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Intervention

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Army Award DAMD17-99-1-9279  
Phase I Induction and Estrogen Metabolism in Women With and Without  
Breast Cancer and in Response to a Dietary Intervention

Annual Report: Year 1

Introduction

Work by our group and others provide the scientific basis of this study. Cross-national studies of breast cancer rates and studies of migrants indicate that environmental factors are responsible for large population-level differences in breast cancer rates and rates of change over time. In a study of 46 countries, we found that over 90% of breast cancer mortality could be accounted for mainly by dietary factors. On a per-calorie basis, the strongest effect in the data was the protective effect of cabbage. There is some evidence that vegetables in the *Brassica* genus, like cabbage and broccoli, modify estrogen metabolism by causing 17 $\beta$ - Estradiol (E2) to be metabolized to 2-hydroxyestrone (2HE) rather than 16 $\alpha$ -hydroxyestrone (16HE). Relative to 2HE, 16HE appears more likely to cause cancer and breast cancer patients have a lower ratio of these metabolites than do disease-free controls. It has further been shown that the P450 enzyme CYP1B1 is present in tumor but not normal breast tissue. The indole glucosinolates (IGSL), which are contained in high concentrations in Brassica vegetables, induce a number of protein products that can shift E2 metabolism away from 16HE and towards 2HE. AhR activation also induces immune system factors such as interleukin-1 $\beta$  (IL-1 $\beta$ ) and other proteins, such as plasminogen activator inhibitor-2 (PAI-2), a protease inhibitor that has been associated with inhibition of tumor invasiveness (metastasis).

Specific Aims

The two objectives of this proposal are to evaluate the products of AhR activation against the risk of breast cancer, and to investigate the ability of *Brassica* vegetables to reduce breast cancer risk. Women will be recruited from among those undergoing a diagnostic biopsy at SCCC following a suspicious mammogram. The plan continues to be to enroll 30 postmenopausal women with breast cancer and 60 age-matched women found to be disease free, half of whom will be deemed to be at low risk according to the Gail/Benichou model (<7% risk in the next 10 years) and half of whom will be at higher risk (>10% risk). The first study, conducted at the time the women enter the study, will compare the 30 breast cancer patients and the 30 high-risk and 30 low-risk healthy women on: 1) AhR activation and its various protein products relevant to cancer including CYP1B1, PAI-2, and IL-1 $\beta$ ; and 2) levels of relevant estrogens, E2, 2HE, and 16HE. The second study will examine the effect of an intensive Brassica-rich diet intervention on AhR activation, its protein products, and estrogen metabolites in these 90 women. Measurement of all study parameters will be made at times corresponding to the baseline period and post-intervention. Blood and fasting morning urine samples will be collected for measurement of the estrogens, and levels of PAI-2 and IL-1 $\beta$ . Adipose

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tissue for assay of CYP1B1 will be collected from routine open biopsy at the time of recruitment and from a fine needle biopsy of the contralateral breast at follow-up. Diet will be assessed by use of validated diet assessment instruments. Compliance also will be assessed by levels of isothiocyanates and dithiocarbamates in urines. Statistical analyses of the data will consist of t-tests and analysis of variance of mean levels of the parameters specified in the three groups at baseline. T-tests of change and regression analyses (e.g., repeat measures ANOVA) will focus both change and relative change in the intervention trial. Post hoc analyses will examine the effect of the indole carbinols by fitting the data as continuous, which takes into account varying levels of compliance.

The primary hypotheses are to:

1. examine differences in AhR and its protein products, including CYP1B1, PAI-2, and IL-1 $\beta$ , and estrogen metabolites at baseline in three subsets of women undergoing diagnostic open breast biopsy at SCCC;
2. determine if we can alter levels of these products and estrogen metabolites through intensive dietary intervention on Brassica vegetable intake; and
3. relate these products, especially CYP1B1, to the estrogen metabolites both cross-sectionally and longitudinally.

#### Work Accomplished

Work needed to accomplish this proposal has been performed at multiple levels. The study site for this project has been successfully transferred from the University of Massachusetts (UMass) to the University of South Carolina (USC). Two large hospitals that form Palmetto Health Alliance (PHA) will serve as the participant recruitment source. These hospitals treat about 30% more breast cancer patients compared to UMass, greatly facilitating the recruitment of participants into this study. It is further necessary to note the unexpected delay in receiving full IRB approval. The Funding Agency (DAMD) required specific language inserted into the consent form, language that was unacceptable to the local institutional review board. New language had to be crafted which was acceptable to both parties. This legal review process was beyond our control as investigators. However now all human use-related materials have been approved by the DAMD, the PHA, and the University of South Carolina (as of 29 November 2000) and we are pleased that we are able to recruit human subjects. Because of problems with human subject approvals and modifying procedures, the run-in phase lasted through the entire first year of the study period. Therefore, the timing for all phases is pushed back by 6 months. This in no way affects the actual task listing. In addition, with relatively small sample size and a larger population of potentially eligible patients, recruitment will proceed quickly. Therefore, there are no major implications for extending the ending time of the tasks (other than Task 1).

#### Task 1: Run-in Phase, Months 1-12:

- a. Inventory and finalize all assessment instruments and data collection protocols.

Assessment instruments have been inventoried and are available. Final versions of all assessment instruments have been produced, as stipulated in the protocol. Copies of these instruments are included in the appendix.

Below is a list of instruments being utilized.

Baseline questionnaire Measures include: Background and Demographic Data: age; sex; marital status; education; number of children; number and dates of pregnancies; breast feeding history: (months for each child); and menopausal status (including surgical menopause). Personal Health History: present medical/psychiatric history and treatment (including history of exposure to estrogens, oral contraceptives, unusual menstrual problems). Family Health History: history of breast cancer; history of other cancers. General Self Care: sleep; exercise frequency; and smoking status.

Besides data collected on the baseline instrument we also administered these other questionnaires:

- Marlowe-Crowe Social Desirability (MCSD) scale (Personal Reaction Inventory)
- Social Approval Scale
- 3-day diet diary
- Vegetable and Fruit Questionnaire
- Monitoring questionnaire
- Intervention Course Book, which includes intervention descriptions, food preparation methods, a cook book, telephone numbers of study personnel, and a brief description of the purposes of the study

New data collection protocols have been developed to fully utilize all resources under development at USC. We will mail an introductory letter and consent form to potential participants. We will follow-up this letter with a telephone call, and answer any questions regarding the study. A meeting will be scheduled at the study center located within the South Carolina Cancer Center (SCCC). The SCCC facility includes an interview room, sample processing lab, and calibrated scales and measurement instruments. At the meeting, participants will have the opportunity to ask additional questions regarding the consent form. After obtaining consent, we will obtain a urine sample, blood sample, buccal cells, body size measurements, and participant's will complete the baseline questionnaire. Follow-up measurements will be collected using a similar mechanism. Additionally, near the end of the intervention a clinic appointment will be scheduled for collection of breast biopsy material.

- b. Review baseline questionnaires for completeness and for content validity.

All instrument materials have been thoroughly reviewed.

- c. Revise baseline questionnaire to assess demographic, health history, and family health history, as necessary.

The Baseline Questionnaire has been expanded to include a more complete description of each participant's health history and demographic status. This expansion followed the move to USC, and the greater population diversity in SC as compared to Massachusetts. The questionnaire has been pilot tested, and appears to be sufficiently clear and complete.

- d. Hire and train the Research Assistant.

Several personnel have been hired in order to complete this, and other, research projects. Dr. Jay Fowke has joined the USC faculty as a Research Assistant Professor. Dr. Fowke is acting as Project Coordinator, and will be largely responsible for the day-to-day operations of the project. Mary Margaret Hoy has been hired as a full-time data manager. Ms. Hoy has primary responsibility for developing the tracking databases necessary for ensuring complete recruitment and data collection, and she will be responsible for questionnaire maintenance, questionnaire development, and data entry. Yasmin Khan is a Masters student in the Department of Epidemiology, and Ms. Mary Modayil will be the doctoral graduate research assistant on this project. Her primary responsibility will be to assist Ms. Hoy and Dr. Fowke in identifying potentially eligible participants, mailings, and data management.

- e. Develop the study data management systems, using a combination of Lotus Notes, Microsoft Excel, and EpiInfo.

Ms. Hoy has developed an improved data management system using optical scanning technology and the Teleform software package. Lotus Notes will not be used in this study as we are moving to more universally recognized solutions. Questionnaires will be optically scanned, removing operator error associated with keypunching data, and greatly speeding the data entry process. Optically scanned data are directly transferred to a SAS dataset for analysis, thus eliminating most of the need for EpiInfo.

- f. Develop the tracking database in Lotus Notes based on our experience with other intervention studies in the Department of Epidemiology and Biostatistics.

We are in the process of developing an extensive database system, which links directly with the clinical hospital patient bases and other ongoing cancer studies. Once completed, this data management system will be able to rapidly identify potentially eligible women receiving care at one of the cancer centers. This information will be converted to the study-specific tracking system, used for maintaining records of recruitment, participant status, and data collection. The first phase of this extensive data management system will be tested within the

month (January to February 2001), and subsequent tracking systems will be tested and completed.

- g. Train staff in all data-related and clinic-based procedures.

We have trained staff to conduct all data-related procedures. Dr. Fowke has experience in data management and analysis, and together with Dr. Hebert, will be responsible for the overall data management and statistical analysis. Ms. Hoy, the data manager, has received formal training in the Teleform software package and extensive experience using the SAS software package. The graduate research assistants have been trained in the application of Teleform and they are developing the skills necessary to perform many routine SAS data management operations. Dr. Fowke has trained Ms. Khan to collect body size measurements using standard and systematic protocols. Additionally, Dr. Fowke has trained the assistant in urine and buccal cell collection, sample preparation, and storage protocols. The biopsy collection protocol will be conducted by one of the members of the Radiology Department with the PHA hospital network.

- h. Develop and finalize all laboratory procedures to be used in the trial.

The majority of laboratory procedures will be conducted by Dr. Mark Davis at USC. With the exception of the CYP1B1 assay, all necessary laboratory protocols are commercially available as kits. Members of Dr. Davis' lab have extensive experience in forming radioimmunoassays and enzyme immunoassays as required through use of these kits. The CYP1B1 assay will be conducted by Dr. Carson within the Department of Exercise Science.

- i. Finalize all biological sample collection and storage procedures to be used in the study.

All biological sample collection and storage procedures have been drafted. The collection protocols for urine, blood, and buccal cells are finalized. The biopsy collection protocol is currently being revised, due to new published findings suggesting better methods to detect CYP1B1 in breast tissue. We are developing this new collection and assay protocol in consultation with leading experts in this field (William Greenlee, Kathleen Shriverick), and we will have a finalized collection protocol and assay before the start of recruitment.

- j. Establish recruitment procedures for women entering the study, including pre-screen for certain criteria such as menopausal status.

Recruitment procedures have been established. We will identify women seeking a screening mammogram at one of the clinical centers within the PHA. We have developed the data management system such that we will be able to identify

women who receive a negative screening (healthy) and women who eventually are diagnosed with breast cancer.

k. Finalize the intervention protocol.

We have developed the intervention protocol, based on our experiences with past dietary interventions. An intervention syllabus has been generated, listing specific content and topics for each class. Intervention materials have been generated, including a course booklet, 3-day diet diaries, a brief vegetable questionnaire, a brief monitoring questionnaire designed to measure adverse reactions or changes in health-related behaviors, and a recipe book. Dietary goals have been set. Rapid conversion of self-reported compliance levels will allow participants to monitor compliance relative to peers. We have identified several dieticians in Columbia who are sufficiently skilled to lead the intervention, and we are confident in our ability to hire such an intervention leader at the appropriate time.

Task 2: Recruitment, Months 12-24:

a. Identify women who could be eligible for the study from among those visiting the Breast Clinic at Richland Memorial Hospital for the purpose of an open biopsy as a part of a diagnostic work up following a suspicious mammogram.

We have put into place procedures for recruitment through the PHA clinical services. We will be able to identify women receiving breast biopsy procedures and who could be eligible for the study among those visiting the PHA participating hospitals. Pilot testing of recruitment techniques will begin January to February 2001.

b. Among those who say they are willing to participate, determine eligibility using the 18 criteria listed in section 4.1 of the proposal.

We have developed a simple eligibility screening form suitable for use in the large-scale screening of potential participants during a telephone interview. All other items subsumed under this Task, will be undertaken in the next year.

c. Enroll the consecutive eligible women who have histologically confirmed stage I or II cancer of the breast.

d. Enroll consecutive eligible women who are disease free in the high-risk (>10% in ten years according to the Gail/Benichou model) and meet all eligibility requirements of the study and are matched to the cases on age (within 5 years).

e. Enroll consecutive eligible women who are disease free in the low-risk (<7% in ten years according to the Gail/Benichou model) and meet all eligibility requirements of the study and are matched to the cases on age (within 5 years).

f. Ensure that the open biopsy material is processed and sent to Dr. Davis's laboratory.

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- g. Collect data on lifestyle, demographic, and health (family and personal history) plus psychosocial factors as outlined in 4.4.3.
- h. Schedule the first clinic appointment for the purposes of collecting all of the blood and urine specimens and taking the anthropometric measurements.
- i. Abstract medical records for relevant health history and pathology data.
- j. Randomize to either intervention or control. Inform woman of this.
- k. If in the intervention, schedule the individual and group sessions with the dietitian.

Task 3: Intervention / Passive Follow Up in the Controls, Months 14-28:

- a. Ensure that the intervention is delivered according to the protocol.

Through collaboration with a local cardiac rehabilitation center, we have access to an appropriate conference room and adjoining teaching kitchen.

- b. Encourage women randomized to the intervention to attend all of the sessions.
- c. Stay in contact with the control group to assure compliance with the follow-up measures.
- d. Schedule the follow-up visit at the Breast Clinic for the blood, urine, and anthropometric data collection.
- e. Schedule the visit for the needle biopsy at the Breast Clinic.
- f. Assure that all self-assessments are completed at follow up.

