

**HRS** | HEALTH AND  
RETIREMENT STUDY  
at the University of Michigan

**2013**

**HRS Mail Survey  
Health Care and Nutrition Study**





## ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly appreciate your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

Many questions can be answered by placing an (X) in the box () in front of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (→) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at 1-855-647-6769.

**THANK YOU!**



## HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Marking a box like this:

Writing a number in a box like this: 

1	6
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Sometimes you will find an instruction telling you which question to answer next like this:

Yes

No → Go to Question **B3**

Please enter all dollar amounts in whole dollars.

Like this: \$ 

			4
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 .00

Please use a #2 pencil or black ball point pen.

Erase unwanted marks completely.

PLEASE START THE QUESTIONNAIRE AT QUESTION **A1** ON PAGE 1



## SECTION A. HEALTH CARE ACCESS

The first set of questions refer to your current health and recent health care experiences. Please answer the questions for the person whose first name is printed on the front cover of this questionnaire. Do not include information about health care for anyone else.

**A1**

Would you say your health is excellent, very good, good, fair, or poor?  
(Mark [X] ONE box.)

- Excellent
- Very Good
- Good
- Fair
- Poor

**A2**

How confident are you filling out medical forms by yourself?

Would you say you are extremely confident, quite confident, somewhat confident, a little confident, or not at all confident? (Mark [X] ONE box.)

- Extremely confident
- Quite confident
- Somewhat confident
- A little confident
- Not at all confident

**A3**

Do you currently have any health insurance (including public programs like Medicare and Medicaid)? (Mark [X] ONE box.)

- Yes → Go to Question **A4** on page 2
- No → Go to Question **A5** on page 2



## SECTION A. HEALTH CARE ACCESS

**A4** Which of these do you consider your PRIMARY coverage? (Mark [X] all that apply.)

- Medicare
- Medicaid
- A plan provided by my employer, spouse's employer, or a former employer or union
- Insurance purchased directly from an insurance company or through a group such as AARP
- TRI-CARE, CHAMPUS, or CHAMP-VA
- Other public coverage such as the Indian Health Service, SCHIP, or a program run by the state or county
- I get care from the Department of Veterans Affairs (VA)
- Other, specify

**A5** Is there a place that you USUALLY go to when you are sick or need advice about your health? (Mark [X] ONE box.)

- Yes → Go to Question **A6**
- No → Go to Question **A7** on page 3

**A6** What kind of place is it – a clinic, doctor's office, emergency room, or some other place? If there is more than one place you usually go, please tell us about the place you go most often. (Mark [X] ONE box.)

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- I don't go to one place most often



## SECTION A. HEALTH CARE ACCESS

**A7**

In the last twelve months, have you delayed medical care because of worry about the cost? (Do not include dental care) **(Mark [X] ONE box)**

- Yes
- No

**A8**

In the last twelve months, was there any time when you needed medical care, but did not get it because you couldn't afford it? **(Mark [X] ONE box.)**

- Yes
- No

**A9**

There are many reasons besides cost that people delay getting medical care. Have you delayed getting medical care for any of the following reasons in the last twelve months? **(Mark [X] all the apply.)**

- I couldn't get through on the telephone
- I couldn't get an appointment soon enough
- Once I get there, I have to wait too long to see the doctor
- The clinic/doctor's office wasn't open when I could get there
- I didn't have transportation
- I am too busy to go to the doctor
- I am afraid of what I might find out
- I don't believe in going to doctors
- I don't like going to the doctor
- I have not delayed getting medical care in the last twelve months
- Other (specify) \_\_\_\_\_



**A10** Overall, how satisfied are you with the **quality** of your health care?  
(Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A11** Overall, how satisfied are you with the **cost** of your health care?  
(Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A12** Overall, how satisfied are you with the **convenience** of your health care?  
(Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied



**A13**

Thinking about the quality, cost, **and** convenience of your health care, how satisfied are you overall? **(Mark [X] ONE box.)**

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**END OF SECTION A**



## SECTION B. FOOD PURCHASES

The next set of questions is about the food eaten in your household in the last twelve months and whether you were able to afford the food you needed. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last twelve months.

