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 (√)
 or circle the answer.
- Please make sure to select ALL possible answers whenever the question instructions ask you to "mark if YES".
- Control of the contro
- 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 less than once a month	1-3 times 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 or more per day
Skim milk or low fat milk				X					
Whole Milk	X								
Cream (coffee or whipped)		X							
Sour Cream	X								
Non Dairy Coffee Whitener	X								
Sherbet or Ice Milk	X								
Ice Cream		X							
Yogurt		X							
Cottage Cheese or Ricotta Cheese		X							
Cream Cheese	X								
Any Other Cheese				X					
Margarine (only when added to food or bread, not for cooking)			X						
Butter (only when added to food or bread, not for cooking)			X						

FRUITS	Never, or less than once a 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 or more per day
Raisins or Grapes									
Prunes									
Bananas									
Cantaloupe									
Watermelon									
Fresh apples or pears									
Apple Juice or Cider									

FRUITS	Never, or less than once a 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 or more per day
Oranges									
Orange Juice									
Grapefruit									
Grapefruit Juice									
Other Fruit Juice									
Any type of Strawberries									
Any type of Blueberries									
Peaches, Apricots, or Plums									

VEGETABLES	Never or less than once a 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 or more per day
Tomatoes									
Tomato Juice									
Tomato Sauce									
Red Chili Sauce									
Tofu or Soybeans									
String Beans									
Broccoli									
Cabbage or Cole Slaw									
Cauliflower									
Brussels Sprouts									
Raw Carrots									
Cooked Carrots									

VEGETABLES	Never or less than once a 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 or more per day
Corn									
Peas or Lima Beans									
Mixed Vegetables									
Beans or Lentils									
Yellow Squash									
Eggplant, Zucchini, or other Summer Squash									
Yams or Sweet Potatoes									
Spinach, cooked									
Spinach raw									
Kale, Mustard or Chard Greens									
Iceberg or Head Lettuce									
Romaine or Leaf Lettuce									
Celery									
Beets									
Alfalfa Sprouts									
Garlic, fresh or powdered									

EGGS AND MEAT	Never or less than once a 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 or more per day
Eggs									
Chicken or Turkey with skin									
Chicken or Turkey without skin									
Bacon									
Hot Dogs									

EGGS AND MEAT	Never or less than once a 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 or more per day
Processed Meats except Sausage,									
Bologna									
Liver									
Beef, Pork, Lamb (in a sandwich or mixed									
dish, e.g. stew, casserole etc.)									
Beef, Pork, Lamb as main dish									
Hamburger									
Canned Tuna Fish									
Dark Meat Fish, such as salmon, swordfish, fresh tuna, etc.									
Other Fish (catfish, cod, tilapia, mahi-mahi, etc.)									
Shrimp, Lobster, Scallops as main dish									

BREADS, CEREALS, STARCHES	Never or less than once a 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 or more per day
Cold Breakfast Cereal									
Cooked Oatmeal									
Other Cooked Breakfast Cereal									
White Bread, including Pita Bread									
Dark or whole grain Bread									
English Muffins, Bagels, or Rolls									
Muffins or Biscuits									
Brown Rice									
White Rice									

BREADS, CEREALS, STARCHES	Never or less than once a 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 or more per day
Any Type of Pasta									
Other Grains such as Bulgar, Kasha, Couscous									
Pancakes or Waffles									
French Fried Potatoes									
Potatoes, baked, boiled, or mashed									
Potato Chips or Corn Chips									
Crackers, Triskets, Wheat Thins									
Pizza									

* Consider one serving size a can for all carbonated beverages

BEVERAGES	Never or less than once a 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 or more per day
Low Calorie Cola									
Low Calorie Caffeine Free Cola									
Low Calorie Non-Cola Carbonated Beverages (diet Sprite									
etc) Coke, Pepsi, other									
Cola Caffeine Free Coke,									
Pepsi, Cola Other Non-Cola									
Carbonated with sugar (Sprite, 7-up)									
Hawaiian Punch, Lemonade, Fruit Drinks									
Decaffeinated Coffee									
Coffee									
Tea									

BEVERAGES	Never or less than once a 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 or more per day
Beer									
(1 glass, or bottle)									
Red Wine									
(4 oz glass)									
White Wine									
(4 oz glass)									
Liquor, Whiskey, Gin etc (1 drink or shot)									

Sweets, Baked Goods, Misc.	Never or less than once a 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 or more per day
Chocolate (M&M's Hershey's)									
Snickers, Reeses, Milky Way									
Candy without Chocolate									
Cookies, home baked (1)									
Cookies, ready made (1)									
Brownies (1)									
Doughnuts (1)									
Cake, home baked (1)									
Cake, ready made (1)									
Sweet Roll, Coffee Cake, Other Pastry home-baked (1)									
Sweet Roll, Coffee Cake, Other Pastry ready-made (1)									
Pie, homemade									
Pie, ready made (1)									
Jams, Jelly, Preserves, Syrup, Honey									
Peanut Butter									

