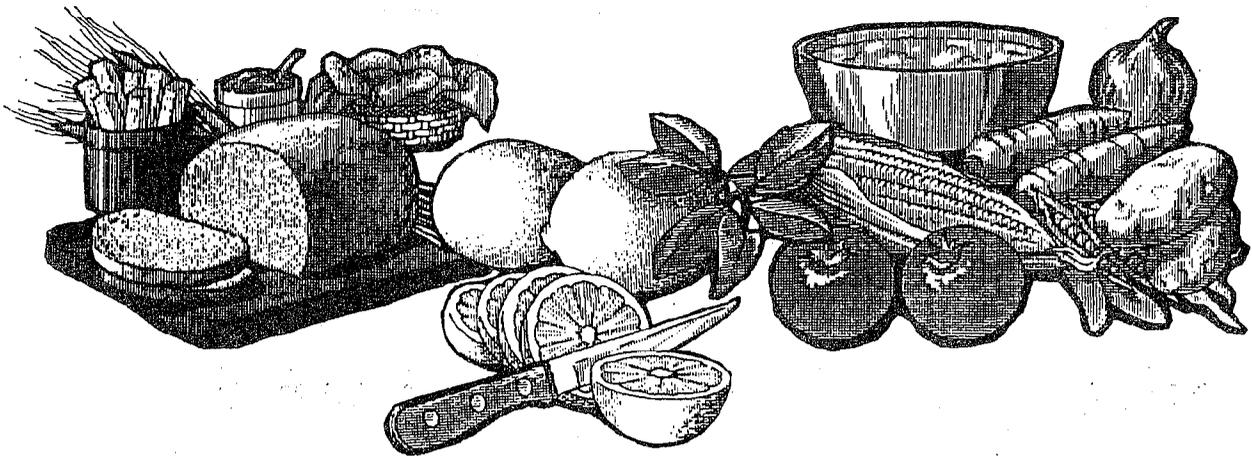


FOOD QUESTIONNAIRE



This form asks about your usual food intake during the previous year. It takes about 30 minutes to complete. Please follow these instructions:

- Answer each question as best you can—estimate if you aren't sure.
- Use only a #2, ordinary pencil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.
- Do not make any other marks on this form.
- If you wish to make comments, please use a separate piece of paper.

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

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

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

| AGE |
|------------------------------------|
| <input type="radio"/> Less than 20 |
| <input type="radio"/> 20-29 |
| <input type="radio"/> 30-39 |
| <input type="radio"/> 40-49 |
| <input type="radio"/> 50-59 |
| <input type="radio"/> 60-69 |
| <input type="radio"/> 70+ |

| SOCIAL SECURITY NUMBER | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1. Did you take any vitamins or minerals at least once each week during the previous year?
 No Yes, at least once per week

IF YES, what did you take?

| VITAMIN TYPE | NUMBER OF TABLETS | | | | | | | |
|---|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| | NONE | 1-3 Per WEEK | 4-6 Per WEEK | 1 Per DAY | 2 Per DAY | 3 Per DAY | 4 Per DAY | 5+ Per DAY |
| Multiple Vitamins | | | | | | | | |
| Stress-tabs type | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapeutic, Theragran type | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| One-a-day type | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Vitamins | | | | | | | | |
| Vitamin A | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vitamin E | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calcium or Dolomite | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vitamin C | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you took Calcium or Vitamin C: | | | | | | | | |
| How many milligrams per Calcium tablet? | <input type="radio"/> 100 | <input type="radio"/> 250 | <input type="radio"/> 500 | <input type="radio"/> 1000 | <input type="radio"/> Don't Know | | | |
| How many milligrams per Vitamin C tablet? | <input type="radio"/> 100 | <input type="radio"/> 250 | <input type="radio"/> 500 | <input type="radio"/> 1000 | <input type="radio"/> Don't Know | | | |

2. Did you smoke cigarettes? No Yes

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

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

| 3. | SELDOM/NEVER | SOMETIMES | OFTEN/ALWAYS |
|---|-----------------------|-----------------------|-----------------------|
| a. How often did you add salt to your food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often did you add pepper to your food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often did you eat the skin on chicken? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How often did you eat the fat on meat? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. a. If you ate poultry, it was usually... Light Meat Dark Meat Both
- b. If you ate hamburger or beef, it was usually... Regular Lean Extra Lean
- c. If you ate tuna, it was usually... Oil Pack Water Pack Either one Don't know