	Often true	Sometimes true	Never true
<b>B1</b> The food that we bought just didn't last and we didn't have enough money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B2</b> We couldn't afford to eat balanced meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3**

In the last twelve months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? **(Mark [X] ONE box.)**

- Yes, almost every month
- Yes, some months but not every month
- Yes, only 1 or 2 months
- No

**B4**

In the last twelve months, did you ever eat less than you felt you should because there wasn't enough money for food? **(Mark [X] ONE box.)**

- Yes
- No

**B5**

In the last twelve months, were you ever hungry but didn't eat because there wasn't enough money for food? **(Mark [X] ONE box.)**

- Yes
- No



## SECTION B. FOOD PURCHASES

**B6**

In the last twelve months, have you received any free or subsidized food from any of the following sources? **(Mark [X] all that apply.)**

- Food bank or food pantry
- Church
- Shelter
- Meals on Wheels
- Senior brown-bag or other home-delivered meal service
- Other source of food donations

Next are some questions about food used in your household and ways that you are managing to meet your food needs.

**B7**

These first questions are about all the places where you bought food **last week**. By **last week**, I mean from Sunday through Saturday.

First, did you or anyone in your household shop for food at a supermarket or grocery store **last week**? **(Mark [X] ONE box.)**

- Yes
- No

**B8**

Think about other places where people buy food, such as meat markets, produce stands, bakeries, warehouse clubs, and convenience stores. Did you or anyone in your household buy food from any stores such as these **last week**? **(Mark [X] ONE box.)**

- Yes
- No

**B9**

**Last week**, did you or anyone in your household buy food at a restaurant, fast food place, cafeteria, or vending machine? (Include any children who may have bought food at the school cafeteria). **(Mark [X] ONE box.)**

- Yes
- No



SECTION B. FOOD PURCHASES

**B10** Did you or anyone in your household buy food from any other kind of place **last week**? (Mark [X] ONE box.)

Yes

No

Now I'm going to ask you about the **actual** amount you spent on food **last week** in all the places where you bought food.

**B11** How much did you or anyone in your household **actually** spend at supermarkets and grocery stores **last week** (including any purchases made with food stamp benefits)?

\$  ,  .00

**B12** How much of the amount that you reported in the previous question (**B11**) was for non-food items, such as pet food, paper products, alcohol, detergents, or cleaning supplies?

\$  ,  .00

**B13** How much did you or anyone in your household spend at stores such as meat markets, produce stands, bakeries, warehouse clubs, and convenience stores **last week** (including any purchases made with food stamp benefit)?

\$  ,  .00

**B14** How much of the amount that you reported in the previous question (**B13**) was for non-food items, such as pet food, paper products, alcohol, detergents, or cleaning supplies?

\$  ,  .00



## SECTION B. FOOD PURCHASES

**B15** How much did you or anyone in your household spend for food at restaurants, fast food places, cafeterias, and vending machines **last week**, not including alcohol purchases?

\$  ,  .00

**B16** How much did you or anyone in your household spend for food at any other kind of place **last week**?

\$  ,  .00

**B17** In order to buy just enough food to meet the needs of your household, would you need to spend more than you do now, or could you spend less? **(Mark [X] ONE box.)**

More → Go to Question **B18**

Less → Go to Question **B19**

Same → Go to **Section C** on page 10

**B18** About how much **more** would you need to spend each week to buy just enough food to meet the needs of your household?

\$  ,  .00

**GO TO SECTION C ON PAGE 10**

**B19** About how much **less** would you need to spend each week to buy just enough food to meet the needs of your household?

\$  ,  .00

**END OF SECTION B**



## SECTION C. FOOD AND NUTRITION

### VITAMINS

The following questions refer to your current use of vitamins and supplements.

**C1**

Do you currently take **multi-vitamins**?  
(Please report other individual vitamins in question **C2**.)

No → Go to Question **C2**

Yes → Go to Question **C1A**

**C1A**

How many multi-vitamins do you take per week?

2 or less

3-5

6-9

10 or more

**C1B**

For how many years have you been taking them?

1 year or less

2-4 years

5-9 years

10 or more years

**C2**

**Not counting multi-vitamins**, do you currently take any of the following specific vitamins or minerals at least once every week? DO NOT report the content of multi-vitamins mentioned above.

Vitamin A

Vitamin D

Zinc

Beta Carotene

Vitamin E

Calcium or Dolomite (Include Tums)

Vitamin B<sub>6</sub>

Selenium

Fish Oil (Omega 3 fatty acids)

Vitamin C

Iron

Potassium

**C2A**

Which other supplements are you currently taking on a regular basis (at least once per week)?

