Multi-Ethnic Study of Atherosclerosis Exam 5



Food Frequency Questionnaire

INSTRUCTIONS:

The questions on this form are about your usual eating habits over the last year. Please follow the directions and complete the questionnaire.

Try to complete the questionnaire in one sitting, but feel free to take short breaks if you are getting tired. If you have any questions, you may call ______ at _____.

Please bring this questionnaire with you to the clinic when you come for your scheduled exam on ______.

A member of the clinic staff will review the questionnaire with you during your exam, giving you an opportunity to ask questions or make any clarifications you feel are important.

Please answer the questions by filling in the bubbles using a **NO. 2 PENCIL**. Be sure to fill in the bubbles completely. If you make a mistake, just erase the mistake and fill in the correct bubble.

Please indicate **BOTH** frequency **AND** serving size for each food and beverage item listed.

Like This:

Not Like This:







First,	please	answer	these	questions:
,				40.00

How many times per day do you usually eat, including both meals & snacks?

0 0 1 02 03 04 05 06 07

08 09+

How many times per week do you eat at restaurants for meals, including fast-food and take-out?

0 0 1 02 03 04 05 06 07 08 09+

The following pages include a list of foods and a place for you to tell us how often you typically eat the food and whether your usual serving size is small, medium or large.

A. For each line, fill in the bubble that best describes **HOW OFTEN** you eat the foods.

B. Then, fill in the bubble that best describes your **USUAL SERVING SIZE**. Simply mark "small", "medium", or "large" compared to what seems typical for other men or women about your age.

EXAMPLE: John eats 1 medium-sized banana 5 days a week.

				Aver	age La	st Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Time Per Month	2-3 Times Per Month	Per	Per	3-4 Times Per Week	5-6 Times Per Week	1 Time Per Day	2+ Times Per Day	Small	Medium	Large
Bananas, plantains	0	0	0	0	0	0	•	0	0	0	•	0

IF YOU DON'T EAT THE FOOD, you may leave the serving size blank.

If you don't recognize the name of a food, you probably don't eat it and can mark "Rare or Never."

Please include foods that you eat at home and at restaurants, as well as TV dinners and other frozen foods.

No one remembers everything about what they eat. Just relax and answer to the best of your ability. Thank you very much for taking the time to fill out this questionnaire!

FRUITS AND JUICES

				Avera	age Las	st Year				Your	Serving	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
Fruits Eaten During The Months When They Are In Season												
1. Peaches, apricots, nectarines, plums	0	0	0	0	0	0	0	0	0	0	0	0
2. Cantaloupe, mango, papaya	0	0	0	0	0	0	0	0	0	0	0	0
3. Strawberries, blueberries, other berries	0	0	0	0	0	0	0	0	0	0	0	0
All Other Fruits, Eaten All Year												
4. Apples, apple sauce, pears	0	0	0	0	0	0	0	0	0	0	0	0
5. Bananas, plantains	0	0	0	0	0	0	0	0	0	0	0	0
6. Oranges, grapefruit, tangerines, kiwi	0	0	0	0	0	0	0	0	0	0	0	0
7. Dried fruits including raisins, prunes, figs, apricots	0	0	0	0	0	0	0	0	0	0	0	0
8. Any other fruit (pineapple, persimmon, grapes, other melon, canned peaches, fruit cocktail, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
Fruit Juices												
9. Orange juice, grapefruit juice	0	0	0	0	0	0	0	0	0	0	0	0
10. Any other fruit juice (apple, grape, punch, kool-aid, guava juice, etc.)	0	0	0	0	0	0	0	0	0	0	0	0

CEREAL AND OTHER BREAKFAST FOODS

(please include here even if you eat these foods at times other than breakfast)

				Your Serving Size								
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
11. Eggs, omlettes, huevos rancheros	0	0	0	0	0	0	0	0	0	0	0	0
12. Sausage, chorizo, scrapple, bacon	0	0	0	0	0	0	0	0	0	0	0	0
13. Pancakes, waffles, French toast	0	0	0	0	0	0	0	0	0	0	0	0
14. Oatmeal	0	0	0	0	0	0	0	0	0	0	0	0
15. Other hot cereal (grits, cream of wheat, mush, congee)	0	0	0	0	0	0	0	0	0	0	0	0
16. Cold Cereal	0	0	0	0	0	0	0	0	0	0	0	0