Task 4: Data Entry, Verification and Interim Analyses, Months 12-28:

- a. Assure that all data are immediately read into the tracking and analytic databases.
- b. Flag all outlier and illogical responses.
- c. Verify all outlier and illogical responses, re-contacting participants, if necessary.
- d. Conduct simple descriptive analyses (e.g., cross-tabulations and univariate statistics).

Task 5: Final Data Analyses, months 28-36:

- a. Perform all exploratory analyses to test for adherence to model assumptions.
- b. Perform all necessary data manipulations (e.g., log transforming all non-normal and heteroschedastic data).
- c. Test study hypotheses.
- d. Conduct post-hoc analyses of study data.
- e. Prepare manuscripts.
- f. Archive datasets for future analyses and future patient follow-up.
- f. Plan for future studies.

This concludes the Yearly Report for Year 1 of this study.

## Appendices

Appendix 1: Assessment Instruments	Questionnaire Personal Reaction Scale Social Approval Scale Vegetable and Fruit Questionnaire
Appendix 2: Recruitment and Consent	Letter of Introduction Consent Form Eligibility Screening Brochure for Breast Clinics
Appendix 3: Collection & Processing	Urine Blood Buccal cells Body Size Measurements
Appendix 4: Intervention Materials	Draft Syllabus Diet Diary for Brassica Food lists and dietary goals





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5. **What is your current marital status? (Select only one.)**

- Married
- Living with a partner
- Widowed (go to page #4)
- Divorced (go to page #4)
- Separated (go to page #4)
- Single, never married and not living with a partner (go to page #4)

6. **What is the highest year or level of school your partner has completed? (Select only one.)**

- 8th grade or less
- More than 8th grade and less than high school
- High school completed, no college
- High school completed, some college (Associates degree, RN, etc.)
- College completed (BS, BA, BSN, etc.)
- More than college completed (MA, MS, PhD, etc.)

7. **Is your partner presently employed? (Select only one.)**

- Yes, employed full time
- Yes, employed part time
- No (go to page #4)

8. **If your partner is employed, how do you classify his/her present position? (Select only one.)**

- Skill or craft
- Machine operator
- Manual Labor
- Sales
- Scientific/Technical work
- Service work
- Clerical or office
- Professional, managerial or administrative

# QUASI STUDY Food Frequency Questionnaire

The following questions relate to your eating or dietary habits including any various dietary or nutritional supplements you may take.

**Date Form Completed**  
Month / Day / Year

/   /

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. How many meals per day do you usually eat?  
 0    1    2    3    4    5    6    7    8    9

2. How soon after you wake up do you have your first meal of the day?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	Hours	
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Minutes
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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3. Which meal is usually your largest meal?

- 1st  
  2nd  
  3rd  
  4th  
  5th  
  6th  
  7th  
  8th  
  9th

4. How many snacks do you usually have per day? (This does not include diet beverages, coffee, tea or water.)

--	--

- 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

5. During the past month have you taken any vitamins or minerals?

- No (go to page #8)  
 Yes, fairly regularly (at least one time per week)  
 Yes, but not regularly (go on to page #8)

6. During the past month, how often have you taken a multi-vitamin?

--	--

Times per

- Day  
 Week

- 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

7. Other than as part of a multi-vitamin, how often do you take single doses of the following?

**Vitamin A  
(Not Beta-carotene)**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Beta-carotene**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Folate**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**B6**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**B12**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Riboflavin**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Niacin**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Vitamin C**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Vitamin E**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

7. Other than as part of a multi-vitamin, how often do you take single doses of the following? (continued from previous page)

**Calcium or dolomite, Tums**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Cod liver oil, other fish oils or omega-3 fatty acids**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Yeast**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Selenium**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Zinc**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

**Iron**

Times per  Day  
 Week

0

1

2

3

4

5

6

7

8

9

8. Do you take herbs or extracts?

Yes  No

--	--	--	--	--	--	--	--

The next section of this questionnaire deals specifically with the type and amounts of the foods you eat.

- For each item, think about how often you ate that food, on average, over the last year.
- Please think about all meals, snacks and food eaten either at home or away from home.
- Please tell us only about the food that YOU eat, not the food you may prepare for family members or other people.

For each food item listed, please do the following.

- Fill in the bubble that corresponds to the number of times that you eat that food. If you have not eaten that food, please fill in the bubble for "Never".
- On the same line, please indicate your usual serving size for that food using the following guidelines.
  - The medium serving size (M) for that food is listed with the food description.
  - A small (S) serving size is about one-half (1/2) the size of a medium serving.
  - A large (L) serving size is about twice (2) the size of a medium serving.
  - It is important to remember that if you have eaten the food at least once, you will need to fill in one of the bubbles for your serving size.
  - It is also important that you accurately represent the amount of food that you have eaten. If your portion size is generally much more than the large serving size or much less than the small serving size, you must adjust both how often you eat the food and the portion size accordingly. Please count larger portions as extra portions (occurring more often) and smaller portions as fewer portions (occurring less often). The following examples explain this more clearly.

Here are several examples explaining how to fill out this section of the questionnaire.

**Example 1** Suppose that you normally eat 2 cups of cooked broccoli about 3 times a week. The medium serving size for cooked broccoli is given as 1/2 cup which means that a large serving size would be 1 cup (twice 1/2 cup). Since your normal serving size of 2 cups is twice a large serving, this food should be counted as a large serving size eaten twice as often. Specifically, the chart should be filled out as a large portion size eaten 6 times a week (see chart below).

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Cooked broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**Example 2** Suppose that you normally drink 1/2 cup of orange juice about once a week. Note that since there are 8 fluid ounces in a cup, your normal serving size of 1/2 cup is equivalent to 4 ounces. The medium serving size for orange juice is given as 6 ounces which means that a small serving size would be 3 ounces (half of 6 ounces). Since your normal serving size of 4 ounces is larger than a small serving size, this item should be counted as a medium serving size eaten once a week (see chart below).

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Orange juice (6 oz.)	<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 checked="" type="radio"/>	<input type="radio"/>

**Example 3** Suppose that you normally eat 3 cups of beef stew about 2 times a week. The medium serving size for beef stew is given as 1 cup. Since your normal serving size of 3 cups is three times a medium serving, this food could be counted as a medium serving size eaten three times as often. Specifically, the chart could be filled out as a medium portion size eaten 6 times a week (see first row in chart below).

Another alternative would be to report this food with a large serving size. Since the medium serving size for beef stew is given as 1 cup, a large serving size would be 2 cups (twice 1 cup). Since your normal serving size of 3 cups twice a week is equivalent to 6 cups a week, this food could be counted as 2 cups eaten three times a week. Specifically, the chart could be filled out as a large portion size eaten 3 times a week (see second row in chart below).

Use only one method when reporting this food. It does not matter which method is used because the information is equivalent for the purposes of this survey.

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
Beef stew, pot pie or gumbo with carrots or other vegetables (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Beef stew, pot pie or gumbo with carrots or other vegetables (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>FRUITS AND JUICES</b>												
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"/>
Bananas (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"/>
Peaches, apricots, nectarines (canned, frozen or dried) (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"/>
Peaches, apricots, nectarines (fresh) (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, mango, papaya (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"/>
Watermelon (1 medium slice or 1 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"/>
Strawberries, kiwi (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"/>
Oranges, tangerines (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruits (raisins, prunes, figs) (1/4 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"/>
Grapefruits (1/2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other fruit (other melons, grapes, berries, pineapples, fruit cocktail, etc.) (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"/>
Orange juice (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 juice (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 juice with vitamin C, fortified fruit drinks, Hi-C, Kool-Aid, cranberry juice, Tang (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 juice (apple juice, grape juice, punch, guava or other) (6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>VEGETABLES AND SIDE DISHES</b>												
String beans, green beans (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"/>
Peas, snow 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"/>
Refried beans (as side dish, not including those in burritos, etc.) (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"/>
Pinto, lima and butter beans (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"/>
Garbanzo, kidney or red beans; black eyed, yellow, split or Chinese 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"/>
Lentils (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"/>
Corn, hominy (1/2 cup or 1 medium ear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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, acorn squash, other baked squash (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"/>
Tomatoes, tomato juice (including pico de gallo or chopped tomatoes) (1/2 cup, 1 medium or 6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa picante, taco sauce (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"/>
Avocado, guacamole (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"/>
Raw 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"/>
Cooked 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"/>
Cooked 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"/>
Cooked mustard greens, turnip greens, collards, kale, swiss chard, rutabaga, kohlrabi (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"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>VEGETABLES AND SIDE DISHES (continued)</b>												
Cooked cabbage, cauliflower, brussel sprouts (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"/>
Raw cabbage, cauliflower, brussel sprouts and Chinese cabbage (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"/>
Sauerkraut, pickled cabbage (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"/>
Raw 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"/>
Other green salad (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"/>
Pasta salad, macaroni salad, potato salad with mayonnaise, salad dressing or oil (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"/>
Diet salad dressing, diet 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"/>
Salad dressing, mayonnaise, tartar sauce (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, fried potatoes, hash browns (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 (such as boiled, baked, mashed), turnips (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 (white) (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"/>
Rice (brown or wild) (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"/>
Rice (fried) (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"/>
Pasta, noodles (including lo mein), couscous (plain, without cheese or tomato sauce) (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"/>
Butter, margarine or other fat on vegetables, potatoes, rice, etc. at the table (2 teaspoons or 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"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>VEGETABLES AND SIDE DISHES (continued)</b>												
Onions (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"/>
Garlic, chives or scallions (1 clove or 1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Olives (2 medium or 1 tablespoon chopped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 summer squash, asparagus, sweet peppers, bok choy, okra, eggplant, beets, etc. (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"/>
<b>MEATS, FISH, POULTRY AND MIXED DISHES</b>												
Hamburgers, cheeseburgers, meat loaf (3 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef (steaks, roasts, teriyaki, cube steak, beef on sandwiches, barbecue beef, etc.) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef stew, pot pie or gumbo with carrots or other vegetables (1 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"/>
Pork (chops, roasts, ribs, barbecue, teriyaki, breaded pork chops) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dish with beef or pork and rice (Oriental main dishes, Cajun jambalaya, Spanish rice) (1 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"/>
Ham, ham hocks (including ham on sandwiches) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lamb, mutton, mutton stew, steaks or ribs (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Game including venison, rabbit, possum, squirrel (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (chicken livers, other organ meats) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken, turkey or wild fowl (roasted, broiled or ground including teriyaki and on sandwiches) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey stew, pot pie or gumbo with carrots or other vegetables, chicken and dumplings (1 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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Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>MEATS, FISH, POULTRY AND MIXED DISHES (continued)</b>												
Mixed dish with chicken or tofu and rice (Oriental main dish, Cajun jambalaya) (1 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"/>
Fried chicken (2 small pieces or 1 large 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"/>
Fried fish or fish sandwich (3 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna fish, salmon, sardines (raw tuna or salmon, tuna salad, tuna casserole) (1 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"/>
Shell fish (shrimp, lobster, crab, oysters, mussels, etc. including raw) (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 broiled, baked or raw fish (trout, sole, halibut, poke, grouper, etc.) (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dish with seafood and rice (Oriental main dish, Cajun jambalaya) (1 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"/>
Fish stew or seafood gumbo (1 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"/>
Tofu, other soy and textured vegetable products (TVP) (1 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"/>
Spaghetti, lasagna, other pasta dishes with tomato and meat sauce (1 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"/>
Spaghetti, lasagna, other pasta dishes with tomato sauce and no meat sauce (1 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"/>
Pizza (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed dishes with cheese but no tomato sauce (including macaroni and cheese, chile rellenos, cheese quesadillas, quiche) (1 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"/>
Burritos including breakfast burritos, soft tacos with flour tortillas (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>MEATS, FISH, POULTRY AND MIXED DISHES (continued)</b>												
Enchiladas, tamales, tacos, tostadas, chalupas, other Mexican dishes with corn tortillas including nachos with chile and cheese (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red chile con carne (1 cup, 1/2 cup as condiment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 chile con carne (1 cup, 1/2 cup as condiment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravies made with meat drippings or white sauce (1/4 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"/>
<b>LUNCH ITEMS</b>												
Hot dogs (pork, beef or turkey; include regular, low-fat and non-fat) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bologna, salami, Spam, other lunch meats excluding ham (include regular, low-fat and non-fat) (2 oz. or 2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable and tomato soup (including vegetable beef, minestrone) (1 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 broth-based soups (including chicken noodle soup, tortilla soup, egg drop soup, wonton soup) (1 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"/>
Bean soups (including pea, lentil, black bean) (1 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"/>
Cream soups such as chowders, potato, tomato, cheese (1 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"/>
<b>BREAD, SALTY SNACKS, SPREADS</b>												
White bread (including sandwiches, hamburger or hot dog buns, bagels, baguettes, pita bread, English muffins, French bread) (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 bread (including whole wheat, rye, pumpernickel, other high-fiber bread) (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biscuits, scones, croissants, muffins (2 biscuits or 1 muffin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 (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"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>BREAD, SALTY SNACKS, SPREADS (continued)</b>												
Fry bread, hush puppies, fritter (2 medium pieces)	<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"/>
Flour tortilla (by itself, not in burritos, etc.) (2)	<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"/>
Corn tortilla (by itself, not in enchiladas, etc.) (2 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"/>
Other snacks such as crackers, potato chips, corn chips, tortilla chips, pretzels, popcorn (include regular, low-fat and non-fat) (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"/>
Nuts and seeds including peanuts, peanut butter, sunflower seeds (2 tablespoons)	<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"/>
Margarine on bread or roll (2 teaspoons)	<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"/>
Butter on bread or roll (2 teaspoons)	<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"/>
<b>BREAKFAST FOODS</b>												
High fiber, bran or granola cereals, shredded wheat (1/2 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"/>
Highly fortified cereals such as Product 19, Total or Most (1/2 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"/>
Cold cereals that are low in sugar such as Corn Flakes, Rice Krispies, Kix (1/2 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"/>
Sweetened cold cereals such as Frosted Flakes, Fruit Loops (1/2 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"/>
Cooked cereals (including grits, oatmeal, cream of wheat) (1/2 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"/>
Sugar, molasses or honey added to cereal (2 teaspoons)	<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, omelettes (2)	<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 (regular, low-fat and non-fat) (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"/>

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1 Per Mo.	2-3 Per Mo.	1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day	S	M	L
<b>BREAKFAST FOODS (continued)</b>												
Sausage (regular, low-fat and non-fat) (1 patty or 2 links)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes, waffles, French toast (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"/>
<b>SWEETS</b>												
Ice cream (1 scoop or 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"/>
Frozen yogurt, low-fat ice cream, ice milk (1 scoop or 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"/>
Doughnuts, cookies, cakes, pastry, Pop Tarts, brownies (1 or 3 small 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"/>
Pudding, custard, rice pudding (1 scoop or 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"/>
Pumpkin pie, sweet potato pie (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"/>
Other 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 including Hershey's kisses, M&M's, chocolate candy bars (1 small slice or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 candy, jelly, honey, brown sugar, jams, or molasses (including on bread or other foods) (3 pieces or 1 tablespoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>DAIRY PRODUCTS</b>												
Cottage cheese, ricotta cheese (include regular, low-fat and non-fat) (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"/>
Cheese (cheddar, American, cream cheese, parmesan, Velveeta, cheese spreads including cheese on sandwiches or as snacks; include regular, low-fat and non-fat) (2 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain yogurt (unflavored) (1 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"/>
Flavored yogurt (regular, low-fat and non-fat) (1 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"/>

Please note that the choices for "Average Intake Over the Last Year" are different for beverages. When considering alcoholic beverages, please remember that all of your answers will be kept confidential.