None

Vitamin B<sub>12</sub>

CoEnzyme Q<sub>10</sub>

Metamucil

Flaxseed oil

Choline

Cod liver oil

Flaxseed

Evening primrose

Brewer's yeast

B-complex

Ginkgo biloba

Folic acid or folate (B<sub>9</sub>)

Melatonin

Lycopene

Magnesium

Chromium

DHEA

Niacin

Lecithin

Glucosamine/Chondroitin

Other Supplements (specify) \_\_\_\_\_

## SECTION C. FOOD AND NUTRITION

### FOOD AND NUTRITION

In the following section, please indicate how often on average you have used the amount specified over the past twelve months. Please indicate your average total use, taking the portion size into account. For example, if you consume  $\frac{1}{2}$  a glass of milk twice a week, mark 1 glass per week to represent your average total intake.

### DAIRY FOODS

**C3**

For each food listed, mark the box  indicating your average total use of the amount specified during the past year.

#### C3A.

##### Skim milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

#### C3B.

##### 1% or 2% milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

#### C3C.

##### Whole milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

#### C3D.

##### Soy milk (8 oz. glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

#### C3E.

##### Cream, e.g., in coffee, whipped or sour cream (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 tbs. or more per day

#### C3F.

##### Non-dairy coffee whitener (1tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 tbs. or more per day

#### C3G.

##### Frozen yogurt, sherbert or low-fat ice cream (1 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

#### C3H.

##### Regular ice cream (1 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

#### C3I.

##### Flavored yogurt, sweetened with fruit or other flavoring (1 cup)

- Never
- Less than one cup per month
- 1-3 cups per month
- One cup per week
- 2-4 cups per week
- 5-6 cups per week
- One cup per day
- 2 or more cups per day

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**SECTION C. FOOD AND NUTRITION**

**C3**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C3J.**  
**Yogurt, low carb, artificially sweetened or plain (1 cup)**

- Never
- Less than one cup per month
- 1-3 cups per month
- One cup per week
- 2-4 cups per week
- 5-6 cups per week
- One cup per day
- 2 or more cups per day

**C3K.**  
**What type of yogurt do you usually eat?**

- None
- Regular
- Low fat
- Nonfat

**C3L.**  
**Cottage or ricotta cheese (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C3M.**  
**Cream cheese (1 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C3N.**  
**Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz.)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2 or more slices per day

**C3O.**  
**What type of cheese do you usually eat?**

- None
- Regular
- Low fat or lite
- Nonfat

**C3P.**  
**Pure butter (small pat or tsp.), added to food or bread; exclude use in cooking**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

**C3Q.**  
**“Spreadable butter” – butter/oil blend (small pat or tsp.), added to food or bread; exclude use in cooking**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day

**C3R.**  
**Margarine or spread (small pat or tsp.), added to food or bread; exclude use in cooking**

- Never
- Less than once per month
- 1-3 pats per month
- 1 pat per week
- 2-4 pats per week
- 5-6 pats per week
- 1 pat per day
- 2-3 pats per day
- 4 or more pats per day



**C3**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C3S.**

**What form of margarine or spreadable butter do you usually use? (exclude pure butter)**

- None → Go to Question **C4**
- Stick
- Tub
- Spray
- Squeeze (liquid)

**C3T.****Type?**

- Regular
- Light spread
- Nonfat

**C3U.**

**What specific brand and type (e.g., Shedd's Spread Country Crock Light Tub)?**

**FRUITS**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C4**

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the 3 months that it is in season, then the average total use would be once per week over the year.

