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.

		DIET AS	SESSMENT	A.88			Contraction of the
ID: 1. Do you currently take multiple v O No O Yes - If yes,	0 0 vitamins? (Plea a) How many	1234 1234 ase report inc y do you take		0 1 2 3 4 6 0 1 2 3 4 6 s under question	88788 56789 n 2.)	002300	66789 66789 66789
	per week? b) What speci you usually	cific brand do ly use?		Ŏ 1	0 or more		<u>66080</u>
2. Not counting multiple vitamins,	, do you take a	any of the f	ollowing prepa	rations:			
a) Vitamin A?) If	How many – years?	→О 0-1 уг.	0 2-4 yrs.	0 5-9 yrs.	() 10+ yrs.	O Don't know
View O Yes, most months	Yes,	What dose - per day?	→O Less than 8,000 IU	O 8,000 to 12,000 IU	O 13,000 to 22,000 IU	0 23,000 IU or more	O Don't know
b) Vitamin C?) H (How many - years?	→O 0-1 yr.	Q 2-4 yrs.	O 5-9 yrs.	() 10+ yrs	O Don't know
Vivo Vies, seasonal only Vies, most months	Yes,	What dose - per day?	→O Less than 400 mg.	O 400 to 700 mg	O 750 to 1250 mg.	O 1300 mg. or more	O Don't know
c) Vitamin B ₆ ? $\bigcirc No \qquad \bigcirc Yes \longrightarrow If yes.$	How many yea What dose per	and the second	→O 0-1 yr. →O Less than 10 mg.	0 2-4 yrs. 0 10 to 39 ma.	O 5-9 yrs. O 40 to 79 mg.	O 10+ yrs. O 80 mg. or more	O Don't know O Don't know
d) Vitamin E? ○ No: ○ Yes → If yes. {	How many yea What dose per		→O 0-1 yr. →O Less than 100 U	O 2-4 vrs. O 100 to 250 ID	0 5-9 γrs. 0 300 to 500 IU	O 10+ yrs O 600 IU or more	O know O Don't O Don't know
e) Selenium? $\bigcirc N_0 \qquad \bigcirc Yes \longrightarrow If yes, \{$	How many yea What dose per		→O 0-1 yr. →O Less than 80 mcg.	O 2-4 yrs. O 80 to 130 mcg.	0 5-9 γrs. 0 140 to 250 mcg.	O 10+ yrs. O 260 mcg. or more	O bon't O Don't know
f) Iron? \bigcirc No \bigcirc Yes \longrightarrow If yes, $\left\{ \begin{array}{c} & \\ & \\ & \\ & \end{array} \right.$	How many yes What dose per		→ O 0-1 yr. → O Less than 51 mg.	O 2-4 yrs. O 51 to 200 rog.	O 5.9 yrs O 201 to 400 mg.	O 10+ yrs. O 401.mg. or more	O bon't O bon't Now
g) Zinc? $\bigcirc N_0 \qquad \bigcirc Yes \longrightarrow If yes, {$	How many yea What dose per		→ O 0-1 yr. → O Less than 25 mg.	O 2-4 yrs. O 25 to 74 mg.	O 5-9 γrs. O 75 to 100 mg.	0 10+ γrs. 0 101 mg. or more	O Don't O Don't know
h) Calcium? (Include Calcium in Dolomite) No Yes	How many yea What dose per		→O 0-1 yr. →O Less than 400 mg.	0 2-4 yrs. 0 400 to 900 mg.	0 5-9 γrs. 0 901 to 1300 mg.	0 10+ yrs. 0 1301 mg. or more	O bon't O bon't know