Type of Food	Average Intake Over the Last Year									Your Serving Size		
	0	1	2	3	4	5	6	7	8	1	2	3
	Never	1-3 Per Mo.	1 Per Wk.	2-4 Per Wk.	5-6 Per Wk.	1 Per Day	2-3 Per Day	4-5 Per Day	6+ Per Day	S	M	L
<b>BEVERAGES</b>												
Whole milk, beverages with whole milk (not including milk on cereal) (1 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"/>
2% milk and beverages with 2% milk (not including milk on cereal) (1 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"/>
Skim milk, 1% milk or buttermilk and beverages made with these (not including milk on cereal) (1 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"/>
Soy milk and beverages with soy milk (not including milk on cereal) (1 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"/>
Instant breakfast, Ensure or Slimfast (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 soft drinks (including colas, 7-Up, etc.) (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet soft drinks, unsweetened mineral water (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lemonade, sweetened mineral water (1 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"/>
Coffee (regular or decaffeinated including espresso), tea (hot or iced including black tea, herbal tea and green tea) (1 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"/>
Non-dairy creamer in coffee or tea (1 tablespoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk in coffee or tea (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"/>
Cream (real) or half-and-half in coffee or tea (1 tablespoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar in coffee or tea or honey in tea (not including artificial sweeteners) (1 teaspoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (12 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine (5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard liquor (including mixed drinks) (a 1 oz. shot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the spaces below, please list any foods that you eat at least once per week (even in small quantities) that were not listed on the previous pages. Also, please indicate the typical serving size of that food you eat as well as how often you eat the food. Please note that the line for "soy nuts" is used as an example only.

Food Description	Typical Serving Size	Average Intake Over the Last Year					
		3	4	5	6	7	8
		1 Per Wk.	2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	2+ Per Day
<i>soy nuts (for example purposes only)</i>	<i>1/2 cup</i>	<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"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 indicate the response that best describes your eating and cooking habits.

	How Often Over the Last Year								
	1	2	3	4	5	6	7	8	9
	Less than 1 Per Wk.	1-2 Per Wk.	3-4 Per Wk.	5-6 Per Wk.	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+ Per Day
How often do you eat in a fast food establishment such as McDonald's, BoJangles, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is fat or oil used in cooking the foods you eat such as in sauteing, stir frying or frying eggs, meat or vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not counting salads or potatoes, about how often do you eat vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how often do you eat cold cereal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not counting juices, how often do you eat fruit?	<input type="radio"/>	<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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**What kind of fat or oil is usually used in cooking? (You may select up to two fats used in sauteing, stir frying or frying food.)**

- Don't know
- Soft margarine (tub or liquid)
- Stick margarine or shortening
- Butter, ghee
- Lard, fatback, bacon fat, fat from hamburger
- Vegetable oil including soy, corn, sunflower, or safflower oil
- Pam or no oil
- Olive or canola oil
- Sesame or peanut oil
- Other oil (such as coconut oil)

**If you eat refried beans or pinto beans, what kind of oil or fat is used in cooking the beans? (You may select up to two choices.)**

- Don't know / Don't eat beans
- Soft margarine (tub or liquid)
- Stick margarine or shortening
- Butter, ghee
- Lard, fatback, bacon fat, fat from hamburger
- Vegetable oil including soy, corn, sunflower, or safflower oil
- Pam or no oil
- Olive or canola oil
- Sesame or peanut oil
- Other oil (such as coconut oil)

**What kind of fat do you usually add to vegetables, potatoes, etc. at the table? (You may select up to two choices.)**

- Don't add fat
- Soft margarine (tub or liquid)
- Stick margarine or shortening
- Butter, ghee
- Half butter, half margarine
- Vegetable oil including soy, corn, sunflower, or safflower oil
- Lard, fatback, bacon fat
- Olive or canola oil
- Sesame or peanut oil
- Other oil (such as coconut oil)

**If you eat canned or frozen fruit, how is it usually packaged? (Select only one.)**

- Don't know / Don't eat canned or frozen fruit
- Unsweetened or in fruit juice
- In light syrup
- In heavy syrup

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Please indicate how often (Never, Seldom, Sometimes, or Often/Always) you do the following when you eat the foods listed. If you do not eat the food listed, then fill in the bubble in the first column indicating that you do not eat the food (this applies to all questions except the last one on salt use).

	0 Don't Eat	1 Never	2 Seldom	3 Sometimes	4 Often/ Always
If you eat chicken, how often do you eat the skin on chicken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat meat, how often do you eat the fat on meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat ground beef, how often do you use lean or extra lean ground beef?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat hot dogs, bologna or other lunch meats, how often do you eat low-fat lunch meats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat snacks such as chips or popcorn, how often do you eat low-fat chips, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat bacon or sausage, how often do you eat low-fat bacon or sausage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat cheese (cottage cheese, cheddar cheese, cream cheese, American, etc.), how often do you eat low-fat cheese?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat yogurt, how often do you eat low-fat yogurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you eat cookies or cake, how often do you eat low-fat cookies or cakes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you add salt to your food at the table?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## QUASI STUDY

### Personal Reaction Inventory

**Date Form Completed**  
 Month / Day / Year  

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**DIRECTIONS:** Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally. Please darken the circle for true or for false. Please respond to each item. Do not leave any blank.

STATEMENT	True	False
1. Before voting, I thoroughly investigate the qualifications of all of the candidates.	<input type="radio"/>	<input type="radio"/>
2. I never hesitate to go out of my way to help someone in trouble.	<input type="radio"/>	<input type="radio"/>
3. It is sometimes hard for me to go on with my work if I am not encouraged.	<input type="radio"/>	<input type="radio"/>
4. I have never intensely disliked anyone.	<input type="radio"/>	<input type="radio"/>
5. On occasion I have had doubts about my ability to succeed in life.	<input type="radio"/>	<input type="radio"/>
6. I sometimes feel resentful when I don't get my way.	<input type="radio"/>	<input type="radio"/>
7. I am always careful about my manner of dress.	<input type="radio"/>	<input type="radio"/>
8. My table manners at home are as good as when I eat out in a restaurant.	<input type="radio"/>	<input type="radio"/>
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.	<input type="radio"/>	<input type="radio"/>
10. On a few occasions, I have given up doing something because I thought too little of my ability.	<input type="radio"/>	<input type="radio"/>
11. I like to gossip at times.	<input type="radio"/>	<input type="radio"/>
12. There have been times when I felt like rebelling against people in authority even though I knew they were right.	<input type="radio"/>	<input type="radio"/>
13. No matter who I am talking to, I am always a good listener.	<input type="radio"/>	<input type="radio"/>
14. I can remember "playing sick" to get out of something.	<input type="radio"/>	<input type="radio"/>
15. There have been occasions when I took advantage of someone.	<input type="radio"/>	<input type="radio"/>

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STATEMENT	True	False
16. I am always willing to admit it when I make a mistake.	<input type="radio"/>	<input type="radio"/>
17. I always try to practice what I preach.	<input type="radio"/>	<input type="radio"/>
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.	<input type="radio"/>	<input type="radio"/>
19. I sometimes try to get even rather than forgive and forget.	<input type="radio"/>	<input type="radio"/>
20. When I don't know something, I don't at all mind admitting it.	<input type="radio"/>	<input type="radio"/>
21. I am always courteous, even to people who are disagreeable.	<input type="radio"/>	<input type="radio"/>
22. At times I have really insisted on having things my own way.	<input type="radio"/>	<input type="radio"/>
23. There have been occasions when I have felt like smashing things.	<input type="radio"/>	<input type="radio"/>
24. I would never think of letting someone else be punished for my wrong doings.	<input type="radio"/>	<input type="radio"/>
25. I never resent being able to return a favor.	<input type="radio"/>	<input type="radio"/>
26. I have never been irked when people expressed ideas very different from my own.	<input type="radio"/>	<input type="radio"/>
27. I never make a long trip without checking the safety of my car.	<input type="radio"/>	<input type="radio"/>
28. There have been times when I was quite jealous of the good fortune of others.	<input type="radio"/>	<input type="radio"/>
29. I have almost never felt the urge to tell someone off.	<input type="radio"/>	<input type="radio"/>
30. I am sometimes irritated by people who ask favors of me.	<input type="radio"/>	<input type="radio"/>
31. I have never felt that I was punished without cause.	<input type="radio"/>	<input type="radio"/>
32. I sometimes think when people have misfortune they only get what they deserve.	<input type="radio"/>	<input type="radio"/>
33. I have never deliberately said something that hurt someone's feelings.	<input type="radio"/>	<input type="radio"/>

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## QUASI STUDY

### Social Approval

**Date Form Completed**  
Month / Day / Year

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**DIRECTIONS:** Below are twenty statements. Please rate how much you agree with each using the following scale. Please darken the circle for disagree strongly, for disagree, for no opinion, for agree, or for agree strongly. Please respond to each item. Do not leave any blank.

STATEMENT	Disagree Strongly	Disagree	No Opinion	Agree	Agree Strongly
1. Depending upon the people involved, I react to the same situation in different ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would rather be myself than be well thought of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Many time I feel like just flipping a coin in order to decide what I should do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I change my opinion (or the way that I do things) in order to please someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In order to get along and be liked, I tend to be what people expect me to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I find it difficult to talk about my ideas if they are contrary to group opinion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. One should avoid doing things in public which appear to be wrong to others, even though one knows that he/she is right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sometimes I feel that I don't have enough control over the direction that my life is taking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It is better to be humble than assertive when dealing with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am willing to argue only if I know that my friends will back me up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If I hear that someone expresses a poor opinion of me, I do my best the next time that I see this person to make a good impression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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STATEMENT	Disagree Strongly	Disagree	No Opinion	Agree	Agree Strongly
12. I seldom feel the need to make excuses or apologize for my behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It is not important to me that I behave "properly" in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The best way to handle people is to agree with them and tell them what they want to hear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It is hard for me to go on with my work if I am not encouraged to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. If there is any criticism or anyone says anything about me, I can take it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. It is wise to flatter important people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am careful at parties and social gatherings for fear that I will do or say things that others won't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I usually do not change my position when people disagree with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How many friends you have depends on how nice a person you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## QUASI STUDY Beck A

Date Form Completed  
Month / Day / Year

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**DIRECTIONS:** Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY.

SYMPTOMS	<u>Not at All</u>	<u>Mildly</u> It did not bother me much	<u>Moderately</u> It was very unpleasant but I could stand it	<u>Severely</u> I could barely stand it
1. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wobbliness in legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Unable to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fear of the worst happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Dizzy or lightheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Unsteady	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feelings of choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hands trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fear of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Fear of dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Indigestion or discomfort in abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Face flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Sweating (not due to heat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# QUASI STUDY Physical Activity in Last Year

Date Form Completed  
Month / Day / Year  
  /   /

**DIRECTIONS:**

Think about your physical activity patterns over the past year (last 12 months).

On the next several pages, record information about the activities you did at home, at work, in volunteer activities outside the home, for exercise or recreation and during your free time.

For each activity category below, please record whether or not you did the activity within the last year.

If you did that activity, please also record only one choice for each of the following:

- (1) the number of months in the last year you did the activity,
- (2) how often (per month or per week) you did the activity, and
- (3) how many minutes or hours each day you spent doing the activity, excluding any breaks taken during the activity.

If you did not do a listed activity, please mark "No" and continue with the next activity.

**EXAMPLE:** In the example below, light household activity was reported 7-9 months per year on 1-2 days per week for 11-20 minutes each day.

ACTIVITY	Did you do the activity in the last year?	How many months did you do the activity?				How often did you do the activity?					How many hours or minutes each day did you do the activity?						
		1-3 Months	4-6 Months	7-9 Months	10-12 Months	0-1 Days per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	1-10 Minutes per Day	11-20 Minutes per Day	21-30 Minutes per Day	31-40 Minutes per Day	41-60 Minutes per Day	1-2 Hours per Day	3-4 Hours per Day
<b>HOUSEHOLD CHORES</b>																	
Light effort: cooking, cleaning up, laundry, dusting	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please begin on the next page (Household Chores).