**C4A.**

**Raisins (1 oz/ or small pack) or grapes (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C4B.**

**Prunes or dried plums (6 prunes or 1/4 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day

**C4C.**

**Prune Juice (small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C4D.**

**Bananas (1)**

- Never
- Less than once per month
- 1-3 times per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

**C4E.**

**Melon (cantaloupe, honeydew, watermelon) (1/4 melon)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

**C4F.**

**Avocado (1/2 fruit or 1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- One per day
- Two or more per day



**SECTION C. FOOD AND NUTRITION**

**C4**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C4G.**

**Applesauce (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day

**C4H.**

**Fresh apples or pears (1)**

- Never
- Less than once per month
- 1-3 times per month
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more times per day
- 2-3 per day
- 4 or more per day

**C4I.**

**Apple juice or cider (small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C4J.**

**Oranges (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C4K.**

**Orange juice - calcium or vitamin D fortified (small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C4L.**

**Orange juice - regular (not fortified) (small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C4M.**

**Grapefruit (1/2)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C4N.**

**Grapefruit juice (small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C4O.**

**Other fruit juices (grape, cranberry)(small glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day



## SECTION C. FOOD AND NUTRITION

**C4** (Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C4P.**  
Strawberries, fresh, frozen  
or canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once or more times per day

**C4Q.**  
Other berries (e.g.,  
blueberries, raspberries,  
blackberries) fresh, frozen or  
canned (1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

**C4R.**  
Peaches or plums  
(1 fresh or 1/2 cup canned)

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

**C4S.**  
Apricots (1 fresh, 1/2 cup canned or 5 dried)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

### VEGETABLES

**C5** Please fill in your average total use, during the past year, of each specified food.

**C5A.**  
Tomatoes (2 slices)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

**C5B.**  
Tomato or V8 juice  
(small glass)

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2 or more glasses per day

**C5C.**  
Tomato sauce (1/2 cup)  
e.g., spaghetti sauce

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week

**C5D.**  
Salsa, picante or taco sauce  
(1/4 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5E.**  
Tofu, soy burgers, soybeans, miso,  
or other soy protein (3-4 oz.)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5F.**  
Green beans or string beans  
(1/2 cup)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more servings per week



**SECTION C. FOOD AND NUTRITION**

**C5**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C5G.**

**Broccoli (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5H.**

**Cabbage or cole slaw (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5I.**

**Cauliflower (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5J.**

**Brussels sprouts (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5K.**

**Carrots, raw (1/2 carrot or 2-4 sticks)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5L.**

**Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5M.**

**Corn (1 ear or 1/2 cup frozen or canned)**

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 or more servings per day

**C5N.**

**Peas or lima beans (1/2 cup fresh, frozen, or canned)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5O.**

**Mixed or stir-fry vegetables (1/2 cup), vegetable soup (1 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5P.**

**Beans or lentils, baked dried or soup (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5Q.**

**Dark orange (winter) squash (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5R.**

**Eggplant, zucchini or other summer squash (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day



**SECTION C. FOOD AND NUTRITION**

**C5**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C5S.**

**Yams or sweet potatoes (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

**C5T.**

**Spinach, cooked (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5U.**

**Spinach, raw as in salad (1 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5V.**

**Kale, mustard, or chard greens (1/2 cup)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5W.**

**Iceberg or head lettuce (serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5X.**

**Romaine or leaf lettuce (serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5Y.**

**Celery (2-3 sticks)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C5Z.**

**Peppers: green, yellow or red (3 slices)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C5AA.**

**Onions as a garnish or in salad (1 slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

**C5AB.**

**Onions as cooked vegetable, rings or soup (1/2 cup)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

32961



**EGGS, MEAT, AND FISH****C6**

Please mark the box [X] indicating your average total use, during the past year, of each specified food.

**C6A.****Egg Beaters or egg whites only (1/4 cup or 1 egg)**

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

**C6D.****Bacon (2 slices)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C6G.****Other chicken or turkey, including ground without skin (3 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C6J.****Salami, bologna, or other processed meat sandwiches**

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 times per week
- 5 or more per week

**C6B.****Omega-3 fortified eggs, including yolk (1 egg)**

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

**C6E.****Chicken or turkey sandwich or frozen dinner**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5 or more per week

**C6H.****Beef or pork hot dogs (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C6K.****Other processed meats e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 or more times per week
- Once per day
- 2 or more servings per day

**C6C.****Regular eggs, with yolk (1)**

- Never
- Less than once per month
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5-6 eggs per week
- 1 egg per day
- 2 or more eggs per day

**C6F.****Other chicken or turkey, with skin - including ground (3 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C6I.****Chicken or turkey hot dogs or sausage (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C6L.****Hamburger, lean or extra lean (1 patty)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day



**SECTION C. FOOD AND NUTRITION**

**C6**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C6M.**

**Hamburger, regular (1 patty)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 or more per day

**C6N.**

**Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinner, etc.**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

