## FMMP Diet Questionnaire: 2007 and 2008 Instructions for completing the questionnaire



## INTRODUCTION

Your diet is important to your health! We have not asked you about your diet since the first FMMP questionnaire. We are interested in how diet might be related to development of different diseases. When we use your diet information in future research studies, we will learn more about the relationship between diet and your health.

## INSTRUCTIONS

- Please make sure to indicate ONLY ONE answer for the questions that ask you to check ( $\sqrt{ }$ ) or circle the answer.
- Please make sure to select ALL possible answers whenever the question instructions ask you to "mark if YES ".
- If you have difficulty reading (poor eye sight, etc.), ask for help of a family member when completing the questionnaire. If you do not have anyone to help you or if you have any trouble completing the questionnaire, ask a nurse to help you while you are waiting for your appointment in the clinic.
- Please answer all of the questions. If you are uncertain about an answer, please give the best guess. If you do not know the answer to a question, please indicate this by writing "DK" for "Don't Know." Please do not leave any question blank.

We have not asked you about your diet since the first FMMP questionnaire. For each food listed in the charts on the next several pages, please check ( $\sqrt{ }$ ) the box indicating how often ON AVERAGE you have eaten this food during the past year. If you cannot remember exact amounts, just check the column with your best guess.


| DAIRY FOODS | NEVER or <br> less than <br> once a <br> month | 1-3 <br> times <br> per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more <br> per day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Skim milk or low fat <br> milk |  |  |  | X |  |  |  |  |  |
| Whole Milk | X |  |  |  |  |  |  |  |  |
| Cream (coffee or <br> whipped) |  |  |  |  |  |  |  |  |  |
| Sour Cream | $X$ |  |  |  |  |  |  |  |  |
| Non Dairy Coffee <br> Whitener | $X$ |  |  |  |  |  |  |  |  |
| Sherbet or Ice Milk | $X$ | $X$ |  |  |  |  |  |  |  |
| Ice Cream |  |  |  |  |  |  |  |  |  |
| Yogurt |  |  |  |  |  |  |  |  |  |
| Cottage Cheese or <br> Ricotta Cheese |  |  |  |  |  |  |  |  |  |
| Cream Cheese | $X$ |  |  |  |  |  |  |  |  |
| Any Other Cheese |  |  |  |  |  |  |  |  |  |
| Margarine (only when <br> added to food or <br> bread, not for cooking) |  |  |  |  |  |  |  |  |  |
| Butter (only when <br> added to food or <br> bread, not for cooking) |  |  |  |  |  |  |  |  |  |


| FRUITS | Never, or <br> less than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more <br> per day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Raisins or Grapes |  |  |  |  |  |  |  |  |  |
| Prunes |  |  |  |  |  |  |  |  |  |
| Bananas |  |  |  |  |  |  |  |  |  |
| Cantaloupe |  |  |  |  |  |  |  |  |  |
| Watermelon |  |  |  |  |  |  |  |  |  |
| Fresh apples or <br> pears |  |  |  |  |  |  |  |  |  |
| Apple Juice or Cider |  |  |  |  |  |  |  |  |  |


| FRUITS | Never, or <br> less than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more <br> per day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Oranges |  |  |  |  |  |  |  |  |  |
| Orange Juice |  |  |  |  |  |  |  |  |  |
| Grapefruit |  |  |  |  |  |  |  |  |  |
| Grapefruit Juice |  |  |  |  |  |  |  |  |  |
| Other Fruit Juice |  |  |  |  |  |  |  |  |  |
| Any type of <br> Strawberries |  |  |  |  |  |  |  |  |  |
| Any type of <br> Blueberries |  |  |  |  |  |  |  |  |  |
| Peaches, Apricots, <br> or Plums |  |  |  |  |  |  |  |  |  |


| VEGETABLES | Never or <br> less than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more <br> per day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Tomatoes |  |  |  |  |  |  |  |  |  |
| Tomato Juice |  |  |  |  |  |  |  |  |  |
| Tomato Sauce |  |  |  |  |  |  |  |  |  |
| Red Chili Sauce |  |  |  |  |  |  |  |  |  |
| Tofu or Soybeans |  |  |  |  |  |  |  |  |  |
| String Beans |  |  |  |  |  |  |  |  |  |
| Broccoli |  |  |  |  |  |  |  |  |  |
| Cabbage or Cole <br> Slaw |  |  |  |  |  |  |  |  |  |
| Cauliflower |  |  |  |  |  |  |  |  |  |
| Brussels Sprouts |  |  |  |  |  |  |  |  |  |
| Raw Carrots |  |  |  |  |  |  |  |  |  |
| Cooked Carrots |  |  |  |  |  |  |  |  |  |