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ACTIVITY	Did you do the activity in the last year?	How many months did you do the activity?				How often did you do the activity?					How many hours or minutes each day did you do the activity?					
		1-3 Months	4-6 Months	7-9 Months	10-12 Months	0-1 Days per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	1-10 Minutes per Day	11-20 Minutes per Day	21-30 Minutes per Day	31-40 Minutes per Day	41-60 Minutes per Day	1-2 Hours per Day

**HOUSEHOLD CHORES**

<b>Light effort:</b> cooking, cleaning up, laundry, dusting	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate or vigorous effort:</b> scrubbing, vacuuming, repairs, mopping, washing car	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LAWN AND GARDEN OR FARMING**

<b>Light effort:</b> watering lawn, picking flowers or vegetables	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate effort:</b> weeding, sweeping, raking, mowing (walking)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vigorous effort:</b> shoveling, digging, pruning, chopping wood	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CARING FOR CHILDREN, ADULTS OR ANIMALS**

<b>Light effort:</b> bathing, feeding, playing with child or animal	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate effort:</b> lifting and carrying, pushing wheelchair or stroller	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>ACTIVITY</b>	<b>Did you do the activity in the last year?</b>	<b>How many months did you do the activity?</b>				<b>How often did you do the activity?</b>					<b>How many hours or minutes each day did you do the activity?</b>						
		1-3 Months	4-6 Months	7-9 Months	10-12 Months	0-1 Days per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	1-10 Minutes per Day	11-20 Minutes per Day	21-30 Minutes per Day	31-40 Minutes per Day	41-60 Minutes per Day	1-2 Hours per Day	3-4 Hours per Day
<b>RECREATIONAL, EXERCISE AND SPORTS</b>																	
<b>Walking for exercise</b> (not at work)	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dancing</b> (social or folk dancing)	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sports - moderate effort:</b> golf, softball, doubles tennis	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sports - vigorous effort:</b> basketball, soccer, singles tennis, racquetball	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conditioning exercises - moderate effort:</b> low impact aerobics, health club machines	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conditioning exercises - vigorous effort:</b> step aerobics, run/jogging, karate, swimming laps	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strengthening exercises:</b> lifting weights, strength training	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spiritual Exercises:</b> Tai Chi, Yoga, Qi Qong	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ACTIVITY</b>	<b>Did you do the activity in the last year?</b>	<b>How many months did you do the activity?</b>				<b>How often did you do the activity?</b>					<b>How many hours or minutes each day did you do the activity?</b>								
		1-3 Months	4-6 Months	7-9 Months	10-12 Months	0-1 Days per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	1-15 Minutes per Day	16-30 Minutes per Day	31-45 Minutes per Day	46-60 Minutes per Day	1-2 Hours per Day	3-5 Hours per Day	6-8 Hours per Day	9+ Hours per Day	
<b>OCCUPATIONAL ACTIVITY (only include activities while working to earn money)</b>																			
<b>Sitting - light effort:</b> desk or computer work, lab work	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - light effort:</b> slow walking, filing, copying, clerking, light assembly	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - moderate effort:</b> brisk walking, waiting tables, nursing, custodial work, making deliveries	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - vigorous effort:</b> manual labor, loading trucks, farming	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VOLUNTEER ACTIVITY</b>																			
<b>Sitting - light effort:</b> desk or computer work, lab work	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - light effort:</b> slow walking, filing, copying, clerking, light assembly	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - moderate effort:</b> brisk walking, waiting tables, nursing, custodial work, making deliveries	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Standing - vigorous effort:</b> manual labor, loading trucks, farming	<input type="radio"/> Yes <input type="radio"/> No	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>ACTIVITY</b>	<b>Did you do the activity in the last year?</b>	<b>How many months did you do the activity?</b>				<b>How often did you do the activity?</b>					<b>How many hours or minutes each day did you do the activity?</b>								
		1-3 Months	4-6 Months	7-9 Months	10-12 Months	0-1 Days per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	1-15 Minutes per Day	16-30 Minutes per Day	31-45 Minutes per Day	46-60 Minutes per Day	1-2 Hours per Day	3-5 Hours per Day	6-8 Hours per Day	9+ Hours per Day	
<b>SITTING ACTIVITIES</b>																			
<b>Transportation:</b> driving or riding <u>to work</u> (in car, bus or train)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Transportation:</b> driving or riding <u>to do chores or errands</u> (in car, bus or train)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Watch TV or VCR:</b> sitting	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Sitting:</b> read, knit, sew, visiting, using computer (not at work)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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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## QUASI STUDY

### Stress

**Date Form Completed**  
Month / Day / Year

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This next set of questions deal with things you may or may not have experienced in your life. Many of these may have caused you to become emotionally stressed or upset.

EVENT	Has this event occurred?		How many times has this happened to you ?	How stressed or upset were you the FIRST time this happened to you?		
	No	Yes	Number of times	None	Some	A Lot
1. Has someone close to you died?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you ever been divorced?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you ever been separated?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you ever had a spouse, partner or boyfriend cheat on you?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you ever experienced an INCREASE in number of arguments with your spouse, partner or boyfriend?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you ever been homeless?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. As an adult, have you ever had to move back in with your parents?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have you ever been arrested?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you ever had a spouse or boyfriend who has been arrested while you lived together?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Has a spouse, partner or boyfriend ever physically beaten you?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has a spouse, partner or boyfriend ever been verbally or emotionally abusive toward you?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. As an adult, have you ever been physically beaten by someone other than a spouse, partner or boyfriend?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have you ever been forced to have sex against your will?	<input type="radio"/>	<input type="radio"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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These items address how much emotional support you feel that you have.

In general, how satisfied are you with your personal relationships with your ...	Not Satisfied	Moderately Satisfied	Very Satisfied	Not Applicable
14. Spouse, partner or boyfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No Spouse/ Partner
15. Relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No Relatives
16. Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No Friends
17. Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> No Children

Please respond as to how you feel these statements apply to you.

STATEMENT	Not At All	Less Than Some	Some	More Than Some	Very Much
18. In general, I feel I can count on support from friends, acquaintances and coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel I can count on support from my family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel I can count on support from members of my partner's family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel I can count on support from my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. There is someone I can count on to help me feel better when I feel under stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. There is someone who accepts me totally including both my worst and best points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. There is someone I can count on to care about me, regardless of what is happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. There is someone I can count on to help me feel better when I am feeling down-in-the-dumps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. There is someone I can count on to console me when I am upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# QUASI STUDY Personal History

Date Form Completed  
Month / Day / Year  
 /  /

1. Were you adopted?

- Yes, know about biological mother's pregnancy
- Yes, don't know about biological mother's pregnancy (go to question #17)
- No
- Unsure (go to question #17)

2. How old was your mother when you were born?

Years

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

3. Before you were born, did your mother have any pregnancies?

- Yes
- No (go to question #5)

- 6
- 7
- 8
- 9

4. How many of your mother's pregnancies before you were ... ?

Live Single Births

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

Live Multiple Births  
(1 set of twins=2,  
1 set of triplets=3, etc.)

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

Stillbirths  
(born after 20  
weeks of pregnancy)

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

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5. Were you a twin or multiple birth?

Yes  No (go to question #8)

6. Were you and your twin identical?

Yes (go to question #8)  No

7. Was you twin female?

Yes  No

8. How much did you weigh when you were born?

(If you are sure of the exact weight, go to question #11. If you are not sure of the exact pounds and ounces, please give your best estimate, mark the following "Unsure" bubble and continue to question #9.)

Unsure

Pounds

Ounces

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0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>

9. Did you weigh less than 5 1/2 pounds?

Yes (go to question #11)  No  Unsure

10. Did you weigh 9 pounds or more?

Yes  No  Unsure

11. Did your mother smoke cigarettes during her pregnancy with you?

Yes  No  Unsure

12. Did your mother drink alcohol during her pregnancy with you?

Yes  No  Unsure

13. Did your mother take DES while she was pregnant with you?

Yes  No  Unsure

14. Did your mother take hormones or hormone medication other than DES while she was pregnant with you?

- Yes    No    Unsure

15. Is your mother still living?

- Yes    No (go to question #17)

16. Would you be willing to contact your mother to verify the information about her pregnancy with you?

- Yes    No

17. Have you ever been pregnant?

- Yes    No (go to question #21)

18. How many times were you pregnant?

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 Times

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

19. How old were you during your first pregnancy?

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 Years

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

20. Please fill in the following chart regarding your pregnancies.

Pregnancy Result	How many pregnancies ended with this result?	Did you breast feed any of these babies? If so, give the length of time in months you breast fed.
Live single births	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> No <input type="radio"/> less than 6 <input type="radio"/> 6 to 12 <input type="radio"/> 12 to 18 <input type="radio"/> 18 or more
Multiple births, at least one live	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> No <input type="radio"/> less than 6 <input type="radio"/> 6 to 12 <input type="radio"/> 12 to 18 <input type="radio"/> 18 or more
Multiple births, none living	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Stillbirths	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Miscarriages	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Induced abortions	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Ectopic or tubal	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	

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

Years

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

22. What is or was your usual cycle length, that is from the beginning of one period to the beginning of the next one?

Days

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

23. Did you ever miss your period for 3 or more consecutive months, for any reason other than pregnancy or breast feeding?

- Yes     No (go to question #25)

24. If yes, how many months?   Months

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

25. Have you had a period within the last year?

- Yes     No (go to question #27)

26. In the last year, how many times have you had what you consider to be a regular period?

- 1             2             3             4
- 5             6             7             8
- 9             10           11           12 or more

27. Before today, did a doctor ever tell you that you had any of the following conditions? If so, please give your age when first told.			Age		
a. Diabetes, high blood sugar	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
b. Inflammatory bowel disease, colitis or Crohn's disease	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
c. Colon or rectal polyps	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
d. Stomach or duodenal ulcers	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
e. Chronic lung diseases, bronchitis or emphysema	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
f. Congestive heart failure	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
g. Heart attack, coronary or myocardial infarction	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
h. Chest pain or angina	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
i. High blood cholesterol requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
j. High blood pressure (hypertension) not during pregnancy	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
k. Stroke or brain hemorrhage	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
l. Liver disease or cirrhosis	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
m. Hepatitis	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
n. Pancreatitis	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
o. Kidney or bladder stones	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
p. Chronic kidney disease or failure	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
q. Gall stones or gall bladder disease	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
r. Thyroid disease	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
s. Osteoporosis (weak, thin or brittle bones)	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		
t. Depression or anxiety requiring medication	<input type="radio"/> No	<input type="radio"/> Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Years		

28. Have you had a hysterectomy?

No (go to question #30)  Yes

29. On what date did you have a hysterectomy?

**Date**  
Month / Day / Year

/   /

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Have you had an oophorectomy (had your ovaries removed)?

No (go to question #33)  Yes

31. How many ovaries were removed?

1  2

32. On what date did you have an oophorectomy?

**Date**  
Month / Day / Year

/   /

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How many sisters do you have? Please include only blood-related sisters with the same parents, and include any deceased sisters.

0  1  2  3  4  5  6  7  8  9  10 or more

34. How many sisters does your mother have? Please include only blood-related sisters with the same parents, and include any deceased sisters.

0  1  2  3  4  5  6  7  8  9  10 or more

35. How many sisters does your father have? Please include only blood-related sisters with the same parents, and include any deceased sisters.

- 0    1    2    3    4    5    6    7    8    9    10 or more

36. Is there a history of female breast cancer in your family?

- Yes    No (go to question #38)

37. If yes, please complete the charts below.

RELATIVE	If the relative had breast cancer, when was it first diagnosed?			If the relative had breast cancer, in how many breasts?	
	Before Menopause	After Menopause	Not Sure When	One Breast	Two Breasts
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RELATIVE	How many relatives . . .				
	Had breast cancer before menopause?	Had breast cancer after menopause?	Had breast cancer but not sure when	Had breast cancer in one breast	Had breast cancer in both breasts
Sisters	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more
Aunts	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more	<input type="radio"/> 10 or more

38. Have any of your close male relatives ever had breast cancer?

- Yes    No (go to question #40)    Don't Know (go to question #40)

39. If yes, what was their relationship to you?

- Father    Grandfather    Brother    Uncle

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40. Did you ever smoke at least one cigarette, cigar or pipe a day for six months or longer?

Yes  No (go to question #47)

41. How old were you when you started smoking?

Years

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

42. If you no longer smoke, how old were you when you stopped smoking on a regular basis?

Years

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

43. What did or do you usually smoke? (Select only one.)

Cigarette  Cigar  Pipe

44. Have you smoked at least one cigarette, cigar or pipe per week for the past year?

Yes  No

45. On the average weekday (Monday-Friday), how many cigarettes, cigars or pipefuls of tobacco have you smoked (or did you smoke if you have quit) per day?

cigarettes, cigars or pipefuls of tobacco

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

46. On the average weekend (Saturday, Sunday), how many cigarettes, cigars or pipefuls of tobacco have you smoked (or did you smoke if you have quit) per day?

cigarettes, cigars or pipefuls of tobacco

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

47. What is the tallest you have ever been without shoes?

	<input type="text"/> Feet	<input type="text"/> <input type="text"/> Inches
0	<input type="radio"/>	0 <input type="radio"/> <input type="radio"/>
1	<input type="radio"/>	1 <input type="radio"/> <input type="radio"/>
2	<input type="radio"/>	2 <input type="radio"/> <input type="radio"/>
3	<input type="radio"/>	3 <input type="radio"/> <input type="radio"/>
4	<input type="radio"/>	4 <input type="radio"/> <input type="radio"/>
5	<input type="radio"/>	5 <input type="radio"/> <input type="radio"/>
6	<input type="radio"/>	6 <input type="radio"/> <input type="radio"/>
7	<input type="radio"/>	7 <input type="radio"/> <input type="radio"/>
8	<input type="radio"/>	8 <input type="radio"/> <input type="radio"/>
9	<input type="radio"/>	9 <input type="radio"/> <input type="radio"/>

48. How old were you when you first reached this height?

	<input type="text"/> <input type="text"/> Years
0	<input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/>

49. How much did you weigh at the following times when you were not pregnant or nursing?

Age 18 Years

Age 30 Years

Age 50 Years

5 Years Ago

Pounds

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Pounds

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Pounds

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Pounds

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

50. Before today, what is the most you have ever weighed when you were not pregnant, nursing, or in the six months after pregnancy or nursing?