**C6O.**

**Pork as a main dish, e.g., ham or chops (4-6 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

**C6P.**

**Beef or lamb as a main dish, e.g. steak, roast (4-6 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

**C6Q.**

**Liver: beef, calf or pork (4 oz.)**

- Never
- Less than once per month
- 1 time per month
- 1-3 times per month
- Once per week
- 2 or more servings per week

**C6R.**

**Liver: chicken or turkey (1 oz.)**

- Never
- Less than once per month
- 1 time per month
- 2-3 times per month
- Once per week
- 2 or more servings per week

**C6S.**

**Canned tuna fish (3-4 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C6T.**

**Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)**

- Never
- Less than once per month
- 1-3 per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more per day

**C6U.**

**Shrimp, lobster, scallops, clams as a main dish (1 serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

**C6V.**

**Dark meat fish, e.g., tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C6W.**

**Other fish, e.g., cod, haddock, halibut (3-5 oz.)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day



**SECTION C. FOOD AND NUTRITION**

**CEREALS, BREADS, AND STARCHES**

**C7**

Please mark the box [X] indicating your average total use, during the past year, of each specified food.

**C7A.**

**Cold breakfast cereal (1 serving)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**C7B.**

**Cooked oatmeal/cooked oat bran (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**C7C.**

**Other cooked breakfast cereal (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4 or more cups per day

**C7D. What brand and type of cold breakfast cereal do you usually eat?**

**Specify brand & type (e.g., "General Mills Rice Chex")**

---

**C7E.**

**White bread (slice), including pita bread**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

**C7F.**

**Rye or Pumpernickel bread (1 slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

**C7G.**

**Whole wheat, oatmeal, other whole grain bread (1 slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2-3 slices per day
- 4-5 slices per day
- 6+ slices per day

**C7H.**

**Bagels, English muffins, or rolls (1 whole)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more per day

**C7I.**

**Muffins or biscuits (1)**

- Never
- Less than once per month
- 1-3 times per month
- 1 per week
- 2-4 times per week
- 5-6 times per week
- 1 per day
- 2 or more per day

**C7J.**

**Brown rice (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day



**SECTION C. FOOD AND NUTRITION**

**C7**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C7K.**

**White rice (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

**C7N.**

**Other grains, e.g., bulgar, kasha, buckwheat, etc. (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

**C7Q.**

**Potatoes, baked, boiled, or mashed (1 cup)**

- Never
- Less than once per month
- 1-3 times per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C7Sa.**

**Crackers, whole wheat or whole grain, e.g., Triscuits (6)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

**C7L.**

**Pasta, e.g., spaghetti, noodles, couscous, etc. (1 cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2 or more cups per day

**C7O.**

**Pancakes or waffles (2 small pieces)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**C7R.**

**Potato chips or corn/tortilla chips (small bag or 1 oz.)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C7Sb.**

**Other crackers (6)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

**C7M.**

**Tortillas (2)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C7P.**

**French fried potatoes (6 oz. or 1 serving)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- 1 or more servings per day

**C7S.**

**Crackers, regular or low fat (6)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more servings per day

**C7T.**

**Pizza (2 slices)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day



## SECTION C. FOOD AND NUTRITION

### BEVERAGES

**CARBONATED BEVERAGES** — Consider the serving size as one 12 oz. glass, bottle, or can for these carbonated beverages.

**C8**

Please mark the box [X] indicating your average total use, during the past year, of each specified food.

#### LOW-CALORIE (Sugar-free types)

##### C8A.

**Low-calorie beverage with caffeine, e.g., Diet Coke, Diet Mt. Dew**  
(1 glass, bottle or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

##### C8B.

**Other low-calorie beverages without caffeine, e.g., Diet 7-up**  
(1 glass, bottle or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

#### REGULAR TYPES (not sugar-free)

##### C8C.

**Carbonated beverage with caffeine and sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper**  
(1 glass, bottle or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day

##### C8D.

**Other carbonated beverages with sugar, e.g., 7-up, Root Beer, Ginger Ale**  
(1 glass bottle or can)

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4 or more cans per day



C8

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**OTHER BEVERAGES**

C8E.

**Other sugared beverages:  
Punch, lemonade, sports  
drinks, or sugared iced tea  
(1 glass, bottle, can)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

C8F.