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

- Stick Margarine Butter Soft Tub Margarine Oil
- 1/2 Butter, 1/2 Margarine Low-Calorie Margarine Whipped Butter
- Lard, fatback, baconfat Pam or no oil Don't know or don't cook

PLEASE DO NOT WRITE IN THIS AREA

PLEASE DO NOT WRITE IN THIS AREA

6. What kinds of fat did you *usually* add to vegetables, potatoes, etc.? Specify only one or two.
- Stick Margarine Soft Tub Margarine Low-calorie Margarine
 Butter Whipped butter 1/2 butter, 1/2 margarine
 Lard, fatback, baconfat Don't add fat

7. About how often did you eat foods from the following restaurants during the previous year?

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

8. This section is about your *usual* eating habits. Your answers should reflect your food intake during the previous year.

First: Mark your usual serving size small, medium or large.
Second: Mark the column to show how often, on the average, you ate the food.

Additional Comments:

- A small serving is about one-half the medium serving size shown, or less.
- A large serving is about one-and-a-half times the medium serving size shown, or more.
- If you never ate a food you may mark only "Never or less than once per month" skipping the serving size altogether.
- Please do not skip any foods.
- Please BE CAREFUL which column you put your answer in.

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

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

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| TYPE OF FOOD | QUANTITY | | | AVERAGE USE | | | | | | | | | |
|---|--------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | MEDIUM SERVING | YOUR SERVING SIZE | | | NEVER OR LESS THAN ONCE PER MONTH | 1 Per MONTH | 2-3 Per MONTH | 1 Per WEEK | 2 Per WEEK | 3-4 Per WEEK | 5-6 Per WEEK | 1 Per DAY | 2+ Per DAY |
| | | S | M | L | | | | | | | | | |
| FRUITS AND JUICES | | | | | | | | | | | | | |
| EXAMPLE: Apples, Etc. | 1 medium or 1/2 cup | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Apples, applesauce, pears | 1 medium or 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 (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, in season) | 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"/> |
| Cantaloupe (in season) | 1/4 medium | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Watermelon (in season) | 1 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"/> |
| Strawberries (fresh, in season) | 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 | 1 medium | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Grapefruit | 1/2 medium | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Orange juice or grapefruit juice | 6 ounce glass | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other fruit juices, fortified fruit drinks | 6 ounce glass | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any other fruit, including berries, fruit cocktail | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BREAKFAST FOODS | | | | | | | | | | | | | |
| High fiber, bran or granola cereals, shredded wheat | 1 medium bowl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Highly fortified cereals, such as Product 19, Total or Most | 1 medium bowl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other cold cereals, such as corn flakes, Rice Krispies | 1 medium bowl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooked cereals | 1 medium bowl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Milk on cereal | 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"/> |
| Sugar added to cereal | 2 teaspoons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eggs | 1 egg = small 2 eggs = med. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bacon | 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"/> |
| Sausage | 2 patties or 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"/> |