Pounds

0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/> <input type="radio"/>

51. How old were you when you first reached your maximum adult weight?

Years

0	<input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/>

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52. Did you ever take birth control pills for 3 consecutive months or more?

Yes  No

53. Have you seen a dietitian or attended nutrition (weight loss or other types) classes in the last three months?

Yes  No

Religion ID Number List			
<b>Christian</b> 01 = Baptist 02 = Episcopal 03 = Methodist 04 = Lutheran 05 = Presbyterian 06 = Roman Catholic 07 = Other Catholic 08 = Protestant	<b>Judaism: What is your ancestry?</b> 09 = Orthodox 10 = Conservative 11 = Reform 12 = Reconstructionist 13 = Ashkenazi 14 = Sephardic 15 = Other	<b>Islam</b> 16 = Sunni 17 = Shi'ite 18 = Other	<b>Other</b> 19 = Buddhist 20 = Hindu 21 = Shinto 22 = Wiccan 23 = Santeria, Voodoo or Candembla 24 = Pagan or other earth centered religion 25 = Atheist 26 = Agnostic

54. What was the religion or spiritual tradition in which you were raised as a child, if any? Please mention all that apply up to 5. Enter the Religion ID Number from the list above.

ID Number:

0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>

55. What is your present religion or spiritual affiliation, if any? Please mention all that apply up to 5. Enter the Religion ID Number from the list above.

ID Number:

0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>

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56. How often do you attend religious or spiritual services at a church, synagogue, mosque, or other religious or spiritual meeting place?

- Never (go to question #58)                       2-6 times per week
- 1 time per month                                       1 time per day
- 2-3 times per month                                   2+ times per day
- 1 time per week

57. For how many years have you attended religious or spiritual services?

- 1 year     11-20 years
- 2-5 years     21-30 years
- 6-10 years     30+ years

58. Besides formal group-based spiritual services, how often do you engage in meditation, prayer, self-hypnosis, or other spiritual practices (such as visualization)?

- Never (go to question #60)                       2-6 times per week
- 1 time per month                                       1 time per day
- 2-3 times per month                                   2+ times per day
- 1 time per week

59. For how many years have you engaged in the activities in question #58?

- 1 year     11-20 years
- 2-5 years     21-30 years
- 6-10 years     30+ years

60. Which of these spiritual practices have you done the most?

- Relaxation exercises
- Meditation
- Self-hypnosis
- Imagery or visualization
- Prayer

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61. I consider myself to be a spiritual person.

- Strongly Disagree                       Agree  
 Disagree                                       Strongly Agree  
 Neither Agree Nor Disagree

Questions #62-73 refer to your usual sleeping habits over the past year. Please note that sleeping refers to the time you are actually asleep and does not include any other time you may spend in bed such as when reading.

62. On a typical weekday (Monday-Friday), what time do you usually attempt to fall asleep? Note that this may not be the same time you go to bed.

	<input type="text"/>	:	<input type="text"/>	<input type="radio"/> AM
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> PM
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

63. On a typical weekday (Monday-Friday), what time do you usually wake-up?

	<input type="text"/>	:	<input type="text"/>	<input type="radio"/> AM
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> PM
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

64. On a typical weekend (Saturday, Sunday), what time do you usually attempt to fall asleep? Note that this may not be the same time you go to bed.

	<input type="text"/>	:	<input type="text"/>	<input type="radio"/> AM
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> PM
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

65. On a typical weekend (Saturday, Sunday), what time do you usually wake-up?

	<input type="text"/>	:	<input type="text"/>	<input type="radio"/> AM
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> PM
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

66. After falling asleep, how many times do you usually wake up during the night?

- 0 (go to question #70)    1    2    3    4    5 or more

67. If you wake up during the night, do you usually turn on the lights?

- Yes    No

68. If you wake up during the night, how long are you usually awake?   Minutes

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

69. Why do you usually wake up? Select the most common reason.

- To use bathroom
- Noise
- Bedpartner wakes you up
- Child care or care for another person
- Uncomfortable or in pain
- Just wake up (no obvious reason)

70. Do you sleep more in one season than another?

- Yes    No (go to question #74)

71. If you sleep more in one season than another, what is the seasonal difference in sleep between your longest and shortest sleep?

- |   | <input type="text"/> <input type="text"/> Hours | <input type="text"/> <input type="text"/> Minutes |
|---|---|---|
| 0 | <input type="radio"/> <input type="radio"/>     | 0 <input type="radio"/> <input type="radio"/>     |
| 1 | <input type="radio"/> <input type="radio"/>     | 1 <input type="radio"/> <input type="radio"/>     |
| 2 | <input type="radio"/> <input type="radio"/>     | 2 <input type="radio"/> <input type="radio"/>     |
| 3 | <input type="radio"/> <input type="radio"/>     | 3 <input type="radio"/> <input type="radio"/>     |
| 4 | <input type="radio"/> <input type="radio"/>     | 4 <input type="radio"/> <input type="radio"/>     |
| 5 | <input type="radio"/> <input type="radio"/>     | 5 <input type="radio"/> <input type="radio"/>     |
| 6 | <input type="radio"/> <input type="radio"/>     | 6 <input type="radio"/> <input type="radio"/>     |
| 7 | <input type="radio"/> <input type="radio"/>     | 7 <input type="radio"/> <input type="radio"/>     |
| 8 | <input type="radio"/> <input type="radio"/>     | 8 <input type="radio"/> <input type="radio"/>     |
| 9 | <input type="radio"/> <input type="radio"/>     | 9 <input type="radio"/> <input type="radio"/>     |

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72. If you sleep more in one season than another, in which season do you sleep the most?

- Summer    Fall    Winter    Spring

73. If you sleep more in one season than another, in which season do you sleep the least?

- Summer    Fall    Winter    Spring

74. Have you ever regularly done low impact exercises or body work (such as yoga, tai chi, qi qong, accupressure or shiatsu, self-massage, reiki, therapeutic touch or healing touch)?

- Yes    No (go to question #79)

75. How long was each session of exercise?

Minutes

- 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

76. How often did you do these exercise sessions?

Times Per  Week

- 0      Month  
 1      Year  
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

77. For how many years did you regularly do these exercises?

Years

- 0    
 1    
 2    
 3    
 4    
 5    
 6    
 7    
 8    
 9

78. Which form of the exercises in question #74 have you done the most?

- Yoga  
 Tai Chi  
 Qi Qong  
 Accupressure or Shiatsu  
 Self-massage  
 Reiki, Therapeutic Touch or Healing Touch

79. How many years have you kept the following pets? (Enter "00" if you never have kept such pets.)

Dogs	Cats	Birds	Other
<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years
0	<input type="radio"/> <input type="radio"/>	0	<input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/>	1	<input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/>	2	<input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/>	3	<input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/>	4	<input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/>	5	<input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/>	6	<input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/>	7	<input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/>	8	<input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/>	9	<input type="radio"/> <input type="radio"/>

80. In the past year was there a period of two weeks during which you felt depressed or down most of the day nearly every day?

Yes     No

81. Was there a time in the past year when you were uninterested in most things or unable to enjoy things you normally enjoy?

Yes     No

82. Are you currently being treated for nervous, emotional, or psychological problems in counseling or psychotherapy?

Yes     No (go to question #85)

83. Please describe the kind of nervous, emotional or psychological problems for which you are being treated in counseling or psychotherapy.

84. How often do you attend therapy?   Times per  Week

Month

0

1

2

3

4

5

6

7

8

9

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85. Please fill in the table below considering drugs you have taken within the last 5 years for headaches, arthritis, swelling and any other aches and pains. Only include medications used for at least 3 consecutive months.

Drug	Did you take the drug?		How often did you take the drug? (Select only one.)					For what period of time did you take the drug? (Select only one.)				
	Yes	No	1 Day per Month	2-3 Days per Month	1-2 Days per Week	3-4 Days per Week	5-7 Days per Week	3 Months to 1 Year	Up to 2 Years	Up to 3 Years	Up to 4 Years	Up to 5 Years
<b>Aspirin:</b> Anacin, Bufferin, Bayer, Ecotrin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ibuprofen:</b> Motrin, Advil, Nuprin, Medipren, Rufen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Acetaminophen:</b> Excedrin, Tylenol, Panadol, Midrin, Darvocet-N, FEVERALL, Lurlene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Indomethacin:</b> Indomet, Indocin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Naproxen:</b> Alleve, Naprosyn, Anaprox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ketoprofen:</b> Orudis, Actron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Pain Reliever:</b> piroxicam, feldene, sulindac, lodine, ketolac, fenoprofen, nalfon, meclomen, ponstel, or any other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Tamoxifen</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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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## QUASI STUDY CEC

Date Form Completed  
Month / Day / Year

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**DIRECTIONS:** Listed below are some of the reactions people have to certain feelings or emotions. Read through the items on each list and, by choosing the appropriate answer, indicate the way you generally react.

REACTIONS	Almost Never	Sometimes	Often	Almost Always
<i>When I feel angry (very annoyed) ...</i>				
A. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I refuse to argue or say anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. I say what I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. I avoid making a scene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. I hide my annoyance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>When I feel anxious (worried) ...</i>				
H. I let others see how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. I refuse to say anything about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. I tell others about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. I say what I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REACTIONS	Almost Never	Sometimes	Often	Almost Always
<i>When I feel unhappy (miserable) ...</i>				
O. I refuse to say anything about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. I hide my unhappiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. I put on a bold face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. I keep quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S. I let others see how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T. I smother my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U. I bottle it up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The frequency that I feel angry or annoyed.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The frequency that I feel anxious or worried.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The frequency that I feel unhappy, depressed or miserable.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## QUASI STUDY

### Rosenberg

Date Form Completed  
Month / Day / Year

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**DIRECTIONS:** Below is a list of statements with which you may agree or disagree. Please indicate whether you agree or disagree with each statement by marking one response to the right of each statement. Note that responses include Strongly Disagree, Disagree, Agree, and Strongly Agree.

STATEMENTS	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel that I'm a person of worth, at least on an equal basis with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to do things as well as most other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel I do not have much to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. On the whole, I am satisfied with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I wish I could have more respect for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## QUASI STUDY SF-36™ Health Survey

**Date Form Completed**  
Month / Day / Year

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**DIRECTIONS:** Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

### EXAMPLE

*This is for your review. Do not answer this question. The questionnaire begins with the section *Your Health in General* below.*

For each question you will be asked to fill in a bubble in each line.

1. How strongly do you agree or disagree with each of the following statements?

- |                                | Strongly Agree                   | Agree                            | Uncertain             | Disagree              | Strongly Disagree     |
|--------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| a. I enjoy listening to music. | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I enjoy reading magazines.  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please begin answering the questions now.

### Your Health in General

1. In general, would you say your health is:

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent             | Very good             | Good                  | Fair                  | Poor                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Compared to one year ago, how would you rate your health in general now?

- |                                   |                                       |                                |                                      |                                  |
|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|----------------------------------|
| Much better now than one year ago | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
| <input type="radio"/>             | <input type="radio"/>                 | <input type="radio"/>          | <input type="radio"/>                | <input type="radio"/>            |

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3. The following items are about activities you might do during a typical day. Does *your health now limit you* in these activities? If so, how much?

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

4. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

PROBLEMS	Yes	No
a. <i>Cut down on the amount of time you spent on work or other activities</i>	<input type="radio"/>	<input type="radio"/>
b. <i>Accomplished less than you would like</i>	<input type="radio"/>	<input type="radio"/>
c. <i>Were limited in the kind of work or other activities</i>	<input type="radio"/>	<input type="radio"/>
d. <i>Had difficulty performing the work or other activities (for example, it took extra time)</i>	<input type="radio"/>	<input type="radio"/>

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5. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

PROBLEMS	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b. <i>Accomplished less</i> than you would like	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as <i>carefully</i> as usual	<input type="radio"/>	<input type="radio"/>

6. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all                      Slightly                      Moderately                      Quite a bit                      Extremely

7. How much bodily pain have you had during the *past 4 weeks*?

None                      Very mild                      Mild                      Moderate                      Severe                      Very severe

8. During the *past 4 weeks*, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all                      A little bit                      Moderately                      Quite a bit                      Extremely

9. These questions are about how you feel and how things have been with you during the *past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the *past 4 weeks* . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have you felt so down in the dumps nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. (Continued) How much of the time during the *past 4 weeks* . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
d. have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have you felt down-hearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the *past 4 weeks*, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| All of the time       | Most of the time      | Some of the time      | A little of the time  | None of the time      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. How TRUE or FALSE is each of the following statements for you?

STATEMENT	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Principal Investigators: James R. Hebert, Sc.D.  
Army Award: DAMD17-99-1-9279

## Appendix 1 Assessment Instruments

NAME: \_\_\_\_\_ **Vegetable and Fruit Questionnaire**

Please tell us how often you have eaten the specified food item, and the typical portion size in the past seven days, excluding today. All portion sizes refer to cooked size unless otherwise noted. Please write in the number of times that you have consumed the food and check off your usual portion size as compared to the Comparison Portion Size. For example, if you ate broccoli three times (one cup at one sitting and 1/4 cup the other two times).

