Instructions for Completing the Food Frequency Questionnaire

Thank you for participating in this research study. An important part of this study is the Food Frequency Questionnaire, designed to measure your dietary pattern over the past year. Remember, the information we get from the study is only as good as the information you give us. Accuracy is essential!

Please complete this form and bring it with you at the time of your appointment, or complete prior to the time of your home visit.

- 1) Please use a No. 2 pencil, and make sure the circles are completely darkened.
- 2) Please do not leave any questions blank. If the section does not apply to you, please fill in the "never" section.
- 3) Please do not separate, staple or rip the booklet.
- 4) Please do not leave any stray marks. Make sure all erasures are complete.

10.00	and a second		DIET AS	SSES	SSME	NT								100		
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			00234	200	-	100	25.00	7	Marie Control	000	000	230	900	Se 7 9 Se	1	
1. Do you cu	rrently take mult	-111	' (Please report in many do you tal	-		nins und or less	DO NO. 22	tion 2.	188	0		236	960	5 (C) (C)		
O No	O Yes → If ye	2521	veek?		$\rightarrow 0^{2}$) 10 c	r more	8		z z z	X X	O Don't know O Don		
			t specific brand d	lo				0.00		- 18	200	2//0//	200	200		
2. Not count	ing multiple vitar		usually use? — take any of the	folloy	wing pr	eparatio	ns:	8.81		Spe	ecify ex	act bra	nd and	type		
a) Vitamin A			(How many			2.0.0.0	2-4 yrs.) 5-9 y	ere.	01	0+ yrs	-) Don'	t	
O No	O Yes, seasonal or	Yes.	years?							-			-2-1		-	
1	Yes, most mont	hs J	What dose per day?	Anat dose Observer day? Observer da												
b) Vitamin C? No Yes, seasonal only		oly) If	How many → 0-1 yr.			0	2-4 yrs.) 5-9 y	rs.	01	0+ yrs	(Don' knoy	t	
J.	Yes, most mont	Yes.	What dose per day?	→0	Less tha	an O	400 to 700 mg	(750 1250	to) mg.) Don know	t v	
c) Vitamin B,	?	How ma	ny years? —	→0	0-1 yr.	0	2-4 yrs.	() 5-9 y	rs.	01	0+ yrs	. (Don'	t	
O No	○ Yes → If ye	es. What do	se per day? —	→0		an O	10 to 39 mg.	() 40 to)	0	0 mg. or more	() Don'	t	
d) Vitamin E?		How ma	ny years?	→ O	0-1 yr.			(8 8 8	01	0+ yrs	(
O No	○Yes → If ye	es, What do	se per day? —	→Ŏ	Less the	-	-		300	to	08	U1 00	() Don'	t	
e) Selenium?		How ma	ny years?					-			-			_ Don'	ţ	
O No	○Yes → If ye		se per day? —	\rightarrow $\overset{\circ}{\circ}$	Less tha	an O	80 to	(140	to	Annual Contracts	-				
				0.0.0	80 mcg.		130 mc	g.	250	mcg.		r more	5.0	knov	V	
f) Iron?		The second second	ny years?			and the same of th	and the second second second second second		the section of the se				-	knov	V	
○ No	○ Yes → If ye	es, (vynat do	se per day?	70		an O	200 mg		400	mg.						
g) Zinc?		How ma	ny years?	→0	0-1 yr.			() 5-9 y	rs.	O 1	0+ yrs	. (
○ No ○ Yes → If yes,		es, What do	se per day? —	\rightarrow \circ		an O	25 to 74 mg.	(01	01 mg	() Don'	t	
h) Calcium? (Include Calcium in Dolomite)		(How ms	ny vaare?	-10	2 2 2 1		2 2 2	1	2 2 3	0.00	800	6 8 8	600	~ Don'	t	
O No	○Yes → If ye	-	What dose per day? Less t			an O	(O 901 to			_		O Don't			
D. Aug Abaus	abbas assaula	2 2 2 2 2 2 2		000	400 mg		900 mg		77.00				8.8.5	knov		
i) Are there other supple- ments that you take on			O Folic acid O Cod liver			lodine	Carotene					Other (please specify); -				
a regular b	pasis? Please		O Vitamin D O B-Complex O Omega-3 C Vitamins Fatty-acids				Copper Brewer's Magnesium									
mark if ye	S:	Vitan	nins Fai	tty-acid		Yeast		J 14:09	residi						_	
3. For each fo	ood listed, fill in t	the circle indi	cating			400		/HIT A							1 178	
how often	on average you	have used the	-			Maria	A	VERA	GE U	SE L	AST	EAR			0	
specified o	during the past y	ear.				Never, or less than once	1-3		2-4 per	5-6 per	1 per	2-3 per			6	
		D	AIRY FOODS		1494	per month		week	week	week	day	day			0	
		im or low fat mi				0	0	(1)	0	0	0	0	0	0	C	
		hole milk (8 oz. g				0	0	(0)	Ö	Ö	0	Ŏ	0	0	0	
	the state of the s	eam, e.g. coffee our Cream (Tbs)	, wnipped (1bs)		3333	0	0	(W)	0	0	0	0	0	0	1	
		on-dairy coffee v	hitener (tsn.)	888	8888	10	ŏ	(0)	ŏ	ŏ	0	0	0	0	6	
	-honder	erbet or ice milk				ŏ	ŏ	W	Ŏ	Ŏ	0	ŏ	ŏ	Ö	C	
	l Ce	a cream (1/2 cup)	3333333	888	4444	0	0	(0)	0	0	0	0	0	0	C	
		gurt (1 cup)				0	0	(0)	0	0	0	0	0	0	(
	-	ottage or ricotta o		888	2223	9	0	(8)	0	00	0	0	0	0	(
			, American, chedo	iar, etc.			1	8	8 8	2 2 3	8 8				1	
	r c	olain or as part of or 1 oz. serving)				0	0	(0)	0	0	0	0	0	0	C	
	M		ded to food or bre	ad;		0	0	(W)	0	0	0	0	0	0	C	
Please turn	Bu		to food or bread;		3 3 3 3	0	0	(0)	0	0	0	0	0	O Don't know O Don	-	