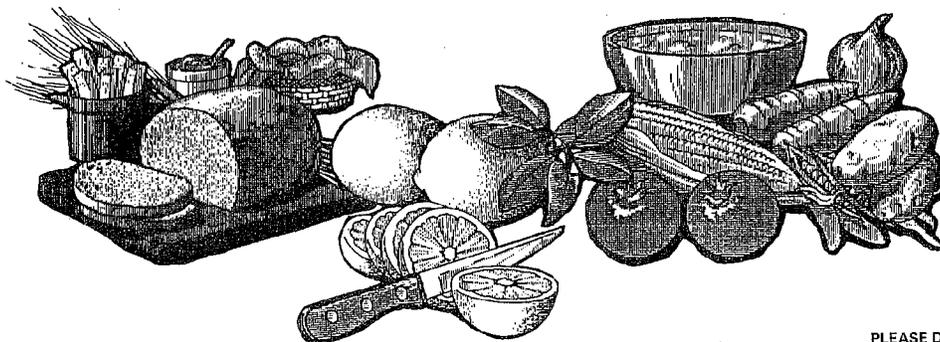
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| TYPE OF FOOD | QUANTITY | | | AVERAGE USE | | | | | | | | | |
|---|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | MEDIUM SERVING | YOUR SERVING SIZE | | | NEVER OR LESS THAN ONCE PER MONTH | 1 Per MONTH | 2-3 Per MONTH | 1 Per WEEK | 2 Per WEEK | 3-4 Per WEEK | 5-6 Per WEEK | 1 Per DAY | 2+ Per DAY |
| | | S | M | L | | | | | | | | | |
| VEGETABLES | | | | | | | | | | | | | |
| 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 | 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"/> |
| Chili with beans | 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"/> |
| Other beans such as baked beans, pintos, kidney, limas and lentils | 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"/> |
| Corn | 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 | 1 medium or 6 ounce glass | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Broccoli | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cauliflower or 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"/> |
| Spinach (raw) | 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"/> |
| Spinach (cooked) | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mustard greens, turnip greens, collards | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cole slaw, cabbage, sauerkraut | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Carrots, or mixed vegetables containing carrots | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Green salad | 1 medium bowl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Regular salad dressing & mayonnaise, including on sandwiches, macaroni and potato salad | 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"/> |
| Diet salad dressing & mayonnaise | 2 tablespoons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| French fries and fried potatoes | 3/4 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweet potatoes, yamo | 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other potatoes, including boiled, baked, mashed & potato salad | 1 medium or 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rice | 3/4 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any other vegetable, including cooked onions, summer 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"/> |
| Butter, margarine or other fat added to veget., potatoes, etc. | 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 | QUANTITY | | | AVERAGE USE | | | | | | | | | |
|---|-------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | MEDIUM SERVING | YOUR SERVING SIZE | | | NEVER OR LESS THAN ONCE PER MONTH | 1 Per MONTH | 2-3 Per MONTH | 1 Per WEEK | 2 Per WEEK | 3-4 Per WEEK | 5-6 Per WEEK | 1 Per DAY | 2+ Per DAY |
| | | S | M | L | | | | | | | | | |
| MEAT, FISH, POULTRY, LUNCH ITEMS | | | | | | | | | | | | | |
| Hamburgers, cheeseburgers, other ground beef (including meat loaf, tacos, casseroles) | 1 medium or 4 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beef (steaks, roasts, etc. including on sandwiches) | 4 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beef stew or pot pie with carrots or other vegetables | 1 cup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liver, including chicken livers | 4 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pork, including chops, roasts | 2 chops or 4 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried chicken | 2 small or 1 large piece | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken or turkey (roasted, stewed or broiled, including on sandwiches) | 2 small or 1 large piece | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried fish or fish sandwich | 4 ounces or 1 sandwich | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuna, tuna salad, tuna casserole | 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"/> |
| Shell fish (shrimp, lobster, crab, oysters, etc.) | 5 pieces, 1/4 cup or 3 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other fish (broiled or baked) | 2 pieces or 4 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spaghetti, lasagna, other pasta with tomato sauce | 1 cup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pizza | 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"/> |
| Mixed dishes with cheese (such as macaroni and cheese) | 1 cup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot dogs | 2 hot dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ham, bologna, salami and other lunch meats | 2 slices or 2 ounces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vegetable & tomato soups, including vegetable beef, minestrone | 1 medium bowl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other soups | 1 medium bowl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



PLEASE DO NOT WRITE IN THIS AREA.

