark: ●

Incorrect mark: ✗ ⊗ ⊙ ⊖

- Do not make any other marks on this form.
- If you wish to make comments, please use a separate piece of paper.

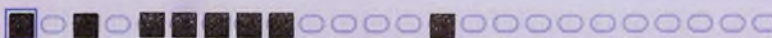
PLEASE PRINT YOUR NAME
IN THIS BOX. PLEASE DO NOT
WRITE OUTSIDE THE BOXED AREA.

TODAY'S DATE		
MO	DAY	YR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SEX
<input type="radio"/> MALE
<input type="radio"/> FEMALE

AGE
<input type="radio"/> 15-24
<input type="radio"/> 25-34
<input type="radio"/> 35-44
<input type="radio"/> 45-54
<input type="radio"/> 55-64
<input type="radio"/> 65-74
<input type="radio"/> 75+

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



PLEASE MAKE NO MARKS IN THIS AREA

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1. During the past year have you taken any vitamins or minerals?

- No Yes, fairly regularly Yes, but not regularly

IF YES, what do you take fairly regularly?

VITAMIN TYPE	HOW MANY TABLETS							
	NONE	1-3 Per WEEK	4-6 Per WEEK	1 Per DAY	2 Per DAY	3 Per DAY	4 Per DAY	5+ Per Day
Multiple Vitamins								
Stress-tabs type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic, Theragran type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-a-day type, or Centrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Vitamins								
Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium or Dolomite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you take Calcium or Vitamin C:

How many milligrams in each Calcium tablet? 100 250 500 600 Don't Know

How many milligrams in each Vitamin C tablet? 100 250 500 1000 Don't Know

2. Do you smoke cigarettes now?

- No Yes

IF YES, on the average, about how many cigarettes a day do you smoke now?

- 1-5 6-14 15-24 25-34 35 or more

3. About how many times have you gone on a diet to lose weight?

- Never 1-2 3-5 6-8 9-11 12 or more times

4.	SELDOM/NEVER	SOMETIMES	OFTEN/ALWAYS
a. How often do you add salt to your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often do you add pepper to your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often do you eat the skin on chicken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often do you eat the fat on meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What kinds of fat do you *usually* use in cooking (to fry, stir-fry, or saute)? Mark only one or two.

- Stick Margarine Butter Soft Tub Margarine
- Oil Low-Calorie Margarine Crisco
- Lard, fatback, baconfat Pam or no oil Don't know or don't cook

PLEASE DO NOT WRITE IN THIS AREA

PLEASE DO NOT WRITE IN THIS AREA

6. What kinds of fat do you *usually* add to vegetables, potatoes, etc.? Mark only one or two.

- | | | |
|---|--|---|
| <input type="radio"/> Stick Margarine | <input type="radio"/> Soft Tub Margarine | <input type="radio"/> Low-calorie Margarine |
| <input type="radio"/> Butter | <input type="radio"/> Whipped butter | <input type="radio"/> 1/2 butter, 1/2 margarine |
| <input type="radio"/> Lard, fatback, baconfat | <input type="radio"/> Crisco | <input type="radio"/> Don't add Fat |

7. In the past year, about how often did you eat the following foods from restaurants or carry-outs?

TYPE OF RESTAURANT	NUMBER OF VISITS LAST YEAR						
	NEVER IN PAST YEAR	1-4 TIMES PAST YEAR	5-11 TIMES PAST YEAR	1-3 TIMES A MONTH	ONCE A WEEK	2-4 TIMES A WEEK	ALMOST EVERY DAY
Fried Chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burgers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizzas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. This section is about your *usual* eating habits over the past year.

First: Mark whether your usual serving size is small, medium or large.
Please DO NOT OMIT serving size.

Second: Mark the column to show how often, on the average, you ate the food during the past year.
Please BE CAREFUL which column you put your answer in.

Additional Comments:

- Please DO NOT SKIP any foods. If you never eat a food, mark "Never or less than once a month."
- A small serving is about one-half the medium serving size shown, or less.
A large serving is about one-and-a-half times the medium serving size shown, or more.

Sample: This person ate a medium serving of rice about twice per month during the past year and never ate squash.