i) Are there other supple- ments that you take on a regular basis? Please mark if yes:	O Folic acid O Vitamin D O B-Complex Vitamins	Cod Oil	l liver O loc O Co nega-3 O Br	odine OB Copper		O Other (please s	1

				and the second se		in the second								
a) Vitamin A?	veo Iseoa	How many $\rightarrow \bigcirc 0^{-1}$ yr.			O 2	-4 yrs.	() 5-9 y	ris.	0 10+ γrs. 0 0 23,000 IU 0 or more				
O No O Yes, seasonal only Ves, most months		Yes,	What dose per day?	→O Less that 8,000 IU	01	îu (⊃ 13.0 22,0	00 to 00 IU	O Don't know					
b) Vitamin C?	asonal only	How many $\rightarrow \bigcirc 0^{-1}$ yr.			02	Q 2-4 yrs.			ns.	() 10+ yrs				
		Yes,	What dose per day?	→O Less that 400 mg.	04	00 to 00 mg	(D 750 1250	to) mg.	0	300 mg	9. (Don knov	
c) Vitamin B ₆ ? O No O Yes —	→ Ifves	How many What dose	and the second se	→O 0-1 yr. →O Less thar		-4 yrs. 0 to) 5-9 y		~	0+ yrs. 0 ma.	(v
				10 mg.	3	0 to 9 mg.		79 m	ng.		or more		knov	v
d) Vitamin E?	ſ	How many	years?	→O 0-1 yr.	02	-4 yrs.	() 5-9 y	rs.	01	0+ yrs	() Don	
O No O Yes —	→ <u>If yes</u> ,)	What dose	e per day?	→O Less than 100 U	01	00 to 50 IU	() 300 500	to U		00 IU or more	(Don knov	
e) Selenium?	·	How many	vears?	→O 0-1 yr.	02	-4 yrs.	0) 5-9 y	rs.	01	0+ yrs.	(Don'	
O No O Yes -	→ <u>If yes</u> , [What dose		→O Less than 80 mcg.	08	0 to 30 mc	(D 140 250	to	O2	260 mcg		Don	t .
f) Iron?	[How many	γears? —	→ () 0-1 yr.	02	-4 yrs.	() 5.9 y		1	0+ yrs.		Don'	t
O No O Yes -	→ <u>lf yes</u> , (What dose	e per day? —	→O Less than 51 mg.		1 to 00 mg	(201			01.mg. or more	(Don' knov	t
g) Zinc?	(How many	years?	→O 0-1 vr.	02	4 yrs.	0)5-9 v	rrs.	01	0+ yrs.	(Don'	
O No O Yes -	→ <u>lf yes</u> , {	What dose		→O Less than 25 mg.	1 Ŏ2	5 to 4 mg.	Č) 75 to)	Õ1	01 mg. or more		Don'	t
h) Calcium? (Include in Dolor	e Calcium mite) (How many years? 0 0-1 yr.			0000	4 yrs.	(O 5-9 yrs.		O 10+ yrs.			Don'	t .
	→ <u>If yes</u> , {	What dose	the set of	→O Less than 400 mg.	04	00 to 00 mg	C	901		01	301 mg		Don'	t
i) Are there other supr	ole-	0					-		ring.	_	or more			
 i) Are there other supp ments that you take a regular basis? Plea mark if yes: 	on	O Folic aci O Vitamin O B-Comp Vitamin		d liver O) lodine) Copper) Brewer' Yeast	(Beta	⊢ tene	C	_	er (pleas			ļ
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3. (Continued) Please fill in your <u>average</u> use, <u>during the past year</u>, of each specified food.

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 approximate 3 months that it is in season, then the <u>average</u> use would be once per week.