| TYPE OF FOOD | QUANTITY | | | AVERAGE USE | | | | | | | | | |
|--|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | MEDIUM SERVING | YOUR SERVING SIZE | | | NEVER OR LESS THAN ONCE PER MONTH | 1 Per MONTH | 2-3 Per MONTH | 1 Per WEEK | 2 Per WEEK | 3-4 Per WEEK | 5-6 Per WEEK | 1 Per DAY | 2+ Per DAY |
| | | S | M | L | | | | | | | | | |
| BREADS, SNACKS, SPREADS | | | | | | | | | | | | | |
| Biscuits, muffins, burger rolls (including fast foods) | 1 medium piece | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| White breads (including sandwiches, bagels, crackers) | 2 slices or 3 crackers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dark breads, such as wheat, rye, pumpernickel (including sandwiches, bagels, crackers) | 2 slices or 3 crackers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Corn bread, corn muffins, corn tortillas | 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"/> |
| Potato chips, corn chips | 2 handfuls 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"/> |
| Popcorn | 2 handfuls 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"/> |
| Peanuts, peanut butter | 2 tablespoons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Margarine on bread or rolls | 2 pats | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Butter on bread or rolls | 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"/> |
| Gravies made with meat drippings, or white sauce | 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"/> |
| DAIRY PRODUCTS | | | | | | | | | | | | | |
| Regular cottage cheese | 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"/> |
| Low fat cottage cheese or low-fat cheeses | 1/2 cup or 2 ounces | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other cheeses and cheese spreads | 2 slices or 2 ounces | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flavored yogurt | 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"/> |
| Plain yogurt | 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"/> |
| SWEETS | | | | | | | | | | | | | |
| Ice cream | 1 scoop or 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sherbet or jello | 1 scoop or 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frozen yogurt, ice milk | 1 scoop or 1/2 cup | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Doughnuts, cookies, cake, pastry | 1 piece or 3 cookies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pies | 1 medium slice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chocolate candy | 1 small bar or 1 ounce | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other candy, jelly, honey, brown sugar | 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"/> |

PLEASE DO NOT WRITE IN THIS AREA

11.5.4 Food Guide Pyramid

HEALTHY DIET FEEDBACK

from
THE NEXT STEP

Your Name: 1~

MSIS: 2~

YOU Reported:
3~% of your daily calories from fat

WE Recommend:
30% or less of your daily calories from fat

4~ grams of fiber per day

20+ grams of fiber per day

5~ milligrams

Calcium

1000-1500 mg

6~ RE

Vitamin A*

1000 RE

7~ milligrams

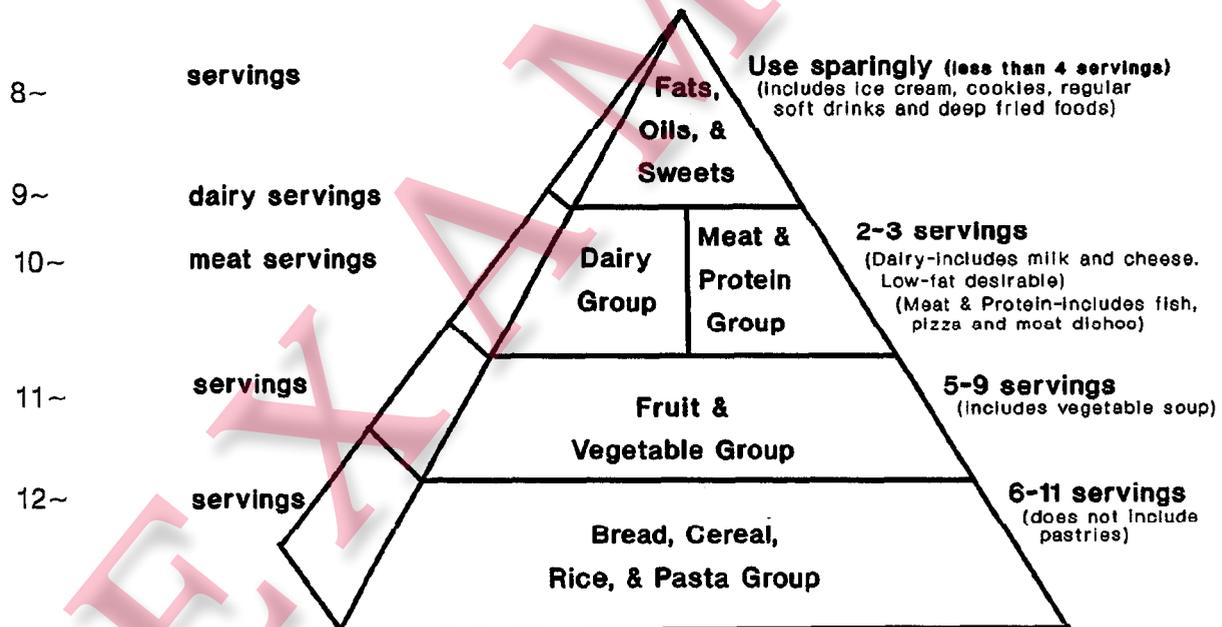
Vitamin C

60 mg

* Mostly from beta-carotene

YOU Reported:

The Pyramid Recommends:



One serving = FAT: 2 tsp. butter, margarine or oil, 1 cup french fries, 2 pieces fried chicken or fish; DAIRY = 1 cup milk or yogurt; MEAT = 2 1/2-3 ounces cooked meat, 1/2 cup cooked beans; FRUIT = 1/2 cup fruit or vegetable; BREAD = 1 slice bread, 1/2 cup cooked cereal, rice or pasta.