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| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Corn |  |  |  |  |  |  |  |  |  |
| Peas or Lima Beans |  |  |  |  |  |  |  |  |  |
| Mixed Vegetables |  |  |  |  |  |  |  |  |  |
| Beans or Lentils |  |  |  |  |  |  |  |  |  |
| Yellow Squash |  |  |  |  |  |  |  |  |  |
| Eggplant, Zucchini, <br> or other Summer <br> Squash |  |  |  |  |  |  |  |  |  |
| Yams or Sweet <br> Potatoes |  |  |  |  |  |  |  |  |  |
| Spinach, cooked |  |  |  |  |  |  |  |  |  |
| Spinach raw |  |  |  |  |  |  |  |  |  |
| Kale, Mustard or <br> Chard Greens |  |  |  |  |  |  |  |  |  |
| Iceberg or Head <br> Lettuce |  |  |  |  |  |  |  |  |  |
| Romaine or Leaf <br> Lettuce |  |  |  |  |  |  |  |  |  |
| Celery |  |  |  |  |  |  |  |  |  |
| Beets |  |  |  |  |  |  |  |  |  |
| Alfalfa Sprouts |  |  |  |  |  |  |  |  |  |
| Garlic, fresh or <br> powdered |  |  |  |  |  |  |  |  |  |


| EGGS AND <br> MEAT | Never or <br> less than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more per <br> day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Eggs |  |  |  |  |  |  |  |  |  |
| Chicken or Turkey <br> with skin |  |  |  |  |  |  |  |  |  |
| Chicken or Turkey <br> without skin |  |  |  |  |  |  |  |  |  |
| Bacon |  |  |  |  |  |  |  |  |  |
| Hot Dogs |  |  |  |  |  |  |  |  |  |


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| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Processed Meats <br> except Sausage, <br> Bologna |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |
| Beef, Pork, Lamb (in a <br> sandwich or mixed <br> dish, e.g. stew, <br> casserole etc.) |  |  |  |  |  |  |  |  |  |
| Beef, Pork, Lamb as <br> main dish |  |  |  |  |  |  |  |  |  |
| Hamburger |  |  |  |  |  |  |  |  |  |
| Canned Tuna Fish |  |  |  |  |  |  |  |  |  |
| Dark Meat Fish, such <br> as salmon, swordfish, <br> fresh tuna, etc. |  |  |  |  |  |  |  |  |  |
| Other Fish (catfish, <br> cod, tilapia, mahi- <br> mahi, etc.) |  |  |  |  |  |  |  |  |  |
| Shrimp, Lobster, <br> Scallops as main dish |  |  |  |  |  |  |  |  |  |


| BREADS, <br> CEREALS, <br> STARCHES | Never or <br> less than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more per <br> day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Cold Breakfast Cereal |  |  |  |  |  |  |  |  |  |
| Cooked Oatmeal |  |  |  |  |  |  |  |  |  |
| Other Cooked <br> Breakfast Cereal |  |  |  |  |  |  |  |  |  |
| White Bread, <br> including Pita Bread |  |  |  |  |  |  |  |  |  |
| Dark or whole grain <br> Bread |  |  |  |  |  |  |  |  |  |
| English Muffins, <br> Bagels, or Rolls |  |  |  |  |  |  |  |  |  |
| Muffins or Biscuits |  |  |  |  |  |  |  |  |  |
| Brown Rice |  |  |  |  |  |  |  |  |  |
| White Rice |  |  |  |  |  |  |  |  |  |


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| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Any Type of Pasta |  |  |  |  |  |  |  |  |  |
| Other Grains such as <br> Bulgar, Kasha, <br> Couscous |  |  |  |  |  |  |  |  |  |
| Pancakes or Waffles |  |  |  |  |  |  |  |  |  |
| French Fried <br> Potatoes |  |  |  |  |  |  |  |  |  |
| Potatoes, baked, <br> boiled, or mashed |  |  |  |  |  |  |  |  |  |
| Potato Chips or Corn <br> Chips |  |  |  |  |  |  |  |  |  |
| Crackers, Triskets, <br> Wheat Thins |  |  |  |  |  |  |  |  |  |
| Pizza |  |  |  |  |  |  |  |  |  |