16a. <u>IF YOU EAT COLD CEREAL</u> , what is the name of the cold cereal that you eat most often? BREADS								(Clinical	use or	ıly:	
17. White bread or rolls (hamburger buns, bagels, pita, English muffins, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
18. Dark, whole grain breads or rolls (hamburger buns, bagels, pita, English muffins, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
19. Bran muffins	0	0	0	0	0	0	0	0	0	0	0	0
20. Biscuits, other muffins, croissants, corn bread, hush puppies	0	0	0	0	0	0	0	0	0	0	0	0
21. Margarine or mayonnaise on bread or rolls	0	0	0	0	0	0	0	0	0	0	0	0
22. Butter on bread or rolls	0	0	0	0	0	0	0	0	0	0	0	0

SNACKS

				Your Serving Size								
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
23. Potato, corn or tortilla chips	0	0	0	0	0	0	0	0	0	0	0	0
24. Crackers, pretzels, popcorn	0	0	0	0	0	0	0	0	0	0	0	0
25. Almonds, walnuts, pecans, other nuts	0	0	0	0	0	0	0	0	0	0	0	0
26. Sunflower, pinyon, other seeds	0	0	0	0	0	0	0	0	0	0	0	0
27. Peanuts, peanut butter	0	0	0	0	0	0	0	0	0	0	0	0

CHEESE, YOGURT

28. Cottage or ricotta cheese	0	0	0	0	0	0	0	0	0	0	0	0
29. Cheddar, American, Chihuahua, Swiss, cream cheese, cheese spreads, other cheese	0	0	0	0	0	0	0	0	0	0	0	0
30. Plain yogurt (unflavored)	0	0	0	0	0	0	0	0	0	0	0	0
31. Flavored yogurt	0	0	0	0	0	0	0	0	0	0	0	0

31a. <u>IF YOU EAT YOGURT</u> (plain or flavored), how often is it low-fat or fat-free?

- $\bigcirc \ \, \textbf{Seldom/never}$
- Sometimes
- Often/always

SOUPS

32. Cream soups including chowders, potato and cheese soups	0	0	0	0	0	0	0	0	0	0	0	0
33. Pea, lentil, black bean, potajes soups	0	0	0	0	0	0	0	0	0	0	0	0
34. Miso soup or sauce with soybean paste	0	0	0	0	0	0	0	0	0	0	0	0
35. Other soups including vegetable beef, tomato, egg drop, chicken noodle	0	0	0	0	0	0	0	0	0	0	0	0

SALADS, VEGETABLES AND BEANS (not including vegetables in mixed dishes - these are included later)

				Avera	ge Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
36. Tossed salad with iceberg or light green lettuce	0	0	0	0	0	0	0	0	0	0	0	0
37. Tossed salad with spinach, romaine or dark greens, cooked spinach, turnip greens, collards	0	0	0	0	0	0	0	0	0	0	0	0
38. Tomatoes (cooked or raw), tomato juice	0	0	0	0	0	0	0	0	0	0	0	0
39. Avocado, guacamole	0	0	0	0	0	0	0	0	0	0	0	0
40. Carrots	0	0	0	0	0	0	0	0	0	0	0	0
41. Broccoli, cabbage, cauliflower, brussel sprouts, sauerkraut, kimchee	0	0	0	0	0	0	0	0	0	0	0	0
42. Green beans, peas, snow peas	0	0	0	0	0	0	0	0	0	0	0	0
43. Corn, hominy	0	0	0	0	0	0	0	0	0	0	0	0
44. Winter squash, acorn squash	0	0	0	0	0	0	0	0	0	0	0	0
45. Pinto, black, baked, butter or red beans, pork and beans, black-eyed peas	0	0	0	0	0	0	0	0	0	0	0	0
46. Any other vegetables including summer squash, zucchini, asparagus, mixed vegetables	0	0	0	0	0	0	0	0	0	0	0	0
RICE AND POTATOES												
47. White, Mexican or sticky rice	0	0	0	0	0	0	0	0	0	0	0	0
48. Brown or wild rice	0	0	0	0	0	0	0	0	0	0	0	0
49. Fried rice	0	0	0	0	0	0	0	0	0	0	0	0