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your <u>average</u> use, ach specified food.	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	
FRUITS	per month	mo.	week	week		day	day	day	day	ľ
Raisins (1 oz. or small pack) or grapes	10	0	(1)	0	0	0	0	0	0	ŧ
Prunes (1/2 cup)	0	O	(1)	Õ	Õ	0	O.	Õ	Õ	F
Bananas (1)	Ŏ	Õ	(1)	Õ	Õ	0	Õ	Õ	Õ	t
Cantaloupe (1/4 melon)	Õ	Õ	(1)	Õ	Õ	0	Õ	Õ	Õ	Г
Natermelon (1 slice)	ŏ	ŏ	W	ŏ	ŏ	0	Õ	ŏ	ŏ	t
Fresh apples or pears (1)	Ŏ	ŏ	(1)	ŏ	ŏ	0	ŏ	ŏ	ŏ	Ť
Apple juice or cider (small glass)	Ŏ	Õ	(W)	ŏ	Õ	0	Õ	õ	Õ	t
Oranges (1)	Ŏ	Õ	W	ŏ	ŏ	Ō	ŏ	ŏ	Ŏ	f
Orange juice (small glass)	ŏ	Õ	0	ŏ	Õ	0	Õ	ŏ	ŏ	1
Grapefruit (1/2)	ĬŎ	ŏ	W	ŏ	ŏ	0	ŏ	Õ	ŏ	T
Grapefruit juice (small glass)	ŏ	ŏ	(1)	ŏ	Ó	0	Õ	ŏ	õ	6
Other fruit juices (small glass)	ŏ	ŏ	0	ŏ	õ	0	Ŏ	Õ	ŏ	t
Strewberries, fresh, frozen or canned (V2 cup)	Ő	0	(1)	Ő	0	0	ŏ	ŏ	ŏ	1
Blueberries, fresh, frozen or canned (½ cup)	10	ŏ	(1)	õ	õ	0	ŏ	ŏ	ŏ	t
	10	0	(1)	0	0	0	0	0	0	ł
Peaches, apricots or plums (1 fresh, or ½ cup canned)										
	Never,									1
in the second second second	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	
VEGETABLES	per month	mo,	week	week	week	day	day	day	day	
fomatoes (1)	0	0	())	0	0	0	0	0	0	T
fomato juice (small glass)	Ó	0	0	Õ	Õ	0	Ō	Õ	Õ	Г
fomato sauce (½ cup) e.g., spaghetti sauce	0	O	(1)	Õ	Õ	0	Õ	Õ	Õ	8
Red chill sauce (1 Tbs)	Ó	O	(1)	Õ	Õ	0	Õ	Õ	Õ	Ē
fofu or scybeans (3-4 oz.)	Ŏ	Õ	0	Õ	ŏ	0	Õ	ŏ	Õ	1
String beans (1/2 cup)	Ŏ	ŏ	W	ŏ	ŏ	0	ŏ	Ŏ	ŏ	Ē
Brocceli (½ cup)	Ŏ	Õ	0	Õ	ŏ	0	õ	Õ	0	t
Cabbage or cole slaw (½ cup)	ŏ	Õ	(1)	ŏ	Õ	0	ŏ	ŏ	ŏ	f
Cauliflower (1/2 cup)	Ŏ	Õ	0	Õ	ŏ	0	ŏ	Õ	0	t
Brussels sprouts (1/2 cup)	ŏ	ŏ	W	ŏ	ŏ	0	ŏ	Õ	Õ	f
Carrots, raw (1/2 carrot or 2-4 sticks)	0	õ	(1)	õ	õ	0	ŏ	Õ	Õ	13
Carrots, cooked (1/2 cup)	ŏ	ŏ	(1)	ŏ	ŏ	0	10	ŏ	Õ	f
Corn (1 ear or 1/2 cup frozen or canned)	10	õ	0	0	õ	0	0	0	0	12
Peas, or lima beans (½ cup fresh, frozen, canned)	10	õ	0	10	ŏ	0	0	ŏ	10	f
Mixed vegetables (1/2 cup)	0	0	0	K	ŏ	0	0	0	0	10
Beans or lentils, baked or dried (1/2 cup)	10	ŏ	8	ŏ	N	0	ŏ	10	0	P
Yellow (winter) squash (½ cup)	0	ŏ	0	6	0	0	X	0	0	t
	10	N	8	K	0	0	0	0	10	P
Eggplant, zucchini, or other summer squash (½ cup)		0	9			0		0	0	
Yams or sweet potatoes (V2 cup)	0	0	0	0	0	0	0	0	0	1
Spinach, cooked (1/2 cup)	0	0	0	0	0	0	0	0	0	Γ
Spinach, raw as in salad	0	0	0	0	0	0	0	0	0	F
Kale, mustard or chard greens (½ cup)	0	0	1	0	0	D	0	0	0	Γ
ceberg or head lettuce (serving)	0	0	1	0	0	0	0	0	0	F
Romaine or leaf lettuce (serving)	0	0	())	0	0	0	0	0	0	Г
Celery (4" stick)	0	0	1	0	0	0	0	0	0	F
Beets (1/2 cup)	Ó	Õ	1	Õ	Õ	0	0	0	0	T
Alfalfa sprouts (1/2 cup)	0	Ó	1	0	Ō	0	0	0	0	T
Garlic, fresh or powdered (1 clove or shake)	0	Ó	0	0	0	D	0	0	Õ	T
	Landa and									1
	Never,									1