TYPE OF FOOD	QUANTITY			AVERAGE USE LAST YEAR									
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 Per MONTH	2-3 Per MONTH	1 Per WEEK	2 Per WEEK	3-4 Per WEEK	5-6 Per WEEK	1 Per DAY	2+ Per DAY
		S	M	L									
Rice	3/4 cup	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter squash, baked squash	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MAKE NO MARKS IN THIS AREA

TYPE OF FOOD	QUANTITY			AVERAGE USE LAST YEAR									
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 Per MONTH	2-3 Per MONTH	1 Per WEEK	2 Per WEEK	3-4 Per WEEK	5-6 Per WEEK	1 Per DAY	2+ Per DAY
		S	M	L									
FRUITS AND JUICES													
EXAMPLE: Apples, Etc.	1 medium or 1/2 cup	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apples, applesauce, pears	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (in season)	1/4 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges	1 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit	1/2 medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice or grapefruit juice	6 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices, fortified fruit drinks	6 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fruit, including bananas, fruit cocktail	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VEGETABLES													
Beans such as baked beans, pintos, kidney, limas, or in chili	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes, tomato juice	1 medium or 6 ounce glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mustard greens, turnip greens, collards	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cole slaw, cabbage, sauerkraut	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, or mixed vegetables containing carrots	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green salad	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular salad dressing & mayonnaise, including on sandwiches	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries and fried potatoes	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potatoes, yams	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other potatoes, including boiled, baked, mashed & potato salad	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other vegetable, including green beans, corn, peas	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MAKE NO MARKS IN THIS AREA

TYPE OF FOOD	QUANTITY			AVERAGE USE LAST YEAR									
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1	2-3	1	2	3-4	5-6	1	2+
		S	M	L		Per MONTH	Per MONTH	Per WEEK	Per WEEK	Per WEEK	Per WEEK	Per DAY	Per DAY
BREAKFAST FOODS													
High fiber, bran or granola cereals, shredded wheat	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly fortified cereals, such as Product 19, Total or Most	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cold cereals, such as corn flakes, Rice Krispies	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked cereals	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	1 egg = small 2 eggs = med.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage	2 patties or links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEAT, FISH, POULTRY, LUNCH ITEMS													
Hamburgers, cheeseburgers, meatloaf	1 medium or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef (steaks, roasts, etc. including on sandwiches)	4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef stew or pot pie with carrots or other vegetables	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver, including chicken livers	4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork, including chops, roasts	2 chops or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken	2 small or 1 large piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey (roasted, stewed or broiled, including on sandwiches)	2 small or 1 large piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried fish or fish sandwich	4 ounces or 1 sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish (broiled or baked)	2 pieces or 4 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti, lasagna, other pasta with tomato sauce	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dogs	2 hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham, bologna, salami and other lunch meats	2 slices or 2 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable & tomato soups, including vegetable beef, minestrone	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

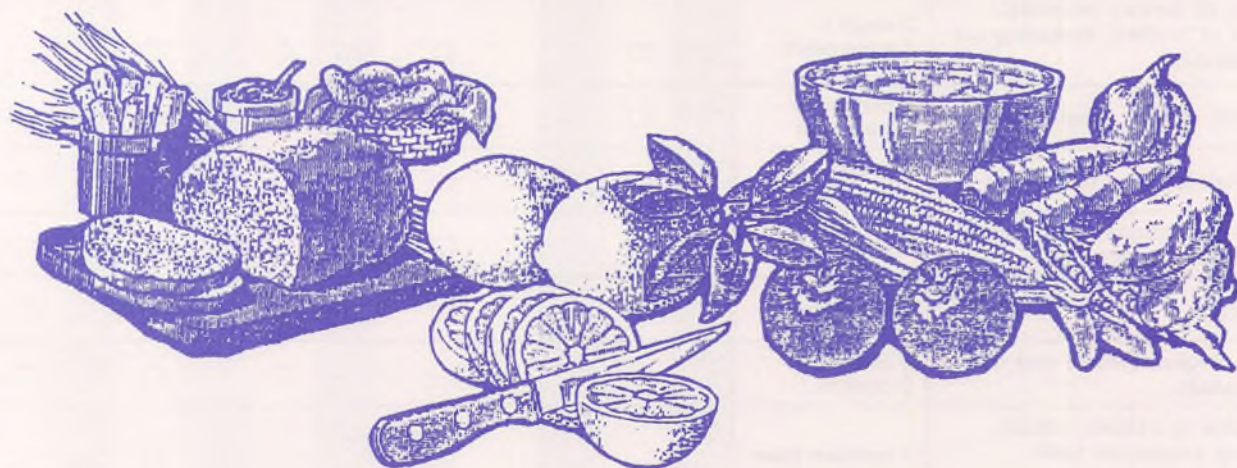
TYPE OF FOOD	QUANTITY			AVERAGE USE LAST YEAR									
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 Per MONTH	2-3 Per MONTH	1 Per WEEK	2 Per WEEK	3-4 Per WEEK	5-6 Per WEEK	1 Per DAY	2+ Per DAY
		S	M	L									