RICE AND POTATOES (Continued)

				Avera	ge Las	t Year				Your	Serving	Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
50. French fries, fried potatoes, hash browns	0	0	0	0	0	0	0	0	0	0	0	0
51. Boiled, baked, mashed or other potatoes, turnips	0	0	0	0	0	0	0	0	0	0	0	0
52. Sweet potatoes, yams	0	0	0	0	0	0	0	0	0	0	0	0
53. Margarine or oil on vegetables, rice or potatoes	0	0	0	0	0	0	0	0	0	0	0	0
54. Butter on vegetables, rice or potatoes	0	0	0	0	0	0	0	0	0	0	0	0
CHINESE FOOD AND TOFU]								
55. Oriental noodles with meat (saimen, ramen, wonton mein)	0	0	0	0	0	0	0	0	0	0	0	0
56. Chinese dumplings, spring roll, dim sum (not fried), Chinese bun with meat, sausage and vegetables	0	0	0	0	0	0	0	0	0	0	0	0
57. Chow mein	0	0	0	0	0	0	0	0	0	0	0	0
58. Stir-fried beef, pork or chicken with vegetables, including beef broccoli	0	0	0	0	0	0	0	0	0	0	0	0
58a. <u>IF YOU EAT THE FOOD</u> item listed about One Pork Onicken Beef	ve, whic	h does it	contair	n? Chec	k all tha	at apply	7 .					
59. Stir-fried shrimp or fish with vegetables	0	0	0	0	0	0	0	0	0	0	0	0
60. Stir-fried tofu or tempeh with vegetables	0	0	0	0	0	0	0	0	0	0	0	0
61. Stir-fried vegetables (no meat)	0	0	0	0	0	0	0	0	0	0	0	0

MEXICAN FOOD

				Avera	ge Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
62. Burritos or quesadillas with no meat	0	0	0	0	0	0	0	0	0	0	0	0
63. Burritos, quesadillas or fajitas with meat, poultry or seafood	0	0	0	0	0	0	0	0	0	0	0	0

63a.	IF YOU EAT THE FOOD item listed above, which does it
conta	in? Check all that apply.

- Meat (including pork, beef or lamb)
- O Poultry (including turkey or chicken)
- O Seafood (including crab, shrimp or lobster)

64. Enchiladas, tamales, tacos or nachos with no meat	0	0	0	0	0	0	0	0	0	0	0	0
65. Enchiladas, tamales, tacos or nachos with meat, poultry or seafood	0	0	0	0	0	0	0	0	0	0	0	0

65a. <u>IF YOU EAT THE FOOD</u> item listed above, which does it contain? Check all that apply.

- O Meat (including pork, beef or lamb)
- O Poultry (including turkey or chicken)
- O Seafood (including crab, shrimp or lobster)

66. Picadillo, carne quisada, menudo	0	0	0	0	0	0	0	0	0	0	0	0
67. Arroz con pollo	0	0	0	0	0	0	0	0	0	0	0	0
68. Chile with meat and beans	0	0	0	0	0	0	0	0	0	0	0	0
69. Red chile con carne with meat	0	0	0	0	0	0	0	0	0	0	0	0
70. Green chile con carne with meat	0	0	0	0	0	0	0	0	0	0	0	0
71. Refried beans as a side dish	0	0	0	0	0	0	0	0	0	0	0	0
72. Salsa, pico de gallo	0	0	0	0	0	0	0	0	0	0	0	0
73. Flour or corn tortilla on the side	0	0	0	0	0	0	0	0	0	0	0	0

NOODLES, CASSEROLES, ITALIAN SPAGHETTI AND PIZZA

			,	Averag	e Last `	Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
74. Pasta with cream sauce or cheese (no meat), including macaroni and cheese, quiche, pesto	0	0	0	0	0	0	0	0	0	0	0	0
75. Pasta with cream sauce, cheese and meat, poultry or seafood, including tuna noodle casserole	0	0	0	0	0	0	0	0	0	0	0	0