* Consider one serving size a can for all carbonated beverages

| BEVERAGES | Never or <br> less <br> than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more per <br> day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Low Calorie Cola |  |  |  |  |  |  |  |  |  |
| Low Calorie Caffeine <br> Free Cola |  |  |  |  |  |  |  |  |  |
| Low Calorie Non-Cola <br> Carbonated <br> Beverages (diet Sprite <br> etc) |  |  |  |  |  |  |  |  |  |
| Coke, Pepsi, other <br> Cola |  |  |  |  |  |  |  |  |  |
| Caffeine Free Coke, <br> Pepsi, Cola |  |  |  |  |  |  |  |  |  |
| Other Non-Cola <br> Carbonated with <br> sugar (Sprite, 7-up) |  |  |  |  |  |  |  |  |  |
| Hawaian Punch, <br> Lemonade, Fruit <br> Drinks |  |  |  |  |  |  |  |  |  |
| Decaffeinated Coffee |  |  |  |  |  |  |  |  |  |
| Coffee |  |  |  |  |  |  |  |  |  |
| Tea |  |  |  |  |  |  |  |  |  |


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| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Beer <br> ( 1 glass, or bottle) |  |  |  |  |  |  |  | 6 or <br> more per <br> day |
| Red Wine <br> (4 oz glass) |  |  |  |  |  |  |  |  |
| White Wine <br> (4 oz glass) |  |  |  |  |  |  |  |  |
| Liquor, Whiskey, Gin <br> etc ( 1 drink or shot) |  |  |  |  |  |  |  |  |


| Sweets, <br> Baked Goods, <br> Misc. | Never or <br> less <br> than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more per <br> day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Chocolate (M\&M's <br> Hershey's) |  |  |  |  |  |  |  |  |  |
| Snickers, Reeses, <br> Milky Way |  |  |  |  |  |  |  |  |  |
| Candy without <br> Chocolate |  |  |  |  |  |  |  |  |  |
| Cookies, home baked <br> (1) |  |  |  |  |  |  |  |  |  |
| Cookies, ready made <br> (1) |  |  |  |  |  |  |  |  |  |
| Brownies <br> (1) |  |  |  |  |  |  |  |  |  |
| Doughnuts <br> (1) |  |  |  |  |  |  |  |  |  |
| Cake, home baked <br> (1) |  |  |  |  |  |  |  |  |  |
| Cake, ready made <br> (1) |  |  |  |  |  |  |  |  |  |
| Sweet Roll, Coffee <br> Cake, Other Pastry <br> home-baked (1) |  |  |  |  |  |  |  |  |  |
| Sweet Roll, Coffee <br> Cake, Other Pastry <br> ready-made (1) |  |  |  |  |  |  |  |  |  |
| Pie, homemade <br> (1) |  |  |  |  |  |  |  |  |  |
| Pie, ready made <br> (1) |  |  |  |  |  |  |  |  |  |
| Jams, Jelly, <br> Preserves, Syrup, <br> Honey |  |  |  |  |  |  |  |  |  |
| Peanut Butter |  |  |  |  |  |  |  |  |  |$\quad$|  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |


| Sweets, <br> Baked Goods, <br> Misc. | Never or <br> less <br> than <br> once a <br> month | 1-3 per <br> month | 1 per <br> week | 2-4 per <br> week | 5-6 per <br> week | 1 per <br> day | 2-3 per <br> day | 4-5 per <br> day | 6 or <br> more per <br> day |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Popcorn |  |  |  |  |  |  |  |  |  |
| Nuts |  |  |  |  |  |  |  |  |  |
| Bran |  |  |  |  |  |  |  |  |  |
| Wheat Germ |  |  |  |  |  |  |  |  |  |
| Chowder or Cream <br> Soup |  |  |  |  |  |  |  |  |  |
| Oil and Vinegar <br> Dressing |  |  |  |  |  |  |  |  |  |
| Mayonnaise or other <br> Creamy Dressings |  |  |  |  |  |  |  |  |  |
| Mustard, dry or <br> prepared |  |  |  |  |  |  |  |  |  |
| Pepper |  |  |  |  |  |  |  |  |  |
| Salt |  |  |  |  |  |  |  |  |  |

1. Do you currently take multiple vitamins? (Please tell us about individual vitamins in \#2)
$\qquad$ No
$\qquad$ Yes $\square$
If YES, How many do you take per week?
_ 2 or less
3-5
6-9 $\qquad$ $10+$

What specific brand do you usually use?
2. Not counting multiple vitamins, do you take any of the following preparations?