**Beer, regular  
(1 glass, bottle, can)**

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

C8G.

**Light beer, e.g., Bud Light  
(1 glass, bottle, can)**

- Never
- Less than once per month
- 1-3 cans per month
- 1 can per week
- 2-4 cans per week
- 5-6 cans per week
- 1 can per day
- 2-3 cans per day
- 4-5 cans per day
- 6+ cans per day

C8H.

**Red wine (5 oz. glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

C8I.

**White wine (5 oz. glass)**

- Never
- Less than once per month
- 1-3 glasses per month
- 1 glass per week
- 2-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4-5 glasses per day
- 6+ glasses per day

C8J.

**Liquor, e.g., whiskey, gin,  
etc. (1 drink or shot)**

- Never
- Less than once per month
- 1-3 drinks per month
- 1 drink per week
- 2-4 drinks per week
- 5-6 drinks per week
- 1 drink per day
- 2-3 drinks per day
- 4-5 drinks per day
- 6+ drinks per day

C8K.

**Water, bottled, sparkling  
or tap (8 oz.)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

C8L.

**Herbal tea or decaffeinated  
tea (8 oz. cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

C8M.

**Tea with caffeine,  
including green tea  
(8 oz. cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day



**SECTION C. FOOD AND NUTRITION**

**C8**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C8N.**

**Decaffeinated coffee  
(8 oz. cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

**C8O.**

**Coffee with caffeine  
(8 oz. cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

**C8P.**

**Dairy coffee drink  
(hot/cold) e.g., cappuccino  
(8 oz. cup)**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 cup per day
- 2-3 cups per day
- 4-5 cups per day
- 6+ cups per day

**SWEETS, BAKED GOODS, AND MISCELLANEOUS**

**C9**

Please mark the box  indicating your average total use, during the past year, of each specified food.

**C9A.**

**Milk chocolate (bar or packet),  
(e.g., Hershey's, M&M's)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C9B.**

**Dark chocolate, (e.g.,  
Hershey's Dark or Dove Dark)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C9C.**

**Candy bars, (e.g., Snickers,  
Milky Way, Reeses)**

- Never
- Less than once per month
- 1-3 candy bars per month
- 1 candy bar per week
- 2-4 candy bars per week
- 5-6 candy bars per week
- 1 candy bar per day
- 2-3 candy bars per day
- 4 or more candy bars per day

**C9D.**

**Candy without chocolate  
(e.g., 1 pack mints,  
Lifesavers)**

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2-3 times per day
- 4 or more times per day

**C9E.**

**Jams, jellies, preserves,  
syrup, or honey (1 tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

**C9F.**

**Peanut butter (1tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day



**SECTION C. FOOD AND NUTRITION**

**C9**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C9G.**

**Fat free or light popcorn (3 cups)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**C9H.**

**Regular popcorn (3 cups)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**C9I.**

**Pretzels (1 small bag or serving)**

- Never
- Less than once per month
- 1-3 servings per month
- 1 serving per week
- 2-4 servings per week
- 5-6 servings per week
- 1 serving per day
- 2 or more servings per day

**C9J.**

**Cookies, fat free or reduced fat (1)**

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

**C5K.**

**Cookies, other ready-made (1)**

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

**C9L.**

**Cookies, home baked (1)**

- Never
- Less than once per month
- 1-3 cookies per month
- 1 cookie per week
- 2-4 cookies per week
- 5-6 cookies per week
- 1 cookie per day
- 2-3 cookies per day
- 4 or more cookies per day

**C9M.**

**Brownies (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more per day

**C9N.**

**Doughnuts (1)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4 or more per day

**C9O.**

**Cake, home baked (slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

**C9P.**

**Cake, ready-made (slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

**C9Q.**

**Pie, homemade (slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day

**C9R.**

**Pie, ready-made (slice)**

- Never
- Less than once per month
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 or more slices per day



**SECTION C. FOOD AND NUTRITION**

**C9**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C9S.**  
Sweet roll, coffee cake or other pastry, fat free or reduced fat (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C9T.**  
Sweet roll, coffee cake or other ready-made pastry (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C9U.**  
Sweet roll, coffee cake or other pastry, home baked (serving)

- Never
- Less than once per month
- 1-3 times per month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more servings per day