13~

Reflects information from your 1994 Food Questionnaire.

h:\jhs\gm\charts\pyramid.kls

6.5 KAB (short) For Years One and Two

**HENRY FORD HEALTH SCIENCES CENTER
SURVEY QUESTIONNAIRE**

| | | | | | |
|-----------------|---------------------------|------------------|----------|-----------|--------------------|
| MARITAL STATUS: | 1. Single | 2. Married | RETIRED: | 1. No | 2. Yes |
| | 3. Divorced | 4. Widow/Widower | | | |
| | 5. Other (specify): _____ | | | | |
| HEIGHT | ____ ft. | ____ in. | WEIGHT | ____ lbs. | PHONE () _____ |

The survey questionnaire is divided into three sections: Section I - Questions About Screening; Section II - Questions About Nutrition; and Section III - Questions About Frequency of Food Intake.

SECTION I - Questions About Screening

A. Screening And You

This section relates to colon and rectum (colorectal) cancer screening, which includes stool blood testing, digital rectal examination, and sigmoidoscopy. For each statement, please indicate what you think by circling the appropriate number. **Circle only one number for each statement.**

| | Strongly Disagree | Mildly Disagree | Mildly Agree | Strongly Agree |
|---|--------------------------|------------------------|---------------------|-----------------------|
| 1. I think it is very likely that I will develop colorectal cancer or polyps. | 1 | 2 | 3 | 4 |
| 2. Arranging my schedule to go through colorectal screening is an easy thing to do. | 1 | 2 | 3 | 4 |
| 3. I am afraid of having an abnormal screening test result. | 1 | 2 | 3 | 4 |
| 4. I believe that when colorectal cancer is found early, it can be cured. | 1 | 2 | 3 | 4 |
| 5. I believe that if I had a normal screening test result, I wouldn't have to worry about developing colorectal cancer. | 1 | 2 | 3 | 4 |
| 6. Doing colorectal cancer screening makes sense to me. | 1 | 2 | 3 | 4 |
| 7. Members of my immediate family think I should go through colorectal screening. | 1 | 2 | 3 | 4 |
| 8. I do not intend to go through colorectal screening. | 1 | 2 | 3 | 4 |

| | Strongly Disagree | Mildly Disagree | Mildly Agree | Strongly Agree |
|--|--------------------------|------------------------|---------------------|-----------------------|
| 9. I think the benefits of colorectal screening outweigh any difficulty I might have in going through the tests. | 1 | 2 | 3 | 4 |
| 10. I think that when colorectal polyps are found and removed, colorectal cancer can be prevented. | 1 | 2 | 3 | 4 |
| 11. I believe that the chances that I will develop colorectal polyps are high. | 1 | 2 | 3 | 4 |
| 12. Going through colorectal screening is an important thing for me to do. | 1 | 2 | 3 | 4 |
| 13. I am bothered by the possibility that screening might be physically uncomfortable. | 1 | 2 | 3 | 4 |
| 14. I am worried that screening will show that I have colorectal cancer or polyps. | 1 | 2 | 3 | 4 |
| 15. I believe that colorectal screening can help to protect my health. | 1 | 2 | 3 | 4 |
| 16. I want to do what members of my immediate family think I should do about colorectal screening. | 1 | 2 | 3 | 4 |
| 17. I intend to undergo colorectal screening. | 1 | 2 | 3 | 4 |
| 18. I believe the chance that I might develop colorectal cancer is high. | 1 | 2 | 3 | 4 |

B. Screening And The Workplace

If you are an active GM employee, answer questions 18 and 19 then go on to SECTION II. If you are not an active GM employee (retired, separated) skip questions 18 and 19, answer questions 20 and 21 and go on to SECTION II.