	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	
EGGS, MEAT, ETC.	per month	mo.	week	week	week	day	day	day	day	
Eggs (1)	0	0	(1)	0	0	0	0	0	0	t
Chicken or turkey, with skin (4-6 oz.)	Ő	Õ	1	Ő	Õ	0	0	Ó	õ	f
Chicken or turkey, without skin (4-6 oz.)	ŏ	õ	0	ŏ	0	0	0	õ	0	1
Bacon (2 slices)	X	0	0	ŏ	0	0	0	10	0	Ŧ
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lark Reliex® forms by		rage 3			rinted in							
		n your <u>average</u> use, each specified food.	Never, or less	1.3	1	2.4	5-6	1	2-3	4-5	6+	K
during the p	ast year, or	MEATS (CONTINUED)	than once per month		per week	per week	per week	per day	per day	per day	per day	
		Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)	0	0	1	0	0	0	0	0	0	00
		Liver (3-4 oz.)	0	0	1	0	0	0	0	0	0	0
	1.12	Hamburger (1 patty)	Ŏ	ĬŎ		Õ	Õ	0	Õ	Õ	Õ	R
		Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagne, etc.	0	0	1	0	0	0	Ō.	Õ	Õ	0
		Beet, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)	0	0	1	0	0	0	0	0	0	3
		Canned tuna fish (3-4 oz.)	0	0	1	0	0	D	0	0	0	0
		Dark meat fish, e.g., mackerel, salmon, sardines bluefish, swordfish (3-5 oz.)	0	0	1	0	0	٢	0	0	0	0
		Other fish (3-5 oz.)	0	0		0	0	0	0	0	0	2
		Shrimp, lobster, scallops as a main dish	Ő	Õ	0	Õ	Õ	0	Õ	Õ	Õ	(
			Never, or less than once per mont		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	0
	1.2.	BREADS, CEREALS, STARCHES	10	-	-	0	03		0	-	-	
	1.4 -4	Cold breakfast dereal (1 cup) Cooked oatmeal (1 cup)	0	0	W (W)	0	0	0	0	0	0	1
	1.5	Other cooked breakfast cereal (1 cup)	0	0	W)	0	0	0	0	0	0	
	1.1.1	White bread (slice), including pita bread	0	10	(W)	0	0	0	0	0	0	
	Color State		0	10		0	0	0	0	0	0	
	Dark bread (slice) English muffins, bagels, or rolls (1)		0	0	8	10	0	0	0	10	0	
			Ö	10	1	0	0	0	Ő	0	0	
		Muffins or biscuits (1) Brown rice (1 cup)		10	1	ŏ	0	0	10	0	0	
	1.1.1	White rice (1 cup)	0	0	W	õ	0	0	Ő	ŏ	0	
		Pasta, e.g., spaghetti, noodles, etc. (1 cup)	ŏ	10	1	ŏ	õ	0	ŏ	ŏ	ŏ	
		Othor grains, e.g., bulgar, kasha, couscous, etc. (1 cup)	Õ	Õ	0	0	0	0	0	Õ	0	
	1.1.1	Pancakes or waffles (serving)	0	0	0	0	0	0	0	0	0	6
		French fried potatoes (4 oz.)	Ö	O	W	Õ	Õ	0	ŏ	Õ	Õ	
	Sec. A.	Potatoes, baked, boiled (1) or mashed (1 cup)	Ŏ	ĬŎ	0	Õ	ŏ	0	Ŏ	Õ	Ŏ	1
		Potato chips or com chips (small bag or 1 oz.)	Ő	0	(1)	Õ	õ	0	Õ	õ	Õ	
	100 million 100 million	Crackers, Triskets, Wheat Thins (1)	ĬŎ	Tõ	1	ŏ	ŏ	0	Õ	Ő	ŏ	-
	20.000	Pizza (2 sl ces)	Ő	Õ	(1)	Õ	Õ	0	Õ	O	Õ	
		to beau to be	Never, or less than once		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	
	(L))	BEVERAGES	per mont	mo.		WEEK	WEEK		day	uay	uay	
BEVERAGES	Low Calorie	Low calorie cola, e.g., Tab with caffeine	0	0	1	0	0	0	0	0	0	