	Page 2			1							
3. (Continued) Please fi during the past year,	Il in your <u>average</u> use, of each specified food.	Never, or less than onc	1-3 per	per	2-4 per	5-6 per	1 per	2-3 per	4-5 per	6+ per	
	FRUITS	per mont		week	week	week	day	day	day	day	P
	Raisins (1 oz. or small pack) or grapes	0	0	(W)	0	0	0	0	0	0	0
	Prunes (1/2 cup)	0	0	(W)	0	0	0	0	0	0	0
Please try to	Bananas (1)	0	0	W	0	0	0	0	0	0	0
average your seasonal use	Cantaloupe (Va melon)	0	0	W	0	0	0	0	0	0	0
of foods over	Watermelon (1 slice)	0	0	W	0	0	0	0	0	0	10
the entire year.	Fresh apples or pears (1)	0	0	W	0	0	0	0	0	0	0
For example, if	Apple juice or cider (small glass)	0	0	W	0	0	0	0	0	0	0
a food such as cantaloupe is	Oranges (1)	0	0	W	0	0	0	0	0	0	0
eaten 4 times a	Orange juice (small-glass)	O	0	W	O	0	0	0	O	Ŏ	Õ
week during the	Grapefruit ('/b)	0	0	W	0	0	0	0	0	Ŏ	Č
approximate 3 months that it is	Grapefruit juice (small glass)	O	Ŏ	W	O	0	0	O	Ŏ	Ŏ	10
in season, then	Other fruit juices (small glass)	Ö	O	W	O	O	0	0	O	Ŏ	Č
the average use	Strawberries, fresh, frozen or canned (1/2 cup)	Ŏ	Ŏ	W	O	O	0	O	Ö	Ŏ	ĕ
would be once per week.	Blueberries, fresh, frozen or canned (½ cup)	Ŏ	ĬŎ	W	Ŏ	O	0	Ŏ	Ŏ	ŏ	ĕ
per week.	Peaches, apricots or plums (1 fresh, or ½ cup canned)	Ŏ	O	(W)	Ö	O	0	Ö	Ŏ	Ŏ	Ö
		Never, or less than one	1-3 per		2-4 per	5-6 per	1 per	2-3 per	4-5 per	6+ per	000
	VEGETABLES	per mont	mo.	week	week	week	day	day	day	day	P
	Tomatoes (1)		0	W	0	0	0	0	0	0	0
	Tomato juice (small glass)	O	0	W	0	0	0	0	0	O	Ô
	Tomato sauce (1/2 cup) e.g., spaghetti sauce	0	0	W	0	0	0	0	0	0	0
	Red chili sauce (1 Tbs)	0	0	W	0	0	0	0	0	O	O
	Tofu or soybeans (3-4 oz.)	0	10	W	0	0	0	0	0	0	O
	String beans (½ cup)	0	0	W	0	0	0	0	0	0	0
	Brocceli (1/2 cup)	0	0	W	0	0	0	0	0	0	C