meat, poultry or seafood, including tuna noodle casserole	0	0	0	0	0	0	0	0	0	0	0	0	
75a. <i>IF YOU EAT THE FOOD</i> item listed abo	ve, whic	h does	it conta	in? Che	eck all tl	— — nat app	 ly.						
○ Beef	0	Seafoo	d (inclu	ding cra	ıb, shrin	np or lo	bster)						
O Pork	0	Tuna (a	as in tur	na nood	le casse	role)							
Poultry (including chicken and turkey) 							 _ J					
76. Pasta with tomato sauce (no meat), including spaghetti and lasagna	0	0	0	0	0	0	0	0	0	0	0	0	
77. Pasta with tomato sauce and meat, poultry or seafood, including spaghetti and lasagna	0	0	0	0	0	0	0	0	0	0	0	0	
77a. <u>IF YOU EAT THE FOOD</u> item listed about contain? Check all that apply.													
78. Pizza	0	0	0	0	0	0	0	0	0	0	0	0	

OTHER MIXED DISHES

				Avera	age Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
79. Meat, chicken or turkey stew, pot pie or empanada	0	0	0	0	0	0	0	0	0	0	0	0

79a. <u>IF YOU EAT THE FOOD</u> item listed above, which does it contain? Check all that apply.

- Meat (including pork, beef or lamb)
- O Poultry (including turkey or chicken)

80. Fish stew or seafood gumbo, paella	0	0	0	0	0	0	0	0	0	0	0	0
81. Chicken salad, tuna salad or egg salad	0	0	0	0	0	0	0	0	0	0	0	0
82. Pasta salad, macaroni salad, potato salad, cole slaw	0	0	0	0	0	0	0	0	0	0	0	0

MEAT AND POULTRY

(not including meats in the mixed dishes listed above)

83. Hamburger, cheeseburger, meat loaf, hash	0	0	0	0	0	0	0	0	0	0	0	0
84. Beef, pork or lamb steaks, roasts, barbeque or ribs	0	0	0	0	0	0	0	0	0	0	0	0
85. Ham hocks, pigs' feet, chicarones	0	0	0	0	0	0	0	0	0	0	0	0
86. Ham, hot dogs, bologna, salami, other lunch meats	0	0	0	0	0	0	0	0	0	0	0	0
87. Roasted, broiled, baked or ground chicken or turkey	0	0	0	0	0	0	0	0	0	0	0	0

MEAT AND POULTRY (Continued)

				Avera	ge Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
88. Fried chicken	0	0	0	0	0	0	0	0	0	0	0	0
89. Liver including chicken livers, other organ meats	0	0	0	0	0	0	0	0	0	0	0	0
90. Gravies made with meat or poultry drippings	0	0	0	0	0	0	0	0	0	0	0	0
FISH (not including fish in the mixed dishe	s listed a	above)										
91. Fried fish or fish sandwich, fried shrimp, calamari	0	0	0	0	0	0	0	0	0	0	0	0
92. Shrimp, lobster, crab, oysters, mussels (not fried)	0	0	0	0	0	0	0	0	0	0	0	0
93. Tuna, salmon, sardines (including sashimi or sushi)	0	0	0	0	0	0	0	0	0	0	0	0
94. Other broiled, steamed, baked or raw fish (trout, sole, halibut, poke, grouper)	0	0	0	0	0	0	0	0	0	0	0	0
SWEETS												
95. Sugar, jelly, jam, molasses on bread or in cereal	0	0	0	0	0	0	0	0	0	0	0	0
96. Regular ice cream	0	0	0	0	0	0	0	0	0	0	0	0
97. Frozen yogurt, low-fat ice cream, ice milk, sherbert	0	0	0	0	0	0	0	0	0	0	0	0
98. Dessert made with tofu	0	0	0	0	0	0	0	0	0	0	0	0
99. White doughnuts, cookies, cakes, pastries, Pop Tarts, Chinese desserts, Mexican desserts	0	0	0	0	0	0	0	0	0	0	0	0

SWEETS (Continued)

				Avera	age Las	st Year				Your	Serving	g Size
Type of Food	Rare or Never	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day	Small	Medium	Large
100. Pure chocolate candy bar or packet (e.g., Hershey's, M&M's, Dove chocolate bar)	0	0	0	0	0	0	0	0	0	0	0	0
101. Chocolate doughnuts, cookies, cakes, brownies or mixed chocolate candy bars (e.g. Snickers, 3 Musketeers, Butterfinger)	0	0	0	0	0	0	0	0	0	0	0	0
102. Other candy including hard candy, licorice, other non-chocolate candy bars	0	0	0	0	0	0	0	0	0	0	0	0
103. Pies	0	0	0	0	0	0	0	0	0	0	0	0
104. Pudding, custard, flan	0	0	0	0	0	0	0	0	0	0	0	0