	<i>Number of Times Eaten</i>	<i>Comparison Portion Size</i>	<i>Half this Size</i>	<i>Your Average Equal to this Size</i>	<i>Twice this Size</i>
<b>Broccoli</b>	<u>3</u>	<u>1/2 cup</u>	_____	<u>X</u>	_____

	Number of Times Eaten	Comparison Portion Size	Half this Size	Your Average Equal to this Size	Twice this Size
Broccoli	_____	<u>1/2 cup</u>	_____	_____	_____
Brussel Sprouts	_____	<u>4 sprouts</u>	_____	_____	_____
Cabbage	_____	<u>1/2 cup</u>	_____	_____	_____
Cauliflower	_____	<u>1/2 cup</u>	_____	_____	_____
Chinese Cabbage	_____	<u>1/2 cup</u>	_____	_____	_____
Collard Greens/Swiss Chard/Kohlrabi	_____	<u>1/2 cup</u>	_____	_____	_____
Mustard Greens or Turnip Greens	_____	<u>1/2 cup</u>	_____	_____	_____
Rutabaga / Turnips	_____	<u>1/2 cup</u>	_____	_____	_____
Kale	_____	<u>1/2 cup</u>	_____	_____	_____
Spinach	_____	<u>1/2 cup</u>	_____	_____	_____
Onions	_____	<u>1 sm or 1/4 cup</u>	_____	_____	_____
Carrots	_____	<u>1 med or 1/2 cup</u>	_____	_____	_____
Sweet Potatoes	_____	<u>1/2 cup</u>	_____	_____	_____
Soybeans - whole	_____	<u>3/4 cup</u>	_____	_____	_____
Soy milk 8oz. Glass	_____	<u>1-8oz Glass</u>	_____	_____	_____
Tofu	_____	<u>3/4 cup</u>	_____	_____	_____
Tempeh	_____	<u>1/2 cup</u>	_____	_____	_____
Broccoli Sprouts	_____	<u>1/2 cup</u>	_____	_____	_____
Alfalfa / Clover / Mung Bean / Soy Sprouts (raw)	_____	<u>1/2 cup</u>	_____	_____	_____
Pinto Beans / Round Split Pea Pods	_____	<u>1/2 cup</u>	_____	_____	_____
Fresh Green or Mung Beans	_____	<u>1/2 cup</u>	_____	_____	_____
Garbanzo, Kidney Beans or Black-eyed, Yellow Split or Chinese Peas	_____	<u>1/2 cup</u>	_____	_____	_____
Peas	_____	<u>1/2 cup</u>	_____	_____	_____
Lentils / Dal	_____	<u>1/2 cup</u>	_____	_____	_____
Seaweeds eaten dry (e.g., dulse, purple laver, nori)	_____	<u>1/4 cup or 7" sq sheet</u>	_____	_____	_____
Seaweeds eaten cooked or soaked (e.g. arame, kombu, kelp)	_____	<u>1 tbs or 2" sq piece</u>	_____	_____	_____
Apples	_____	<u>1 med or 1/2 cup</u>	_____	_____	_____
Bananas	_____	<u>1 medium</u>	_____	_____	_____
Apricots	_____	<u>2 medium</u>	_____	_____	_____
Nectarines	_____	<u>1 med or 1/2 cup</u>	_____	_____	_____
Peaches	_____	<u>1 med or 1/2 cup</u>	_____	_____	_____
Strawberries	_____	<u>1/2 cup</u>	_____	_____	_____
Grapefruit	_____	<u>1/2 grapefruit</u>	_____	_____	_____
Lemon, squeezed	_____	<u>1/4 medium</u>	_____	_____	_____
Orange	_____	<u>1 medium</u>	_____	_____	_____
100% Fruit Juice (any type)	_____	<u>1-8oz Glass</u>	_____	_____	_____
Other Soy products not listed above, Please specify: _____	_____	Your portion size: _____	_____	_____	_____

Principal Investigators: James R. Hebert, Sc.D.  
Army Award: DAMD17-99-1-9279

## Appendix 2 Recruitment and Consent

June 1, 2001

Dear «Title» «LastName»,

I am writing to tell you about an important research study at the University of South Carolina and the South Carolina Cancer Center that may be of interest to you, and I am inviting you to participate in this study. The Division of Population Studies at the Cancer Center has received funding to evaluate a dietary intervention designed to reduce the risk of some breast cancers. To complete the study, we are seeking women who are likely to be free of breast cancer. Therefore, the your hospital has given us permission to contact women that have recently received a breast screening mammogram.

We are conducting this study to determine if a dietary approach to breast cancer prevention is both acceptable to women and able to change the way hormones are broken-down. There is evidence that certain commonly known foods reduce the risk of developing breast cancer by altering the way a hormone called estradiol is degraded. We have developed a series of four classes, conducted by a registered dietitian, which are designed to introduce the health benefits of these specific foods. The course also provides preparation instruction and hands-on cooking opportunities in our teaching kitchen, and is free to study participants.

Once started, the study will require about twelve weeks. During this period of time, you would attend the four classes described above, provide four blood and urine samples, complete questionnaires, and accept twelve telephone calls from us to record the foods you have eaten. As a study participant, we will provide you, at your request, with summaries of your nutrient intake (e.g., fiber intake, fat intake, calorie intake, etc.) over the course of the study as well as the levels of measured hormones in your blood and urine. Other measurements will be collected, and we will discuss these measurements fully with you.

Enclosed you will find a Consent Form that summarizes the study procedures, as well as your rights, benefits, and risks with participation. Please read this Consent Form carefully and consider your ability to complete this study. In about a week the project manager, Jay Fowke, will be calling you to answer any questions you might have at this time. If you do not wish to be called, call the Division of Population Studies, SCCC, (803)434-1628, and leave a message that includes your name and a statement that you do not wish to participate.

Breast cancer prevention research relies on people to participate. With the success of this project, we hope that there will be more trials that might benefit women like you. We are excited about this study and look forward to your participation.

Sincerely,


Dr. James R. Hebert



Review Date	Approval Begins	Approval Ends	IRB Number
June 16, 2000	June 16, 2000	June 15, 2001	#2000-78

DATE: September 21, 2000

TO: James R. Hebert, Sc.D.

FROM: Edward W. Catalano, M.D.   
Chair, Institutional Review Board (IRB)

SUBJECT: **Approval of New Protocol PHA IRB #2000-78 with Consent Form, Biopsy Procedure Addendum and Sample Donation Form.**

On June 16, 2000, the Institutional Review Board approved your protocol and consent form entitled:

**PHA IRB #2000-78: Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a dietary Intervention.**

Approval is effective from June 16, 2000 until June 15, 2001. Unless the IRB has waived the requirement for documentation of informed consent, attached is the IRB approved consent/assent document(s) to be used when enrolling subjects. [Note, this dated consent is to be used as a master to copy for all patient consents. Subjects can only be enrolled using consent/assent forms which have a valid "IRB Approval" stamp. A copy of the signed consent/assent form must be given to every study participant. A copy of the signed consent/assent form must be kept with your study records and in the patient's medical chart.] Upon request, you will be sent a clean copy of the current synopsis forms for renewal of the protocol, which must be completed and returned with a clean copy of the informed consent form, to the IRB at the Research Administration office, so that the protocol can be reviewed and approved for the next period.

In implementing the research activities, you are responsible for complying with IRB decisions, conditions and requirements. The research procedures should be implemented as approved in the IRB protocol. No changes in the protocol or consent may be made without prior IRB approval. Any significant deviations on proposed changes must be reported to the IRB. If your study uses an IND, all administered dosages are to be documented in the patients' chart. Storage and administration of the study drug are to be documented as being in accordance with FDA requirements.

Please refer to the Palmetto Health Alliance Investigator Brochure regarding investigator responsibilities with respect to the ethical use of human subjects in research. If you have questions or need additional information, please contact the Research Administration office at 434-2884. Please forward a copy of any publication(s) resulting from this research to the IRB, for their information.

**Palmetto Health Alliance**

**CONSENT TO PARTICIPATE IN A RESEARCH PROJECT**

**IRB#: 2000-78**

**TITLE: Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a Dietary Intervention.**

**PRINCIPAL INVESTIGATOR: James R. Hebert, Sc.D.**

**RESEARCH SUBJECT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SPONSOR: United States Department of Defense**

**INVITATION TO TAKE PART AND INTRODUCTION:**

You are invited to volunteer for a research study. You have been asked to be in this study because you previously donated a biological sample to breast cancer research at the South Carolina Cancer Center within Palmetto Richland Memorial Hospital (Columbia, S.C.).

**PURPOSE OF THE RESEARCH:**

The main purpose of this study is to determine if a 7-session dietary education program can help women incorporate into their diet certain foods that could alter levels of hormones thought to influence the risk of breast cancer. These foods are members of the *Brassica* genus. The most commonly consumed of these vegetables include cabbage, broccoli, cauliflower, and Brussels sprouts. The results of this study will help to develop dietary guidelines directed towards breast cancer prevention and altering the course of disease in women with breast cancer.

**YOUR RIGHTS: It is important for you to know that:**

- **YOUR PARTICIPATION IS ENTIRELY VOLUNTARY.**
- **YOU MAY DECIDE NOT TO TAKE PART OR DECIDE TO QUIT THE STUDY AT ANY TIME.**
- **YOU WILL BE TOLD ABOUT ANY NEW INFORMATION OR CHANGES IN THE STUDY THAT MIGHT AFFECT YOUR PARTICIPATION.**
- **THE QUALITY OF CARE YOU RECEIVE AT THE HEALTH CENTER WILL NOT BE AFFECTED IN ANY WAY IF YOU DECIDE NOT TO PARTICIPATE OR IF YOU WITHDRAW FROM THE STUDY.**

**IRB APPROVAL**

**0 6 - 1 6 - 2 0 0 0 - 0 6 - 1 5 - 2 0 0 1**

Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

**RANDOMIZATION:**

Because it is not known whether changes in diet are effective in breast cancer prevention, not everyone in the study will be assigned to receive the dietary intervention. You will be assigned to one of two groups. One group will receive the dietary intervention, one group will not. This will make it possible for us to judge the effect of eating these vegetables in the fairest, most impartial way possible because the process of randomization ensures that the two groups of people (those receiving and those not receiving the intervention) are similar in other ways. The decision as to whether you receive the dietary intervention or not will be made by chance, like the flip of a coin, not by your doctor or based on your medical condition. You will have a 50% chance of receiving the intervention.

**PROCEDURES:**

You have previously visited the clinic, completed a questionnaire, and provided several samples. At that earlier visit, you might have donated a blood sample, a urine sample, and a portion of the breast biopsy tissue for breast cancer research, and you completed a questionnaire. A portion of these samples will be used for this research endeavor. We will use these samples to provide a baseline level of hormones that are thought to be important in modifying breast cancer risk.

This dietary study will last about three months, and 90 women will participate. If you are assigned to the dietary intervention, you will be asked to first meet with a study dietitian for a one-hour individual session. This session will be followed by 6 two-hour group sessions over a two-month period. These six classes will be held weekly. Approximately fifteen people will attend each class, and classes will be scheduled either on a weekday morning or evening. These sessions will include: 1. classroom presentations during which we will provide information about the vegetables – their chemical properties and their effects on health; 2. a group cooking experience in which you will be asked to learn about preparing the foods; and 3. a chance to eat what you have cooked with other women in the group.

You will be asked to add about four commonly known vegetables to your diet during the six weeks of the intervention. We will not be asking you to restrict your diet, or limit the other foods that you eat, in any way. The dietary intervention is not a weight loss program. You may eat anything that you wish to eat, but we ask that you also eat about two or three servings per day of the vegetables promoted in the intervention classes. These classes are designed to help you incorporate these vegetables into your normal meals.

We will ask to schedule a clinic visit with you near the end of the intervention. During this clinic visit, a blood sample will be drawn in the usual way, by inserting a needle into a vein in your arm. About 4 teaspoons (20 milliliters) of blood will be collected, and this blood will be used to determine if there are any changes in levels of the hormones that are thought to be important in modifying breast cancer risk. We will measure your weight and the circumference of your hips and waist. We will provide you with a small urine collection container to collect a first-morning urine sample, and this urine sample can be brought to the clinic when you have your blood drawn. It is important that this urine sample be collected before you eat that day. This urine sample will be used to determine if there are changes in the levels of certain female hormones (estrogens) that are excreted from your body in your urine. Additionally, urine samples will be used to determine the levels of chemicals that naturally exist in the foods you will be asked to eat. We also

**IRB APPROVAL**

Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

06-16-2000 - 06-15-2001

will obtain a fine-needle biopsy from the breast opposite to the one in which you had your original biopsy. Very little material is removed by biopsy, always less than a one-quarter of a thimble-full. This material will be used to determine levels of enzymes that are important in regulating levels of female hormones (estrogens). This will be done using a needle similar to that used for drawing blood. It will be done only once, at the very end of the study. You will be asked to complete several questionnaires about your present health, diet, medication use, and the current level of depression and anxiety. These questionnaires will be completed near the time of your clinic visit, and will require about one hour. After the end of the week of your last class, you will be advised that you may remove the intervention vegetables from your diet.

**ALTERNATIVES:**

You may choose not to take part in this study. If so, then you would not have to do any of the things listed above. This would in no way affect other aspects of your treatment or medical care.

**RISKS AND INCONVENIENCES:**

Drawing blood may hurt slightly, and you might have a black and blue mark. Occasionally a person may become dizzy or faint when blood is drawn and there is a slight possibility of infection or temporary nerve damage. There may be pain associated with the fine needle biopsy. This pain is usually short-lived (i.e., less than 12 hours), and well tolerated. Pain medication, for example Tylenol or Advil, can be taken to relieve this pain, and Tylenol capsules will be available at the time of the biopsy. Stronger pain medication may be prescribed if you think it is needed. There may be a small amount of bleeding which would present no health risk. There is a slight possibility of infection. Sterile techniques are used to avoid infection, but antibiotics can be used to treat an infection if this occurs. There is a very slight risk of temporary nerve damage, which should begin to heal within a few days. There should be no risk from answering any of the study questions, or in providing a urine sample.

Sometimes people find a question on a questionnaire sensitive or uncomfortable to answer. While there are reasons why the question is asked, you do not have to answer a particular question if you feel uncomfortable to do so. Please remember, all results will remain confidential. When we do the statistical analyses for the entire study we will not reveal your identity or the identity of anyone else in the study.

Adverse or allergic reactions to the foods promoted by the dietary intervention are rare. Occasionally, individuals have reported that consumption of the intervention foods leads to excess gas or diarrhea. We will ensure that you are in weekly contact with the project nutritionist and other research staff, and we will encourage you to call if you suspect any side effects. If any side effects occur, you may be advised to eat fewer of the vegetables.