	Cabbage or cole slaw (½ cup)	Ŏ	O	W	O	O	0	O	0	O	C
	Cauliflower (1/2 cup)	0	0	W	0	O	0	0	0	0	Č
	Brussels sprouts (1/2 cup)	Ŏ	O	W	O	Ŏ	0	Ŏ	Ŏ	O	Č
	Carrots, raw (1/2 carrot or 2-4 sticks)	Ŏ	O	W	Ŏ	Ŏ	0	O	0	0	C
	Carrots, cooked (1/2 cup)	Ŏ	O	W	Ŏ	Ŏ	0	Ŏ	Ŏ	0	Č
	Corn (1 ear or 1/2 cup frozen or canned)	Ŏ	0		0	0	0	Ö	O	0	Č
	Peas, or lima beans (1/2 cup fresh, frozen, canned)	Ŏ	Ŏ	W	ŏ	Ŏ	0	Ŏ	Ŏ	Ŏ	10
	Mixed vegetables (½ cup)	TO	To	W	Ŏ	Ö	0	0	O	0	16
	Beans or lentils, baked or dried (1/2 cup)	ŏ	To	W	ŏ	ŏ	0	ŏ	Ö	Ö	10
	Yellow (winter) squash (1/2 cup)	O	O	W	O	Ŏ	0	ŏ	0	0	6
		ŏ	10	(8)	ŏ	ŏ	0	ŏ	10	0	18
	Eggplant, zucchini, or other summer squash (1/2 cup)		-	0	1	0	0	0	0	0	100
	Yams or sweet potatoes (1/2 cup)	0	0	W	0	0	0	0	0	0	0
	Spinach, cooked (1/2 cup)	ŏ	10	0	ŏ	ŏ	0	Ö	ŏ	0	10
	Spinach, raw as in salad	ŏ	ŏ	0	O	ŏ	0	O	O	0	100
	Kale, mustard or chard greens (1/2 cup)	ŏ	ŏ	0	ŏ	0	0	O	0	8	100
	ceberg or head lettuce (serving)	Ö	ŏ	(0)	ŏ	Ö	0	Ö	O	0	0
	Romaine or leaf lettuce (serving)	ŏ	ŏ	0	ŏ	ŏ	0	ŏ	ŏ	X	100
	Celery (4" stick)	ŏ	ŏ	0	ŏ	ŏ	0	O	0	0	100
	Beets (1/2 cup)	ŏ	To	(0)	ŏ	ŏ	0	Ö	0	0	100
	Alfalfa sprouts (½ cup)	ŏ		(0)	O	0	0	0	0	8	0
	Garlic, fresh or powdered (1 clove or shake)	Ö	10	(0)	10	10	0	100	10	X	00
	Garilo, mesh or powdered (1 clove or shake)		10	1 00	10	10	0	10	10	0	100
		Never, or less than onc	1-3		2-4 per	5-6 per	1 per	2-3 per	4-5 per	6+ per	200
	EGGS, MEAT, ETC.	per mont					day	day	day	day	(E)
	Eggs (1)	0	0	(1)	0	0	0	0	0	0	10
	Chicken or turkey, with skin (4-6 oz.)	ŏ	Tŏ	100	ŏ	ŏ	0	ŏ	ŏ	0	10
	Chicken or turkey, without skin (4-6 oz.)	Ŏ	lŏ	0	ŏ	ŏ	0	O	ŏ	0	00
	Bacon (2 slices)	Ŏ	Tŏ	0	ŏ	ŏ	0	0	ŏ	0	10
Please go to page 3	Hot dogs (1)	Č	0	(W)	0	0	0	Õ	Õ	0	0
re helle n				1					1		1 10