BEVERAGES	(sugar-free)	Low calorie caffeine-free cola, e.g., Pepsi Free	0	0	0	0	0	0	0	0	0	
nsider the	types	Other low calorie carbonated beverage, e.g., Fresca, Diet 7-Up, diet ginger ale	0	0	1	0	0	0	0	0	0	
rving size 1 glass,	Non Per	Coke, Pepsi, or other cola with sugar	0	0	1	0	0	0	0	0	0	
ottle or can r these	Regular types (not sugar-	Caffeine Free Coke, Pepsi, or other cola with sugar	0	0	1	0	0	0	0	0	0	
rbonated averages.	free)	Other carbonated beverage with sugar, e.g., 7-Up, ginger ale	0	0	1	0	0	0	0	0	0	
В	OTHER	Hawaiian Punch, lemonade, or other non- carbonated fruit drinks (1 glass, bottle, can)	0	0	1	0	0	0	0	0	0	(
	PEX COUNT	Decaffeinated coffee (1 cup)	0	0	(1)	0	0	0	0	0	0	1
		Coffee (1 cup)	0	0	1	0	0	0	0	0	O	
		Tea (1 cup), not herbal teas	0	0	1	0	0	0	0	0	0	
		Beer (1 glass, bottle, can)	0	0	1	0	0	0	0	0	0	
		Red wine (4 oz. glass)	0	0	1	0	0	0	0	0	0	
		White wine (4 oz. glass)	0	0	(1)	0	0	0	0	0	0	
Please turn		Liquor, e.g., whiskey, gin, etc. (1 drink or shot)	0	0	1	0	0	0	0	0	0	

		Pag	e 4						1988, Bri served V			men's l	Hospita
ID:	000000												
The second se	00000		300						000)@@)@(5)()()	000
3. (Continued) Please fill in your	000000		200	9000	0000	3000	0(0)(7	0000			000	100	
average use during the past year, of each specified food.	Never or less	1-3	1	2-4	5-6	1	2-3	4-5	6+	1000000	000	2.1.22.2.2	NI 25. 2
	than on	ce per	per week	per week	per week	per day	per day	per day	per day	1000			and the second second
SWEETS, BAKED GOODS, MISCELLAN	and the second se		6	0	0	0	0	0	0	De			and the second second
Chocolate (bars or pieces) e.g., Hershey's, N	the second se	and the second second	(W)	0	0	0	00	0	0	the second second			
Candy bars, e.g., Snickers, Milky Way, Rees Candy without chocolate (3 oz.)	Contraction of the local division of the loc	sectors design and the sector	(1)	0	0	0	0		0	and the second second			
Cookies, home baked (1)			0	0	0	0	0	0	Ö	00) () ()) () ()		
Cookies, ready made (1)	6	statistics of the local division of the loca	0	0	0	0	0	0	8	00	000		
Brownies (1)	6	and the second second	1	0	0	0	0	0	Ö	OC	1000000		-01-20
Doughauts (1)	6		100	Ő	Ő	0	ö	ö	6	and the second second	000		
Cake, home baked (slice)	C		0	ŏ	ŏ	0	ŏ	0	ŏ				
Cake, ready made (slice)	C	and the second se	(1)	Ő	ŏ	0	ŏ	ŏ	ŏ	00	000	100 100 100	
		50	(1)	ŏ	ŏ	0	ŏ	ŏ	ŏ	OG			-
Sweet roll, coffee cake or other pastry, home baked (serving)			0		-	0	0	0		G		0.2013	
Sweet roll, coffee cake or other pastry,	C	0 0	1	0	0	0	0	0	0	OČ			
ready made (serving)	222223	3 2 2		1.2	000	4.8.9	2.2	2 4 4		and the second se)66		-
Pie, homemade (slice)	0		0	0	0	0	0	0	0	and the second second	000		
Pie, ready made (slice)	C	0		0	0	0	0	0	0	00			