BEVERAGES

NOTE: CHOICES FOR <u>AVERAGE LAST YEAR.</u> THE BEVERAGE SECTION BELOW ARE DIFFERENT FROM THE FOOD SECTION ABOVE. When you answer these questions about milk, include ONLY beverages; <u>DO NOT include milk that you use on your cereal.</u>

				Avera	ige Last	t Year				Your	Serving	g Size
Type of Food	Rare or Never	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	Small	Medium	Large
105. Whole milk	0	0	0	0	0	0	0	0	0	0	0	0
106. 2% milk or buttermilk	0	0	0	0	0	0	0	0	0	0	0	0
107. Skim milk or 1% milk	0	0	0	0	0	0	0	0	0	0	0	0

Beverages (Continued)

				Avera	ge Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	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	Small	Medium	Large
108. Sweetened condensed milk	0	0	0	0	0	0	0	0	0	0	0	0
109. Soy milk	0	0	0	0	0	0	0	0	0	0	0	0
110. Coke, Pepsi, 7-up or other carbonated beverages (not diet)	0	0	0	0	0	0	0	0	0	0	0	0
111. Sweetened mineral water (not diet)	0	0	0	0	0	0	0	0	0	0	0	0
112. Diet Coke, Diet Pepsi, Diet 7-up or other diet carbonated beverages	0	0	0	0	0	0	0	0	0	0	0	0
113. Unsweetened mineral water	0	0	0	0	0	0	0	0	0	0	0	0
114. Instant breakfast, Ensure, Slimfast	0	0	0	0	0	0	0	0	0	0	0	0
115. Hot chocolate	0	0	0	0	0	0	0	0	0	0	0	0
116. Cafe latte, cafe au lait made with low-fat or skim milk	0	0	0	0	0	0	0	0	0	0	0	0

Beverages (Continued)

				Avera	ige Las	t Year				Your	Servin	g Size
Type of Food	Rare or Never	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	Small	Medium	Large
<u> </u>												
117. Cafe latte, cafe au lait made with whole milk	0	0	0	0	0	0	0	0	0	0	0	0
118. Coffee (regular or decaffeinated) not including latte, cafe au lait	0	0	0	0	0	0	0	0	0	0	0	0
119. Herbal tea	0	0	0	0	0	0	0	0	0	0	0	0
120. Black or green tea	0	0	0	0	0	0	0	0	0	0	0	0
121. Low-fat or skim milk in coffee or tea	0	0	0	0	0	0	0	0	0	0	0	0
122. Whole milk in coffee or tea	0	0	0	0	0	0	0	0	0	0	0	0
123. Cream, half-and-half or non-dairy creamer in coffee or tea	0	0	0	0	0	0	0	0	0	0	0	0
124. Sugar or honey in coffee or tea (not including artificial sweetners)	0	0	0	0	0	0	0	0	0	0	0	0
125. Wine	0	0	0	0	0	0	0	0	0	0	0	0
126. Non-alcoholic beer	0	0	0	0	0	0	0	0	0	0	0	0
127. Beer	0	0	0	0	0	0	0	0	0	0	0	0
128. Liquor or mixed drinks	0	0	0	0	0	0	0	0	0	0	0	0

The next few questions will help us understand the kind of food you eat.

If you never eat the food, please mark "I Do Not Eat The Food".

	I Do Not Eat The Food	SELDOM or NEVER	SOMETIMES	OFTEN or ALWAYS
How often do you eat the skin on chicken?	0	0	0	0
How often do you eat the fat on meat?	0	0	0	0
If you eat ground beef, how often is it lean or extra lean ground beef?	0	0	0	0
How often do you add salt to food at the table?	0	0	0	0
If you eat fresh fruit (not including oranges or bananas), how often do you eat the peel?	0	0	0	0
If you eat potatoes, how often do you eat the skin?	0	0	0	0
If you eat salads, how often do you use either diet salad dressing or no salad dressing?	0	0	0	0
If you drink juice, how often do you drink calcium-fortified juice?	0	0	0	0
If you drink juice, how often do you drink Vitamin C-fortified juice?	0	0	0	0
Not all dark or wheat breads are 100% whole grain. If you eat dark or wheat bread or rolls, how often is it 100% whole grain?	0	0	0	0