| | Strongly Disagree | Mildly Disagree | Mildly Agree | Strongly Agree |
|---|--------------------------|------------------------|---------------------|-----------------------|
| 19. The doctor or health professional at work thinks I should be screened for colorectal cancer. | 1 | 2 | 3 | 4 |
| 20. I want to do what the doctor or health professional at work thinks I should do about colorectal screening. | 1 | 2 | 3 | 4 |
| Please answer the following 2 questions by circling the appropriate response. | | | | |
| 21. In the past 12 months, did you have a colorectal screening test given by the GM program? | | | | (1) YES (2) NO |
| 22. In the past 12 months, did you have a colorectal screening test outside the GM program (by your private physician, at a medical clinic, hospital or other health professional)? | | | | (1) YES (2) NO |

SECTION II - Questions About Nutrition

The foods you eat are an important part of your daily life. We are interested in learning your views about what you usually eat (your "diet"). **Circle only one number for each statement.**

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | |
|---|-------------------------------|-----------------------------|--|----------------------------|---------------------------|-------------------|
| 1. Low-fat foods taste good. | 1 | 2 | 3 | 4 | 5 | |
| 2. There is so much advice about healthy ways to eat, I don't know what is good or bad. | 1 | 2 | 3 | 4 | 5 | |
| 3. What I eat is one of the most important things for my health. | 1 | 2 | 3 | 4 | 5 | |
| 4. How high in fat is your overall diet? | (1) Very low | (2) Low | (3) Neither high nor low | (4) High | (5) Very high | (9) Don't know |
| <p>If 1 or 2 then Go to 4a ↓ ↓</p> | | | | | | |
| 4a. For how long have you followed a diet that is low in fat? | (1) Less than one month | (2) One to six months | (3) More than six months but less than one year | (4) One year or more | | |
| 5. How high in fiber is your overall diet? | (1) Very low | (2) Low | (3) Neither high nor low | (4) High | (5) Very high | (9) Don't know |
| <p>If 4 or 5 then Go to 5a ↓ ↓</p> | | | | | | |
| 5a. For how long have you followed a diet that is high in fiber? | (1) Less than one month | (2) One to six months | (3) More than six months but less than one year | (4) One year or more | | |

| | | | | | | |
|----|--|--------------------|------------------------|--------------------|---------------------|-------------------------|
| 6. | How much encouragement for eating low-fat foods do you get from your close friends and family? | (1) None | (2) A little | (3) Some | (4) A lot | (5) Very much |
|----|--|--------------------|------------------------|--------------------|---------------------|-------------------------|

| | | | | | | |
|----|---|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|
| 7. | How important to you is eating low-fat foods? | (1) Not important | (2) Slightly important | (3) Somewhat important | (4) Very important | (5) Extremely important |
|----|---|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|

| | | | | | | |
|----|--|-----------------------------|---------------------------|---------------------|---|------------------------------|
| 8. | Over the next six months, do you plan to cut down on fats? | (1) Definitely no | (2) Probably no | (3) Maybe | (4) Probably yes | (5) Definitely yes |
| | | | | | If 3 or 4 or 5 then Go to 8a ↓ ↓ | |

| | | | | | | |
|-----|---|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|
| 8a. | How confident are you that you will decrease the amount of fat in your diet during the next six months? | (1) Not confident | (2) Slightly confident | (3) Somewhat confident | (4) Very confident | (5) Extremely confident |
|-----|---|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|

| | | | | | | |
|----|--|-----------------------------|---------------------------|---------------------|---|------------------------------|
| 9. | Over the next six months, do you plan to eat more fruits and vegetables? | (1) Definitely no | (2) Probably no | (3) Maybe | (4) Probably yes | (5) Definitely yes |
| | | | | | If 3 or 4 or 5 then Go to 9a ↓ ↓ | |

| | | | | | | |
|-----|--|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|
| 9a. | How confident are you that you will eat more fruits and vegetables during the next six months? | (1) Not confident | (2) Slightly confident | (3) Somewhat confident | (4) Very confident | (5) Extremely confident |
|-----|--|-----------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|

| | | | | | | |
|-----|--|---|-------------------------------------|--|--|--|
| 10. | Have you tried to make any changes to lower the fat in your diet in the past six months? | (1) Yes ↓ ↓ Go to 10a | (2) No Go to 11 | | | |
|-----|--|---|-------------------------------------|--|--|--|

| | | | | | | |
|------|--|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|------------------------------------|
| 10a. | How successful were you in making those changes? | (1) Not successful | (2) Slightly successful | (3) Somewhat successful | (4) Very successful | (5) Extremely successful |
|------|--|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|------------------------------------|

11. Have you tried to make any changes to increase the fiber in your diet in the past six months?

(1)
Yes
↓
↓
Go to
11a

(2)
No
Go to
12

11a. How successful were you in making those changes?