Please go to page 3

					189390	U.S.A.	3000	1	W 1970 18		98888	
		your average use, each specified food.	Never, or less	1-3 per	1 per	2-4 per	5-6 per	1 per	2-3 per	4-5 per	6+ per	1
and the p	[MEATS (CONTINUED)	than once per month	mo.	week	week		day	day	day	day	1
	-	Processed meats, e.g., sausage, salami,		0	(W)	0	0	0	0	0	0	1
	1000	bologna, etc. (piece or slice)							-	-	1	
		Liver (3-4 oz.)	0	0	W	0	0	0	0	0	0	1
	200	Hamburger (1 patty)	O	0	(4)	0	O	0	O	0	Ö	
		Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagne, etc.	Ö	0	(W)	Ö	O	0	Ö.	ŏ	Ö	
		Beef, pork, or lamb as a main dish, e.g., steak, roast, harn, etc. (4-6 oz.)	0	0	w	0	0	0	0	0	0	(
	1000	Canned tuna fish (3-4 oz.)	0	0	W	0	0	(D)	0	0	0	(
		Dark meat fish, e.g., mackerel, salmon, sardines bluefish, swordfish (3-5 oz.)	0	0	(W)	0	0	0	0	0	0	
	0500357	Other fish (3-5 oz.)	0	0	W	0	0	0	0	0	0	1
		Shrimp, lobster, scallops as a main dish	O	Ŏ	(1)	0	Ö	0	0	Ŏ	O	1
			Never, or less than once	1-3 per	1 per	2-4 per	5-6 per	1 per	2-3 per	4-5 per	6+ per	
		BREADS, CEREALS, STARCHES	per month.	mo.	week	week	week	day	day	day	day	1
	- 13	Cold breakfast cereal (1 cup)	0	0	W	0	0	0	0	0	0	1
	12/12	Cooked catmeal (1 cup)	0	0	W	0	0	0	0	0	0	
		Other cooked breakfast cereal (1 cup)	0	0	W	0	0	0	0	0	0	1
	119 3 - 4	White bread (slice), including pita bread	0	0	W	0	0	0	0	0	0	
	3 3257 11	Dark bread (slice)	0	0	W	0	0	0	0	0	0	1
		English muffins, bagels, or rolls (1)	0	0	(W)	0	0	0	0	0	0	
	7-12-18	Muffins or biscuits (1)	0	0	W	0	0	0	0	0	0	
	1000	Brown rice (1 cup)	0	0	W	0	0	0	0	0	0	
	1360	White rice (1 cup)	0	0	W	0	0	0	0	0	0	
	268977	Pasta, e.g., spaghetti, noodles, etc. (1 cup)	0	0	W	0	0	0	0	0	0	
		Other grains, e.g., bulgar, kasha, couscous, etc. (1 cup)	0	0	(8)	0	0	0	0	0	0	
		Pancakes or waffles (serving)	0	0	W	0	0	0	0	0	0	1
		French fried potatoes (4 oz.)	0	0	W	0	0	0	0	0	0	П
	The state of	Potatoes, baked, boiled (1) or mashed (1 cup)	0	0	W	0	0	0	O	0	0	T
		Potato chips or corn chips (small bag or 1 oz.)	0	0	W	0	0	0	0	0	0	Ħ
	printer to	Crackers, Triskets, Wheat Thins (1)	0	0	W	0	0	0	0	0	0	П
		Pizza (2 slices)	0	0	W	0	0	0	0	0	0	Ħ
			Never, or less	1-3	1	2-4	5-6	1	2-3	4-5	6+	1
	1	BEVERAGES	than once per month	mo.	week	per week	per week	day	per	per	per day	
RBONATED	Low Calorie	Low calorie cola, e.g., Tab with caffeine	0	0	W	0	0	0	0	0	0	
BEVERAGES	100000000000000000000000000000000000000	Low calorie caffeine-free cola, e.g., Pepsi Free	0	0	W	0	0	0	0	0	0	П
EVERAGES	(sugar-free)	Other low calorie carbonated beverage, e.g.,	0	0	W	0	0	0	0	0	0	
sider the	types	Fresca, Diet 7-Up, diet ginger ale	0		3 8	5 6 6	100				10	I
sider the ing size	types	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar	0	0	(W)	0	0	0	0	0	0	
sider the ing size glass, le or can hese	types Regular types (not sugar-	Fresca, Diet 7-Up, diet ginger ale	0	00	(W)	0	0	0	0	0	0	
sider the ing size glass, le or can hese onated	Regular types	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi; or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale	0	000	(8)	000	Annual Comment		0	0	0	
sider the ing size glass, le or can hese onated erages.	Regular types	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi; or other cola with sugar Other carbonated beverage with sugar,	0	O	(W)	0000	0	0	0000	0	000	
sider the ring size glass, tle or can these onated erages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi; or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-	0	0	(8)	0000	0	0	0000	0	0 0 0	
nsider the ring size glass, tle or can these conated erages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi; or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	0	0 0	(8) (8)		0	0 0		0	0 0 0	
nsider the ring size glass, tle or can these conated erages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi; or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can) Decaffeinated coffee (1 cup)	0	0 0	(8) (8)		0 0	0 0		0 0	0 0 0 0 0	
nsider the ving size I glass, tle or can these bonated verages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi, or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can) Decaffeinated coffee (1 cup) Coffee (1 cup)	0	0 0 0 0 0	8 8 8	00	0 0 0 0 0	0 0 0		0 0 0	00000	
nsider the ving size I glass, tle or can these conated erages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi, or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can) Decaffeinated coffee (1 cup) Coffee (1 cup), not herbal teas	0	0 0 0 0 0	8 8 8	00	0 0 0 0 0 0	0 0 0 0		0 0 0 0 0	00000	
nsider the ving size 1 glass, ttle or can these bonated verages.	Regular types (not sugar- free)	Fresca, Diet 7-Up, diet ginger ale Coke, Pepsi, or other cola with sugar Caffeine Free Coke, Pepsi, or other cola with sugar Other carbonated beverage with sugar, e.g., 7-Up, ginger ale Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can) Decaffeinated coffee (1 cup) Coffee (1 cup) Tea (1 cup), not herbal teas Beer (1 glass, bottle, can)	0	0 0 0 0000	8 8 8	0000	0 0 0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0	0000000	0