Incorporation of a few additional foods to the diet may at times be an inconvenience when dining out or visiting people. There also may be inconvenience when planning or preparing meals for others in your home. The intervention class content and project staff will try to provide as much help as reasonably possible to overcome such inconveniences and to make these changes enjoyable. Through discussion and conversation, other classmates also may be able to help with these issues.

**THE APPROVAL**

**COMPENSATION IN CASE OF INJURY:**

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Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

All forms of medical diagnosis, treatment and research, whether routine or experimental, involve some risk of injury. In spite of all precautions, you might develop complications from participation in this study. In the event of any injury resulting directly from the research procedures, neither the study personnel, the University of South Carolina, nor the Palmetto Health Alliance have made any provision for the payment of any financial compensation to you or to provide any financial assistance for medical or other costs.

This study is being funded by the Department of Defense and conducted by the United States Army in conjunction with the University of South Carolina. Army regulations provide that, as a volunteer in a study conducted by the United States Army, you are authorized all necessary medical care for any injury or disease that is a direct result of your participation in the research. The Principal Investigator or his designee will assist you in obtaining appropriate medical treatment under this provision, if it is required. If you have any questions concerning your eligibility for Army-funded medical treatment you should discuss this issue thoroughly with the Principal Investigator or his designee before you enroll in this study. This is not a waiver or release of your legal rights.

**BENEFITS:**

This study may be of no direct benefit to you. However, we will make study results available to you when the final results are compiled and written. At the end of the study, you may request a summary of all of your own results with a brief description of what they mean. As results from the entire study are published, we will advise you and you may request them as well. Additionally, the knowledge gained from your participation in this research may help to better understand how to prevent or treat breast cancer.

**COSTS:**

There will be no direct cost to you for participating in the study. The analyses of questionnaires, blood, urine, biopsy material, and the dietary intervention classes will be provided free of charge.

If you are assigned to the dietary intervention, you will receive a supply of vegetables during each class that can be incorporated into the regular diet. This is done as a convenience to you, and the amount of vegetables supplied should be more than enough to meet the intervention objectives. However, such supplies are intended to be eaten by the study participant, and there will not be a sufficient quantity to share with others. In the event that you wish to share the provided vegetables with friends or family members, we would ask that you purchase additional vegetables.

**REMOVAL FROM STUDY**

You may be taken out of the research study if it appears that you are unable to: keep your appointments, provide blood, urine, a biopsy sample, or do not provide answers on the questionnaires. If this occurs, you will be given a full explanation.

**IRB APPROVAL**

**CONFIDENTIALITY:**

06-16-2000 - 06-15-2001

Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

Your research records will be confidential. In all records of the study you will be identified by a code number and your name will be known only to the researchers. Your name will not be used in any reports or publications of this study.

Because this study is funded by the United States Department of Defense it has a special set of requirements known as "Volunteer Registry Data Base Requirements". It is the policy of the U.S. Army Medical Research and Materiel Command, the entity that regulates this research, that data sheets are to be completed on all volunteers participating in research for entry into this Command's Volunteer Registry Data Base. The information to be entered into this confidential database includes your name, address, Social Security number, study name and dates. The intent of the database is two-fold: first, to readily answer questions concerning an individual's participation in research sponsored by USAMRMC; and second, to ensure that the USAMRMC can exercise its obligation to ensure research volunteers are adequately warned (duty to warn) of risks and to provide new information as it becomes available. The information will be stored at USAMRMC for a minimum of 75 years. It should be noted that representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research.

**SAMPLE DONATION:**

During this study, you will be asked to provide a breast biopsy sample and a urine sample. These samples will be used for hormone analysis related to breast cancer research. They also may be used for purposes that are currently unknown. There is a chance that the samples that you are donating under this study may be used in other research studies and may have some commercial value. No commercial value is anticipated at this point. Should your donated sample(s) lead to the development of a commercial product, the University of South Carolina will own it and may take action to patent and license the product. The University of South Carolina does not intend to provide you with any compensation for your participation in this study nor for any future value that the sample you have given may be found to have. You will not receive any notice of future uses of your sample(s).

**PATIENT PROTECTION:**

Further information on the research to be performed, or on any risks, benefits or alternative treatments may be obtained from James R. Hebert at 803-777-7666. This study has been approved by the committee to protect human rights for the Palmetto Health Alliance. Information concerning your rights as a research subject can be obtained by contacting the Office of Corporate Counsel at (803) 296-2124.

**IRB APPROVAL**

**0 6 - 1 6 - 2 0 0 0 - 0 6 - 1 5 - 2 0 0 1**

Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

Consent to Participate in the research project IRB #2000-78, entitled:

**Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a Dietary Intervention**

Subject's name: (printed or typewritten) \_\_\_\_\_  
P.I. Name: James R. Hebert, Sc.D.

-----

"The purpose and procedures of this research project and the predictable discomfort, risks, and benefits that might result have been explained to me. I have been told that unforeseen events may occur. I have had an opportunity to discuss this with the investigator and all of my questions have been answered. I agree to participate as a volunteer in this research project. I understand that I may end my participation at any time. I understand that there is a possibility that the blood, tissue, or urine samples, which I am providing under this study, may also be used in other research studies and could potentially have some commercial applicability. I have been given a copy of this consent form."

Person Obtaining Consent: \_\_\_\_\_

Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject's permanent address: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Witness' name (printed or typewritten) Relationship to subject

**IRB APPROVAL**

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Subject's Initials \_\_\_\_\_

Witness's Initials \_\_\_\_\_

**Palmetto Health Alliance**

**Biopsy Procedure Addendum**

IRB#: 2000-78

**Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a Dietary Intervention**

Subject's name: (printed or typewritten) \_\_\_\_\_

P. I. Name: James R. Hebert, Sc.D.

**RISKS AND INCONVENIENCES:**

A fine-needle biopsy is used to collect tissue from under the skin. It is very similar to the procedure used to collect blood from a vein. However, it does not require that the needle enter a vein.

There may be pain associated with the fine needle biopsy. This pain is usually short-lived (i.e., less than 12 hours), and well tolerated. Pain medication, for example Tylenol or Advil, can be taken to relieve this pain, and Tylenol capsules will be available at the time of the biopsy. There may be a small amount of bleeding which would present no health risk. There is a slight possibility of infection. Sterile techniques are used to avoid infection, but antibiotics can be used to treat an infection, if this occurs. There is a very slight risk of temporary nerve damage, which should diminish within several days.

“The purpose and procedures of this research project and the predictable discomfort, risks, and benefits that might result have been explained to me. I have been told that unforeseen events may occur. I have had an opportunity to discuss this with the investigator and all of my questions have been answered. I agree to participate as a volunteer in this research project. I understand that I may end my participation at any time. I understand that there is a possibility that the blood, tissue, or urine samples, which I am providing under this study, may also be used in other research studies and could potentially have some commercial applicability. I have been given a copy of this consent form.”

Person Obtaining Consent: \_\_\_\_\_

Subject's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subject's permanent address: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' name (printed or typewritten) \_\_\_\_\_

Relationship to subject \_\_\_\_\_

**IRB APPROVAL**

**06-16-2000 - 06-15-2001**

**Palmetto Health Alliance  
Sample Donation Form  
IRB # 2000-78**

**TITLE: Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a Dietary Intervention.**

**PRINCIPAL INVESTIGATOR: James R. Hebert, Sc.D.**

**SUBJECT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SPONSOR: United States Department of Defense**

**SAMPLE DONATION:**

Occasionally, samples from one study are used in other studies. Usually this is done if the science progresses so that we can answer an important question that arises after the study was begun, and therefore we did not anticipate. We will store samples of your blood, breast tissue, and urine collected as part of this research for such a possible future use. For this reason, we request that you sign the following statement:

*As a participant in Phase I Induction and Estrogen Metabolism in Women With and Without Breast Cancer and in Response to a Dietary Intervention, I voluntarily donate any and all urine, blood, and biopsy samples to the University of South Carolina. These samples will be used for measurement of estrogens and proteins linked with estrogen degradation and may also be used by the University of South Carolina for uses not currently known to me. There is a possibility that the samples that I am donating under this study may be used in other research studies and may have some commercial value. No commercial application is anticipated at this time. Should my donated sample(s) lead to the development of a commercial product, the University of South Carolina will own it and it is possible that it will be patented and licensed by the University of South Carolina. The University of South Carolina does not intend to provide me any compensation for this and will not give me any notice of future uses of my sample(s).*

**Person Obtaining Consent: \_\_\_\_\_**

**Subject's signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Subject's permanent address: \_\_\_\_\_**

**Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness' name (printed or typewritten) \_\_\_\_\_ Relationship to subject \_\_\_\_\_**

**IRB APPROVAL**

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**DIRECT: Eligibility Questions**

**Interviewer Name:** \_\_\_\_\_

Subject's Name: \_\_\_\_\_

Date of contact: \_\_\_\_\_

**Person is ineligible if response is BOLD**

Personal Characteristics:

Y N Are you over 45 years of age?

Y N Are you completely past menopause or past the change of life?

Y N Do you plan to live in the Columbia, SC for the next six months?

Y N Do you smoke cigarettes or use any other tobacco product.

\_\_\_ How much do you weigh?

\_\_\_ How tall are you? (calculate BMI )

Y N BMI < 20

Y N BMI > 30

Diet:

Y N Are you on any diet or program to reduce or control your weight?

Y N Are you on any special diet for health reasons, such as a low salt diet or a low sugar diet?

Y N Are you using any nutritional supplements, other than vitamins?

Y N Do you consume more than 2 alcoholic drinks per day?

Medication Use:

Y N Do you take any hormone replacement therapy?

If Y, what type of therapy

Y N Estrace or related brand

Y N Are you on any thyroid medication, antibiotics, diuretics, or steroids ?

Y N Are you on any over-the-counter hormones (melatonin, black cohosh, see list) ?

Y N Do you regularly take Tagamet for heart burn, for example?

Health History:

Y N Have you been diagnosed with any type of cancer or malignancy in the past 5 years (non-cases only, excluding superficial skin lesions).

Y N Have you ever had a kidney or adrenal gland removed?

Y N Have you ever been told that you are diabetic?

Y N Have you ever been diagnosed with a liver disease, such as cirrhoses.

Y N Within the past year, have you been admitted to a psychiatric hospital?

Subjective assessment of interviewer:

Y N Will you provide a urine sample, blood sample, and a fine needle biopsy sample

Y N English sufficient to understand questions and provide quality data?

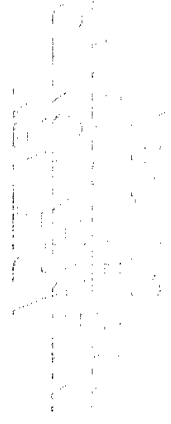
Y N Likely to complete study protocol as described in Consent Form?

This research study is being conducted through the South Carolina Comprehensive Breast Center and the University of South Carolina School of Public Health.

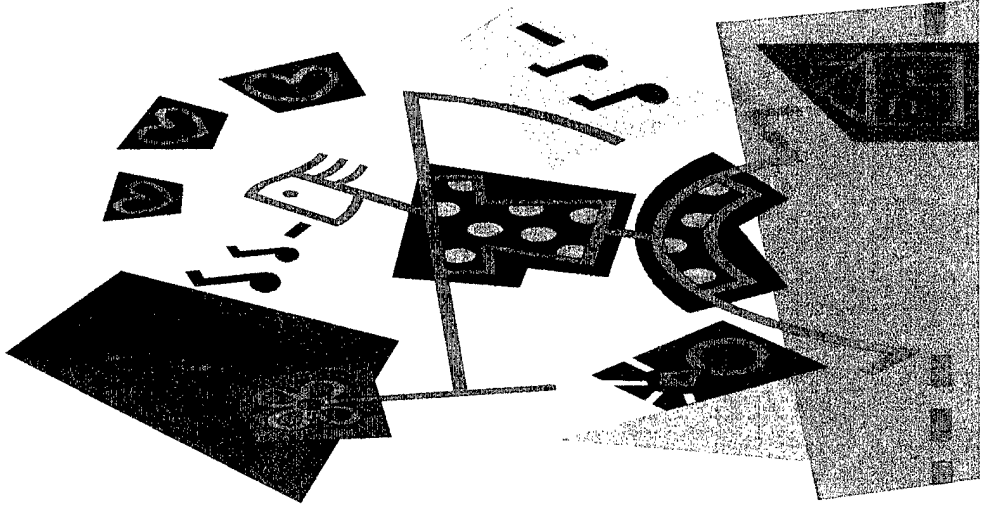
The goal of the study is to evaluate the effect of a 4-week dietary program on quality of life, body composition, and estrogen metabolism in postmenopausal women that have recently been received breast screening or who have been treated for breast cancer.



**School of Public Health**  
Depts. of Epidemiology & Biostatistics  
and Exercise Science  
Columbia, SC 29208  
803.777.9905



DIET FOR HEALTH



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## WHO IS ELIGIBLE?

You may be eligible to participate in this study if:

- you have had a biopsy intended to detect breast cancer in the last 2 months,
  - you are post-menopausal,
  - you do not smoke cigarettes.
- 

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## WHAT WILL I BE ASKED TO DO?

You will be asked to:

- attend three dietary classes at the University of South Carolina, Columbia, SC
  - Provide samples necessary to measure estrogen levels
  - complete questionnaires and have your body composition measured,
  - report your diet in a log and during interview with a dietician.
- 

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## WHAT WILL I RECEIVE?

You will receive:

- a personalized dietary program (at no charge)
- a pedometer (step counter) to measure walking progress (\$20 value), and
- your personal study results.

Our project manager will call you in the next few days to answer any questions you may have.

**Call 803.434.1628**

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Principal Investigators: James R. Hebert, Sc.D.  
Army Award: DAMD17-99-1-9279

### Appendix 3 Collection & Processing

date

Dear \_\_\_\_\_

We are excited that you have agreed to participate in the Breast Health Study. Your help on this project will help us understand the best ways to improve the emotional and physical health of women with breast cancer.