Jams, jellies, preserves, syrup, or honey (1	Tbs)	$\left \right\rangle$	1	0	0	0	0	0	0	and the second se)@@		
Peanut butter (Tbs)	C) 0	(1)	0	0	0	0	0	0	00		the second second	and the second second
Popcorn (1 cup)		0	1	0	0	0	0	0	0	-	000		000
Nuts (small packet or 1 oz.)		20	0	0	0	0	0	0	0	OC	~~~~		
Bran, added to food (1 Tbs)		0	0	0	0	0	0	0	0	00		-	200
Wheat germ (1 Tbs)	(20	0	0	0	0	0	0	0	QQ			
Chowder or cream soup (1 cup)		20	0	0	0	0	0	Q	Q	00			
Oil and vinegar dressing, e.g., Italian (1 Tbs)		20	0	0	0	0	0	0	0	QG			
Mayonnaise or other creamy saled dressing (1 Tbs)	C	0	1	0	0	0	0	0	0	0 C			
Mustard, dry or prepared (1 tsp)	0	0 0	0	0	0	0	0	0	0	00)@@	000	000
Pepper (1 shake)		O O	1	0	0	0	0	0	0	QC)00		000
Salt (1 shake)	0	0 0	1	0	0	0	0	0	0	00			
4. How much of the visible fat on your meats do	you		w man							C			
remove before eating? Remove all visible fat Remove smaller	Il most of fee		gar do y verages						12.1				200 3336
Remove all visible fat O Remove sma Remove majority O Remove non			nat type		ou eaci	i dayr					000		
(Don't eat me			cooking		100							5 A CO A C	0000 660
5. What kind of fat do you usually use for frying a			do you				Speci	ify type	and bra				000
sauteing? (Exclude "Pam"-type spray)	ind.		ually us nat kinc								000	-	2000
O Real butter O Vegetable oil	O Lard	col	d break	fast	100					1000	000	S 100 110	100
O Margarine O Vegetable shortenin	· · · ·		eal do Jally us		-	+					000	C	
	-		adiny do	01			Speci	ify type	and bra		1010	T	(
6. What kind of fat do you usually use for baking		13. Ar	e ther	e any	other	impo	rtant	foods	that y	ou us	ually	-	G
O Real butter O Vegetable oil	OLard		t at le										Q
O Margarine O Vegetable shortenin	g	In	aluda fe	ar avar	nnla: n		etillae	unant	, cream		and	here	G
7 Milestéres étermentes de concernition 7	1.1.2								fava b				000
7. What form of margarine do you usually use?		co	conut,	avoca	do, ma	ngo, p	apaya,	dried	aprico	ts, date	s, figs	5.	0
O None O Stick O Tub O Spread	b												6
O Low-calorie stick O Low-c	alorie tub		o not i en liste						somet	thing th	hat ha	s	0
8. How often do you eat food that is fried at hom (Exclude the use of "Pam"-type spray)	ie?		Other	foods	that y	ou usu	ally			Jsual ring siz	e		rings week
O Daily O 4-6 times pe	r week	(a)											
O 1–3 times per week O Less than on			31.12										
9. How often do you eat fried food away from ho	me?	(b)		1.1/					_				
(e.g., french fries, fried chicken, fried fish)		(c)											
O Daily O 4–6 times per O 1–3 times per week O Less than on		(d)			1			-	44.5	1.1.2		150	255
Croanico por moon Croas diarion	22 0 1100N	Ted										-	

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.