Sweets, Baked Goods, Misc.	Never or less than once a 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 or more per day
Popcorn									
Nuts									
Bran									
Wheat Germ									
Chowder or Cream Soup									
Oil and Vinegar Dressing									
Mayonnaise or other Creamy Dressings									
Mustard, dry or prepared									
Pepper									
Salt									

•				
No Yes	If YES, How many do you take per week?			
<u> </u>	2 or less3-56-9 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 Yes, seasonal only Yes, most months	How many years?0-12-45-910+DK What dose per day: Less than 8,000 IU 8000 – 12,000 IU 13,000 – 22,000 IU 23,000 IU or more DK
Vitamin C	No Yes, seasonal only	How many years?0-12-45-910+ DK What dose per day:

Vitamin	Take?	If YES, please indicate dose:
	Yes, most months	Less than 400 mg 400-700 mg 750-1250 mg 1300 mg + DK
Vitamin B6	No Yes	How many years?0-12-45-910+DK What dose per day: Less than 10 mg 10-39 mg 40-79 mg 80 mg + DK
Vitamin E	No Yes	How many years?0-12-45-910+DK What dose per day: Less than 100 IU 100-250 IU 300-500 IU 600 IU +DK
Selenium	No Yes	How many years?0-12-45-910+DK What dose per day: Less than 80 mcg 80-130 mcg 140-250 mcg 260 mcg +DK
Iron	No Yes	How many years?0-12-45-910+DK What dose per day: Less than 51 mg 51-200 mg 201-400 mg 401 mg + DK
Zinc	No Yes	How many years?0-12-45-910+DK What dose per day: Less than 25 mg 25-74 mg 75-100 mg 101 mg + DK

3.	Are there any other suppl	ements that you take on a	regular basis? _	YES N	O			
PΙε	ease mark if YES :	Folic Acid Cod	Liver Oil I	odine				
		_ Folic Acid Cod _ Vitamin D Beta _ B- Complex Brew	Carotene (Copper				
	_	B- Complex Brew	er's Yeast M	/lagnesium				
	_	_ Omega-3 Fatty-Acids		Other, Specify:				
	_	_						
4.	4. How much of the visible fat on your meats do you remove before eating?							
	Remove all visible fat Remove none	_ Remove majority Rem _ Don't eat meat	ove small part					
5	What kind of fat do you u	sually use for frying and sa	utáina?					
٥.								
	Vegetable Shortening	_ Margarine	fry or saute' [On't know				
	vegetable enortering _		iny or oddice	JOH C KITOW				
6	What kind of fat do you u	sually use for baking?						
٠.	Real Butter	Margarine Vege	table oil					
	Vegetable Shortening	_ Margarine	hake [Don't know				
	vegetable enertering _			JOH C KITOW				
7.	What form of margarine d	o vou usually use?						
•	None	Stick	Tub					
	Spread	_ Stick _ Low calorie stick	_ Low calorie tub					
	Opicad	_ Low calone stick	_ Low calone tab					
8	How often do you eat foo	d that is fried at home? (Ex	clude "Pam" tyne	enrave)				
Ο.			cidde i aiii typt	s sprays,				
	Daily 4-6 times per week	_ less than once a week						
	4-0 times per week	_ Less than once a week						
a	How often do you est frie	d foods away from home?	franch fries frie	d moate)				
Э.	Daily	1 2 times per week	ilelicii illes, ille	a illeats)				
	Daily 4-6 times per week	_ 1-3 tillies per week						
	4-0 times per week	_ Less than once a week			NIO			
10	. How many teaspoons of s	sugar do you add to your fo	od and beverage	es each day?	None			
11.	What type of cooking oil	do you usually use?						
40	What him does have also at a c							
12.	What kind of breakfast ce	real do you usually use? _						
13	Do you gat protzels? Are	there any other important s	necial foods that	t vou usually 4	aat ΔT			
10	LEAST ONCE PER WE		pecial loods that	. you usuany t	sat A i			
	(Include tortillas yeast are	am sauce, custard, horseradi	eh narenine rhub	arh favo hoon	c			
					٥,			
	•	ado, mango, papaya, dried a	pricots, dates, figs	s eld)				
	*Do not include dry spices							
<u>^</u>	har foods that you sat	Housi Coming Cita	Continue	or wools:				
	her foods that you eat	Usual Serving Size:	Servings pe	er week:				
at	least once per week:							
(a)	Pretzels	10 regular size or 17 mini						
` '		pretzels						

(c)