| Vitamin | Take? | If YES, please indicate dose: |
| :---: | :---: | :---: |
| Vitamin A | No <br> —Yes, seasonal only <br> _ Yes, most months | How many years? __0-1 _- 2-4 _-5-9 __ ${ }^{10+}$ _ DK What dose per day: <br> __ Less than 8,000 IU <br> - $8000-12,000 \mathrm{IU}$ <br> - 13,000-22,000 IU <br> - 23,000 IU or more <br> _ DK |
| Vitamin C | $\text { _ } \mathrm{No}$ | How many years? $\qquad$ 0-1 $\qquad$ $\qquad$ 5-9 $\qquad$ 10+ $\qquad$ DK What dose per day: |


| Vitamin | Take? | If YES, please indicate dose: |
| :---: | :---: | :---: |
|  | __ Yes, most months | Less than 400 mg — $400-700 \mathrm{mg}$ — $750-1250 \mathrm{mg}$ — $1300 \mathrm{mg}+$ — DK |
| Vitamin B6 | $\text { _ } \mathrm{No}$ | How many years? $\qquad$ - $^{2-4}$ - $^{5-9}$ _- $^{1}$ 10+ $\qquad$ DK What dose per day: $\qquad$ Less than 10 mg <br> _ $10-39 \mathrm{mg}$ <br> — $40-79 \mathrm{mg}$ <br> - $80 \mathrm{mg}+$ <br> ——DK $\qquad$ |
| Vitamin E | $\text { _ } \begin{gathered} \mathrm{No} \\ \mathrm{Yes} \end{gathered}$ |  |
| Selenium | $\begin{gathered} \mathrm{No} \\ \text { _ } \mathrm{Yes} \end{gathered}$ | ```How many years? _- 0-1 - \(^{2-4}\) - \(^{5-9}\) _- \(^{10+}\) _ \(^{\text {DK }}\) What dose per day: _ Less than 80 mcg _ \(80-130 \mathrm{mcg}\) - \(140-250 \mathrm{mcg}\) - \(260 \mathrm{mcg}+\) _DK``` |
| Iron | $\begin{gathered} \mathrm{No} \\ \text { _ } \mathrm{Yes} \end{gathered}$ | ```How many years?``` $\qquad$ <br> ```10+``` $\qquad$ <br> ```What dose per day:``` <br> ```Less than 51 mg \(51-200 \mathrm{mg}\) \(201-400 \mathrm{mg}\) ``` $\qquad$ ```\[ 401 \text { mg + } \] \\ DK``` |
| Zinc | $\text { _ } \mathrm{No}$ | How many years? $\qquad$ 0-1 _2-4 $\qquad$ 5-9 $\qquad$ 10+ $\qquad$ DK What dose per day: $\qquad$ Less than 25 mg <br> $25-74 \mathrm{mg}$ <br> - <br> $75-100 \mathrm{mg}$ <br> - <br> 101 mg + <br> - <br> DK |

3. Are there any other supplements that you take on a regular basis? $\qquad$ YES $\qquad$ NO Please mark if YES:

| —Folic Acid | - |
| :--- | :--- |
| —itamin D |  |
| —B- Complex | —B |
| —_ Omega-3 Fatty-Acids |  |

Cod Liver Oil Beta Carotene Brewer's Yeast
lodine Copper
__Magnesium
__ Other, Specify:
4. How much of the visible fat on your meats do you remove before eating?
__ Remove all visible fat $\qquad$ Remove majority $\qquad$ Remove small part
__ Remove none $\qquad$ Don't eat meat
5. What kind of fat do you usually use for frying and sautéing?
$\qquad$ Real Butter
__ Vegetable Shortening $\qquad$ Margarine _ Lard
_ Vegetable oil
_ Don't fry or saute' $\qquad$ Don't know
6. What kind of fat do you usually use for baking?
__ Veal Butter
_ Vegetable oil
$\qquad$ Don't know
7. What form of margarine do you usually use?

| _ None | _ Stick | Tub |
| :--- | :--- | :--- |
| Spread | _ Low calorie stick | __ Low calorie tub |

8. How often do you eat food that is fried at home? (Exclude "Pam" type sprays)
_— Daily $\quad$ _- ${ }^{1-3}$ times per week per week
9. How often do you eat fried foods away from home? (french fries, fried meats)
_ Daily
_ 1-3 times per week
——4-6 times per week _ Less than once a week
10. How many teaspoons of sugar do you add to your food and beverages each day?
11. What type of cooking oil do you usually use? $\qquad$
12. What kind of breakfast cereal do you usually use? $\qquad$
13. Do you eat pretzels? Are there any other important special foods that you usually eat AT LEAST ONCE PER WEEK?
(Include tortillas, yeast, cream sauce, custard, horseradish, parsnips, rhubarb, fava beans, carrot juice, coconut, avocado, mango, papaya, dried apricots, dates, figs etc)
*Do not include dry spices

| Other foods that you eat <br> at least once per week: | Usual Serving Size: | Servings per week: |
| :--- | :--- | :--- |
| (a) Pretzels | 10 regular size or 17 mini <br> pretzels |  |
| (b) |  |  |
| (c) |  |  |