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Guidelines for Review of Willet Food Frequency Questionnaire

The purpose of the Willet Food Frequency Questionnaire is to obtain information about what the participant usually eats and drinks. The questions review specific foods and portion sizes, to find out how often, on average, the specified amount was eaten or drunk during the past year. The Willet Food Frequency Form is completed prior to the participant's clinic visit.

Special arrangements may be made if the participant is illiterate, has problems reading, cannot read English, or is unable to answer the questions accurately due to physical or cognitive disabilities. This may be evident for example, the answer sheet has all circles filled out in the first column or is not filled out at all.

- 1. Check that there are no staples, rips, tears, or writing other than where indicated. If so, the form must be redone.
- 2. Make sure that the form is completed with a #2 pencil.
- 3. Check that circles are filled in completely no Xs, checkmarks, etc.
- 4. Check that a response has been filled in for every line. If never used, fill in that circle.
- 5. Check that there is only one response for every line.
- 6. For vitamins, make sure the brand, the dose and how long taken is written in the spaces provided.
- 7. Make sure that all extra foods are written in the numbered spaces (up to 4 items) with complete information.
- 8. Make sure that what is written in the extra foods section is not something that is already in another part of the questionnaire.
- 9. Make sure to check for completeness of I.D. number.
- 10. Make sure to stamp the date on top when the participant brings in the form.

Instructions for Completing the Food Frequency Questionnaire

Thank you for participating in this research study. An important part of this study is the Food Frequency Questionnaire, designed to measure your dietary pattern over the past year. Remember, the information we get from the study is only as good as the information you give us. Accuracy is essential!

Please complete this form and bring it with you at the time of your appointment, or complete prior to the time of your home visit.

- 1) Please use a No. 2 pencil, and make sure the circles are completely darkened.
- 2) Please do not leave any questions blank. If the section does not apply to you, please fill in the "never" section.
- 3) Please do not separate, staple or rip the booklet
- 4) Please do not leave any stray marks. Make sure all erasures are complete.