(1)
Not
successful

(2)
Slightly
successful

(3)
Somewhat
successful

(4)
Very
successful

(5)
Extremely
successful

12. Have you ever tried to lose 10 pounds or more?

(1)
Yes
↓
↓
Go to
12a

(2)
No
Go to
13

12a. Think about your most recent effort to lose weight. How would you describe the results?

1. Lost all I wanted to and kept it off.
2. Lost part of the weight I wanted to and kept it off.
3. Lost weight, but gained some of it back.
4. Lost weight, but gained all of it back.
5. Didn't lose any weight.
6. Still on a diet now.
7. Other

13. If you were trying to choose more low-fat foods, which food would you select because it was lower in fat?

1. Saltines/soda crackers
or
2. Ritz crackers
3. Either one
9. Don't know

14. If you were trying to choose more low-fat foods, which food would you select because it was lower in fat?

1. Margarine
or
2. Butter
3. Neither one
9. Don't know

15. If you were trying to choose more low-fat foods, which food would you select because it was lower in fat?

1. Potato chips
or
2. Pretzels
3. Either one
9. Don't know

16. If you were trying to choose more high-fiber foods, which food would you select because it was higher in fiber?

1. Chili with beans
or
2. Spaghetti and meat balls
3. Either one
9. Don't know

17. If you were trying to choose more high-fiber foods, which food would you select because it was higher in fiber?

1. Bran muffin
or
2. Bowl of bran cereal
3. Either one
9. Don't know

| | | | | | | | |
|-----|-------------------------------|----------------------------------|--------------------------------|--------------------------------|------------------------------|----------------------------|--------------------------|
| 18. | Would you say your diet is... | (1) Not at all healthy | (2) A little healthy | (3) Somewhat healthy | (4) Pretty healthy | (5) Very healthy | (9) Don't know |
|-----|-------------------------------|----------------------------------|--------------------------------|--------------------------------|------------------------------|----------------------------|--------------------------|

| | | | | | | |
|-----|--|---------------------|----------------------|-------------------------|---------------------|-----------------------------|
| 19. | How often do you choose foods because they are labeled high fiber? | (1) Never | (2) Rarely | (3) Sometimes | (4) Often | (5) Almost always |
|-----|--|---------------------|----------------------|-------------------------|---------------------|-----------------------------|

| | | | | | | |
|-----|---|---------------------|----------------------|-------------------------|---------------------|-----------------------------|
| 20. | How often do you choose foods because they are labeled low fat or no fat? | (1) Never | (2) Rarely | (3) Sometimes | (4) Often | (5) Almost always |
|-----|---|---------------------|----------------------|-------------------------|---------------------|-----------------------------|

If you are an active GM employe, answer questions 21 - 24 and go on to Section III. **If you are not an active GM employe** (retired, separated) skip questions 21 - 24 and go on to Section III.

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-----|---|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| 21. | It's hard for me to get fruits and vegetables when I'm at work. | 1 | 2 | 3 | 4 | 5 |
| 22. | There is a lot of information on healthy eating where I work. | 1 | 2 | 3 | 4 | 5 |
| 23. | At my workplace, it is easy to eat a healthy diet. | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|--|--------------------|------------------------|--------------------|---------------------|-------------------------|
| 24. | How much encouragement for eating low-fat foods do you get from your co-workers? | (1) None | (2) A little | (3) Some | (4) A lot | (5) Very much |
|-----|--|--------------------|------------------------|--------------------|---------------------|-------------------------|

SECTION III - Questions About Frequency of Food Intake is a separate form titled "Food Questionnaire".

THANK YOU FOR COMPLETING THIS SURVEY

October 20, 1994



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