Your clinic appointment is scheduled for <day, day, month> at <time>

We have included a map and directions to the site of your clinic appointment [South Carolina Cancer Center, Division of Population Studies, suite 301 in Richland Medical Park building 15 (next door to the CVS Pharmacy at the corner of Harden and Bull Streets)].

We have included a number of items in this packet. Please review the materials carefully;

- Fill out the questionnaires and bring them with you to your clinic appointment.
- Carefully follow the urine collection instructions ,so that we can ensure all participants follow the same procedures.
  - **We would like for you to collect samples from your first urine of the day (i.e., right after you get out of bed for the day).**
  - We would like for you to be “fasted” before each urine collection, so please do not eat food in the 8 hours before you collect the samples. For example, if you usually get out of bed a 7 AM, you should not eat anything after 11 PM the night before. You may drink fluids.
  - Both urine collection containers have ascorbic acid in them as a preservative. Please do not pour the powder out of the containers.

**If you have questions about what we would like you to do, please call Jay Fowke at 434-1628.**

### **Directions to the South Carolina Cancer Center’s Division of Population Studies**

The site of your clinic appointment is at the Richland Memorial Hospital (RMH) Campus, in Richland Medical Park building 15, suite 301.

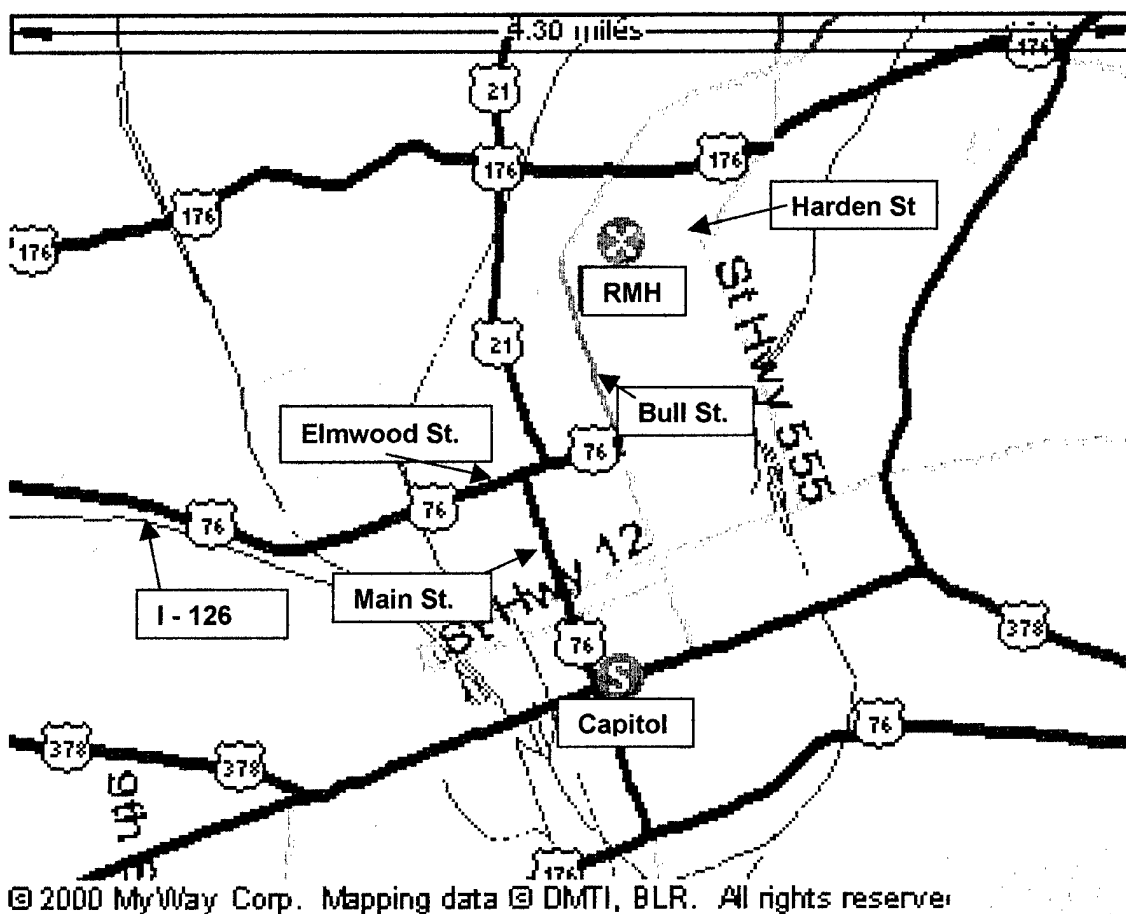
Richland Medical Park building 15 is located at 3555 Harden Street extension, and is right next door to the CVS Pharmacy at the corner of Harden Street and Bull Street, (near Highway 277).

There is free-parking in front of Richland Medical Park building 15.

Enter the building through the front door, the elevators will be directly in front of you.

Once you arrive at the third floor, turn right out of the elevators, and follow the hallway to the entrance of suite 301, Division of Population Studies. There is a waiting area just inside the entrance.

The map below provides directions from the state Capitol to Richland Memorial Hospital (RMH) Campus.



On the **DAY OF** your clinic appointment ( \_\_\_\_\_ )

**(1) Collect the urine sample as soon as you get out of bed for the day.**

- Use the “start – stop -- collect” method to obtain the sample.
- If possible, fill the container at least half-full.

(2) Refrain from eating for at least 8 hours before you obtain the sample.

(3) Record the time you obtained the sample on the container’s label.

(4) Seal the jar tightly, place the container in the brown paper bag, and then put the bag in your refrigerator or freezer.

**(6) REMEMBER TO BRING BOTH OF YOUR URINE SAMPLES AND YOUR QUESTIONNAIRES TO YOUR CLINIC APPOINTMENT.**

**If you have questions about what we would like you to do, please call \*\*\* at \*\*\*.**

**We look forward to seeing you soon!**

## Urine Processing

- Participant delivers urine sample(s) to clinic in paper bag.
- Record the time and date of the sample on the clinic visit tracking form.
- Note any unusual characteristics of the sample (i.e., blood, odor, color) on visit tracking form.
- Check container lid for tightness.
- Mix sample container by inverting it 10 times.
- Using a transfer pipette, **fill 6 labeled cryovials for each sample** obtained. Fill each cryovial at least 75% full – but no more (i.e., 1.5 mL).
- Tightly replace lids on cryovials.
- Place samples in the appropriate shipment and storage boxes, and place boxes in the  $-80^{\circ}$  F freezer.
- Flush remaining urine.

## **Blood Processing**

- Two (2) vacutainers of blood are collected from each subject
  - Blood drawn from arm, using standard sterile procedures
  - 1 red topped tube without anticoagulants
  - 1 lavender topped tube with EDTA
  - The blood will be centrifuged at 3000 g for 15 minutes
  - Plasma or serum will be removed
  - Stored as five x 1 ml aliquots at -70 °C in labeled cryo-vials.
- Labels:
  - ID
  - S if serum
  - P if plasma
  - B for Baseline
  - F for Follow-up
  - Example : 43PF

## **Buccal Cell collection**

Buccal cells will be collected using the rinse and spit method

- Rinse mouth with commercial mouth wash to clean mouth
- Discard this wash
- Rub sterile swab in mouth to loosen cells
- Rinse mouth with sterile saline for 10 seconds, - vigorously
- Spit into specimen collection cup – labeled with id and date
- Provide towel to participant
- Refrigerate sample until processed

## **Buccal Cell Sample Processing Protocol**

Once the buccal cell samples have been received, follow the processing procedures outlined below:

1. Using a like vial marked with gradations, estimate and record the original sample volume on the Specimen Receipt Log.
2. Mix specimen thoroughly by gently inverting the wide mouth collection cup 4-6 times.
3. Using a 10mL pipet, transfer the specimen into a 15mL conical tube.
4. Centrifuge the specimen at 1500 x g (2730 rpm) for 15 minutes.
5. Using a 5 mL pipet, aliquot 1.8 mL of supernatant into each of the two pre-labeled 2 mL vials, store them at -70° C, and discard the remaining supernatant by decantation.
6. Break the buccal cell pellet by gently tapping the 15 mL tube.
7. Resuspend the buccal cell pellet with 3.0 mL of TE buffer. Prepare TE buffer by adding 1.0 mL of TrisEDTA (100X) to 99.0 mL depc water. Store excess TE buffer at ambient temperature.
8. Using a 5 mL pipet, aliquot equal amounts of specimen into two 1.8 mL sterile cryovials.
9. Enter the default sample volume of 1.8 mL into the database for each vial. Record any processing problems in the Specimen Receipt Log and enter into database as appropriate.
10. Place the cryovials in a -70° C freezer for long-term storage.

## DIRECT: Clinical and Anthropometric Data

**Participant ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_

### **Baseline**

Appointment Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM PM

Phlebotomist Code: \_\_\_ ###

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ inches

Waist: \_\_\_\_\_ inches Hips: \_\_\_\_\_ inches

Blood: Y N

Buccal: Y N

Urine: Y N

Fasting Y N Smoked (2 hrs): Y N

Questionnaire Review : Y N

Comments:

### **Postintervention**

Appointment Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM PM

Phlebotomist Code: \_\_\_ ###

Weight: \_\_\_\_\_ kg Waist: \_\_\_\_\_ cm Hips: \_\_\_\_\_ cm

Blood: Y N

Buccal: Y N

Urine: Y N

Fasting Y N Smoked (2 hrs): Y N

Questionnaire Review : Y N

Comments:

- Principal Investigators: James R. Hebert, Sc.D.  
Army Award: DAMD17-99-1-9279

## Appendix 4 Intervention Materials

## DIRECT Study: Class Schedule

### **Class 1**

#### Goals

- Introductions
- Discussion: Describe major focus of study
- Explain study design, objective, and expectations

#### Events

- Introductions
- Distribute recipes and other written material
- Introduce study vegetables (snack time)
- Discussion: Overview of Brassica and Breast Cancer
- Diet Diaries

#### Take Home Messages

- Eat several servings a day of Brassica to reach study goals
- Do not change other parts of the diet
- Record diet in diaries

### **Class 2**

#### Goals

- Cooking practicum
- Discussion: Preparation of Brassica
- Summarize Diet Diary

#### Events

- Comments/Issues of Concern
- Describe active ingredient(s) in Brassica
- Cooking Practicum
- Preparation Techniques

#### Take Home Messages

- Continue to add Brassica to diet
- Record diet in diaries
- Plan for Pot-luck meal

### **Class 3**

#### Goals

- Potluck dinner
- Discussion: Overall Health Effects of Brassica

#### Events

- Potluck dinner - B,K
- Discussion: Brassica and Health
- Distribute urine collection bottles and questionnaires

#### Take Home Messages

- Continue eating Brassica
- Focus on preparation methods
- Urine and blood collection week

### **Class 4**

#### Goals

- Cooking practicum
- Guest speaker

#### Events

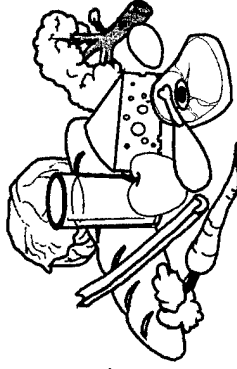
- Cooking practicum
- Guest speaker
- Study summary, discussion, and closing statements

#### Take Home Messages

- Continue with intervention diet, on your own, until blood drawn and urine collected
- Reminder that final urine/blood/24HR in about 3 weeks

# DIRECT

Dietary Intervention to Reduce  
the Risk of Breast Cancer



## FOOD DIARY

Name: \_\_\_\_\_

Dates of Diary: \_\_\_\_\_

1. Record everything you eat or drink in your Food Diary for 3 days.
2. Look up the number of points on last page of diary for each Brassica serving, and record this number in the column labeled BRASSICA PTS.
3. Include comments about cooking and preparation for all Brassica foods.

Abbreviations: M/S = meal/snack, B=breakfast, L=lunch, S=snack, D=dinner

**EXAMPLE** Day: Wednesday, 4/1/98 (Brassica minimum goal = 10 points)

M/S	Amount	Foods and Beverages	Brassica pts	Preparation/Cooking
B	1	biscuit, 2" diameter	0	
	1 tsp.	jam	0	
	1 cup	coffee	0	
	3 tsp.	whole milk	0	
L	1	tuna sandwich	0	
	1 cup	broccoli	3	chopped, raw
	1 cup	cole slaw /white cabbage	3	chopped
	12 oz	Coca-Cola	0	
	1 oz	cheddar cheese	0	
S	1	Brussels sprouts	2	steamed
	8 oz	whole milk	0	
D	1 cup	beef stew, homemade	0	
	1 cup	tossed salad, (lettuce, tomato, onion, cucumber)	0	
	1/2 cup	savoy cabbage	3.5	chopped, raw
	1 cup	iced tea	0	
Total Brassica			11.5	







1. Find the vegetable and serving size that best fits what you ate.
2. If you ate more or less Brassica in a serving than what is listed here, adjust and record the Brassica points accordingly.  
For example, 1/2 cup of chopped broccoli = 1.5 points. It is not necessary to be more precise.

Minimum Goal = 10 Points

<b>Vegetable</b>	<b>Serving Size</b>	<b>POINTS / SERVING</b>
Brussels Sprouts	1 sprout	2
Savoy Cabbage	1 cup chopped	7
Savoy Cabbage	1 cup shredded	5
Kale	1 cup	4
Red Cabbage	1 cup chopped	3
Red Cabbage	1 cup shredded	3
Broccoli	1 cup chopped	3
Broccoli	1 cup flowerets	3
Broccoli	1 floweret	0
Collards	1 cup chopped	1
White Cabbage	1 cup chopped	3
White Cabbage	1 cup shredded	2
Cauliflower	1 cup chopped	3
Cauliflower	1 cup flowerets	2
Turnip	1 cup-cubed	1
Turnip	1 large	2
Turnip	1 med	1
Turnip	1 small	1
Turnip	1 slice	0