**C9V.**  
Peanuts (small packet or 1oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C9W.**  
Walnuts (1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C9X.**  
Other nuts (small packet or 1 oz.)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more servings per day

**C9Y.**  
Breakfast bars, e.g., Nutrigrain, granola, Kashi (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more bars per day

**C9Z.**  
Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more bars per day

**C9AA.**  
Low carb bars, e.g., Atkins, Zone, South Beach (1)

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2 or more bars per day

**C9AB.**  
Oat bran, added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

**C9AC.**  
Other bran (wheat, etc.), added to food (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

**C9AD.**  
Wheat germ (1 tbs.)

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day



**SECTION C. FOOD AND NUTRITION**

**C9**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C9AE.**

**Chowder or cream soup**

- Never
- Less than once per month
- 1-3 cups per month
- 1 cup per week
- 2-4 cups per week
- 5-6 cups per week
- 1 or more cups per day

**C9AF.**

**Ketchup or red chili sauce (1tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs.s per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more servings per day

**C9AG.**

**Salt added at table (1 shake)**

- Never
- Less than once per month
- 1-3 shakes per month
- 1 shake per week
- 2-4 shakes per week
- 5-6 shakes per week
- 1 shake per day
- 2-3 shakes per day
- 4-5 shakes per day
- 6+ shakes per day

**C9AH.**

**How many teaspoons of sugar do you add to your beverages or food each day?**

teaspoons.

**C9AI.**

**Splenda (1 packet)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4-5 per day
- 6+ per day

**C9AJ.**

**Other artificial sweetener (1 packet)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4-5 per day
- 6+ per day

**C9AK.**

**Garlic (1 clove or 4 shakes)**

- Never
- Less than once per month
- 1-3 per month
- 1 per week
- 2-4 per week
- 5-6 per week
- 1 per day
- 2-3 per day
- 4-5 per day
- 6+ per day

**C9AL.**

**Low fat or fat free mayonnaise (1 tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day



**SECTION C. FOOD AND NUTRITION**

**C9**

(Continued) Please mark the box  indicating your average total use, during the past year, of each specified food.

**C9AM.**  
**Regular mayonnaise (1 tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2 or more tbs. per day

**C9AN.**  
**Salad dressing (1-2 tbs.)**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4 or more tbs. per day

**C9AO.**  
**Usual type of salad dressing:**

- Nonfat
- Lowfat
- Olive oil dressing
- Other vegetable oil dressing

**C9AP.**  
**Olive oil added to food or bread (1 tbs.); exclude use in cooking**

- Never
- Less than once per month
- 1-3 tbs. per month
- 1 tbs. per week
- 2-4 tbs. per week
- 5-6 tbs. per week
- 1 tbs. per day
- 2-3 tbs. per day
- 4-5 tbs. per day
- 6+ tbs. per day

**C10.**  
**What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)**

- Real butter
- Margarine
- Olive oil
- Canola oil
- Vegetable oil (e.g. corn, sunflower, other)
- Vegetable shortening
- Lard/bacon fat

**C11.**  
**What type of fat is usually used for baking at home? (Exclude "Pam" type spray.)**

- Real butter
- Margarine
- Olive oil
- Canola oil
- Vegetable oil
- Vegetable shortening
- Lard/bacon fat

**C12.**  
**How often do you eat food fried, stir-fried in oil, or sautéed at home? (Exclude "Pam"-type spray)**

- Never
- Less than once a week
- 1-3 times a week
- 4-6 times a week
- Daily

**C13.**  
**How often do you eat deep fried food away from home or as take out (e.g., french fries, fried chicken, fish, clams, shrimp, etc.)?**

- Never
- Less than once a week
- 1-3 times a week
- 4-6 times a week
- Daily
- 2 or more times a day

**C14.**  
**How often do you eat toasted breads, bagel or English muffin (e.g., sliced/half bagel)?**

- Never
- Less than once a week
- 1-3 times a week
- 4-6 times a week
- Daily
- 2 or more times a day

32961

**SECTION C. FOOD AND NUTRITION**

**C15** What type of cooking oil is usually used at home?  
(Specify brand and type) (e.g. Mazola Corn Oil).

**C16** Are there any other foods not mentioned above that you usually eat at least once per week?

Include for example: Mushrooms, radish, horseradish, dates, figs, rhubarb, mango, mixed dried fruit, papaya, custard, venison, hot peppers, pickles, olives, SlimFast, Ensure (regular or plus), Glucerna shake.