BREADS, SNACKS, SPREADS

Biscuits, muffins, burger rolls (including fast foods)	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White breads, (including sandwiches, bagels, French or Italian bread)	2 slices or 3 crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark breads, such as whole wheat, rye, pumpernickel	2 slices or 3 crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn bread, corn muffins, corn tortillas, or grits	1 medium piece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salty snacks such as chips, popcorn	2 handfuls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanuts, peanut butter	2 tablespoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine on bread or vegetables	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter on bread or vegetables	2 pats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheeses and cheese spreads (not including cottage cheese)	2 slices or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SWEETS

Ice cream	1 scoop or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doughnuts, cookies, cake, pastry	1 piece, or 3 cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pies	1 medium slice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate candy	1 small bar or 1 ounce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PLEASE DO NOT WRITE IN THIS AREA.

TYPE OF FOOD	QUANTITY			AVERAGE USE LAST YEAR									
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1-3 Per MONTH	1 Per WEEK	2-4 Per WEEK	5-6 Per WEEK	1 Per DAY	2-3 Per DAY	4-5 Per DAY	6+ Per DAY
		S	M	L									
BEVERAGES (Please note that the categories for these columns are different.)													
Whole milk and beverages with whole milk (not incl. on cereal)	8 ounce glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2% milk and beverages with 2% milk (not including on cereal)	8 ounce glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skim milk, 1% milk or butter-milk (not including on cereal)	8 ounce glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (not diet soda)	12 ounce can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer	12 ounce can or bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine or wine coolers	1 medium glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor	1 shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk or cream in coffee or tea	1 tablespoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar in coffee or tea or on cereal	2 teaspoons=medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. SUMMARY QUESTIONS	AVERAGE USE LAST YEAR								
	LESS THAN ONCE PER WEEK	1-2 Per WEEK	3-4 Per WEEK	5-6 Per WEEK	1 Per DAY	1 1/2 Per DAY	2 Per DAY	3 Per DAY	4+ Per DAY
a. How often do you use fat or oil in cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not counting salad or potatoes, how many servings of vegetables do you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Not counting juices, how many servings of fruit do you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many times during the past 4 weeks have you eaten flame-broiled food (food grilled over charcoal, gas, or wood fire)?

- Never
 1-2 times
 3-4
 5-6
 7-10
 11-15
 16+ times

11. If you ate flame-broiled food during the past four weeks, how many days ago did you last eat it?

- Didn't eat it
 1 day ago
 2-3
 4-7
 8-14
 15-21
 22-30 days

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE

Please take a moment to fill in any questions you may have skipped.

Dear Participant:

Thank you very much for helping in the search for causes of cancer by your gift of a blood sample for our serum bank. We thank you for helping us even more by filling out this questionnaire and mailing it back to us along with a clipping from your big toenail.

Information on the kinds of food people eat will help settle some of the still puzzling questions about food and cancer. Toenail clippings give the best measures of trace minerals which may also be related to cancer in some way.

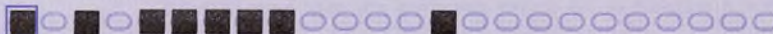
Information from the questionnaire and from chemical tests of the toenail clipping will be used only for medical research. No results will be released that identify any individual person.

Thank you for agreeing to help in cancer research by providing the completed questionnaire and a toenail clipping. Please show your agreement by putting your initials in the space below. Your questionnaire will be identified only by number and your initials. The toenail clipping should come from one of your big toes. It should be put in the small envelope. This envelope should be sealed and put in the large mailing envelope along with the completed questionnaire. No postage is required.

* * * * *

I agree to allow my questionnaire and toenail clipping to be used for medical research.

Initials only



PLEASE MAKE NO MARKS IN THIS AREA

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