Continued:

	I Do Not Eat The Food	SELDOM or NEVER	SOMETIMES	OFTEN or ALWAYS
If you eat hot dogs, bologna or other lunch meats, how often are they low-fat?	0	0	0	0
If you eat snacks such as chips or popcorn, how often are they low-fat?	0	0	0	0
If you eat bacon or sausage, how often is it low-fat?	0	0	0	0
If you eat cheese, how often is it low-fat cheese?	0	0	0	0
If you eat yogurt, how often is it low-fat yogurt?	0	0	0	0
If you eat cookies or cake, how often are they low-fat cookies or cake?	0	0	0	0
If you eat fresh fruit or drink fruit juice, how often is that fruit or fruit juice "organically grown" (fruit or fruit juice with a "USDA Organic" label, purchased locally from an "organic farm", or grown without pesticides in a home garden)?	0	0	0	0
If you eat fresh vegetables, how often are those vegetables "organically grown" (vegetables with a "USDA Organic" label, purchased locally from an "organic farm", or grown without pesticides in a home garden)?	0	0	0	0

IF YOU SOMETIMES, OFTEN, OR ALWAYS eat	
organically grown fruit, fruit juice or	
vegetables, how long have you been doing so	?

- More than 10 years
- 5-10 years
- 1-5 years
- O Less than 1 year

The next few questions are about using fat in cooking. <u>If someone else does the cooking, please answer to the best of your knowledge.</u>

	Average Last Year								
	Less Than 1 Per Week	1-2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	1 1/2 Per Day	2 Per Day	3 Per Day	4+ Per Day
How often is fat or oil used in cooking the foods you eat? For example in sauteing, stir frying or frying eggs, meat or vegetables?	0	0	0	0	0	0	0	0	0

Wha	t kind of fat or oil is usually used in cooking?	(You may select two fats u	sed in sauteing, stir frying or frying food)
	O Don't know	O Pam or no oil	
	O Soft margarine (tub or liquid)	Olive oil	
	O Stick margarine or shortening	O Canola oil	
	O Butter	O Coconut oil	
	O Lard, fatback, bacon fat, fat from hamburger	Other oil (such as vegetable, co	orn, sesame, sunflower or safflower)
If yo	u eat refried beans or pinto beans, what kind	of oil or fat is used in cook	ing the beans? (You may select two choices)
	O Don't know / Don't eat beans	O Pam or no oil	
	O Soft margarine (tub or liquid)	Olive oil	
	O Stick margarine or shortening	O Canola oil	
	○ Butter	O Coconut oil	
	O Lard, fatback, bacon fat, fat from hamburger	Other oil (such as vegetable, co	orn, sesame, sunflower or safflower)
Wha	t kind of fat do you usually add to vegetables	, potatoes, etc. at the table	? (You may select two choices)
	O Don't add fat	O Lard, fatback, bacon fat	Other oil (such as vegetable, corn, sunflower or safflower)
	O Soft margarine (tub or liquid)	Olive oil	O Sour cream
	O Stick margarine or shortening	O Canola oil	
	O Butter	O Coconut oil	

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Is there any other food that you eat **at least once a week** that you have not seen listed in the previous pages?

O Yes	O No					
1						
•						
List:						

Is there anything else that you would like to tell us about your eating habits?

O Yes	O No		

Clinical Use Only:

EDITOR: Review form for completeness and consistency, complete missing items and obtain clarifications.

Comments? O 1 None
O 2 Yes, no review needed
O 3 Yes, Diet Data Center review needed (questionable accuracy, etc.)

Comments/Notes:

Is review by Diet Data Center required for coding food items? O No O Yes

For MESA Field Center Use Only:				
Form Completed:			′ [Date	
O 1 Self at home (returned in clinic)	O 4 By telephone (lead interview after exam)			
O 2 Self at home (sent after exam)	O 5 In Clinic (interviewer administration)			
○ 3 Self (during exam)		Interviewer ID:	Reviewer ID:	Data Entry ID:

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