(Please do not include dry spices and do not list something that has been listed in the previous sections.)

	<b>Other foods that you usually eat at least once per week</b>	<b>Servings per week</b>
(a)	<input type="text"/>	<input type="text"/>
(b)	<input type="text"/>	<input type="text"/>
(c)	<input type="text"/>	<input type="text"/>

**DIET CHANGES**

**C17** Do you currently follow a special diet?

No → Go to Question **C18** on page 30

Yes → Go to Question **C17A**

**C17A** Is your diet physician prescribed or self-prescribed?

Physician prescribed

Self-prescribed

**C17B** For how many years have you followed a special diet?

<input type="text"/>	<input type="text"/>
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 (Number of years)

**SECTION C. FOOD AND NUTRITION**

**C17C** What kind of diet do you follow? (Mark [X] all that apply.)

- Weight reduction (low calorie)
- Low cholesterol
- Low sodium
- Diabetic
- Low fat
- Low triglyceride
- Ulcer
- High Potassium
- Other (Specify type of diet) (Exclude weight reduction diets)

**C18** How has your use of the following foods and beverages changed over the PAST TEN YEARS?

**C18A.**  
**Whole milk**

- Use has decreased
- Use about the same
- Use has increased

**C18B.**  
**Butter**

- Use has decreased
- Use about the same
- Use has increased

**C18C.**  
**Margarine**

- Use has decreased
- Use about the same
- Use has increased

**C18D.**  
**Eggs**

- Use has decreased
- Use about the same
- Use has increased

**C18E.**  
**Fish**

- Use has decreased
- Use about the same
- Use has increased

**C18F.**  
**Red meat**

- Use has decreased
- Use about the same
- Use has increased

**C18G.**  
**Fruits**

- Use has decreased
- Use about the same
- Use has increased

**C18H.**  
**Vegetables**

- Use has decreased
- Use about the same
- Use has increased

**C18I.**  
**Whole wheat bread**

- Use has decreased
- Use about the same
- Use has increased

**C18J.**  
**Whole grains**

- Use has decreased
- Use about the same
- Use has increased

**C18K.**  
**Sugar**

- Use has decreased
- Use about the same
- Use has increased

**C18L.**  
**Alcohol**

- Use has decreased
- Use about the same
- Use has increased



SECTION C. FOOD AND NUTRITION

**C19** For **ALL** of the last 12 months, have you followed any type of **vegetarian diet**?

Yes → Go to Question **C19A**

No → Go to Question **C20**

**C19A** Which of the following foods did you **TOTALLY EXCLUDE** from your diet?  
(Mark [X] all that apply.)

- Meat (beef, pork, lamb, etc.)
- Poultry (chicken, turkey, duck)
- Fish and seafood
- Eggs
- Dairy products (milk, cheese, etc.)

**C20** In the last year, have you eaten any **organic** foods?

Yes → Go to Question **C20A**

No → Go to Question **C21**

**C20A** Which **organic** foods have you eaten in the last year?  
(Mark [X] all that apply.)

- Milk
- Eggs
- Meat
- Fruits (fresh or frozen)
- Vegetables (fresh or frozen)
- Bread or cereals
- Frozen prepared meals (e.g. Amy's frozen entrees, Organic Bistro entrees)
- Other (specify) \_\_\_\_\_

**C21** How many calories would you say you consume in an average day?

		,				
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**END OF SECTION C**



## SECTION D. FINAL QUESTIONS FOR ALL RESPONDENTS

**D1**

Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?  
(Mark [X] ONE box.)

- Yes, the questions were answered by the person to whom the questionnaire was addressed
- The questions were answered by that person's spouse or partner
- The questions were answered by that person's son or daughter
- The questions were answered by someone else:  
Please say if you are a relative, a friend, a care provider, or what:

**D2**

Approximately, how long did it take you to complete this questionnaire?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# of minutes

**D3**

Please add any comments that you wish in the space below:  
(All comments should be written inside the box.)


**Thank you for your participation in this important survey!**

32961



Please return your completed questionnaire in the pre-addressed postage-paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-855-647-6769.

**THANK YOU!**

Conducted by:

**The Survey Research Center  
The University of Michigan**

Sponsored by:

**The National Institute on Aging**

