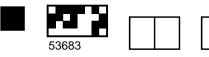
	53683								SMC estion	DS	•		
1.	1. <u>In the past year</u> , did you take multivitamins other than your study pills, for example One-A-Day or Preser Vision? (Please report individual vitamins in question 2.) O No O Yes												
	IF YES: a. How many multivitamin pills did you take per week? O 2 or less O 3 - 5 O 6 - 9 O 10 or more b. For about how many years did you take multivitamin pills? O 0 - 1 O 2 - 4 O 5 - 9 O 10 or more c. What specific brand (any formulation) did you usually use? O One-A-Day O Ocuvite O Centrum O Other: O PreserVision												
2. Not counting multivitamins you took in the past year or your study pills, do you <u>currently</u> take any of the													
following preparations on a regular basis?a. Calcium (include calcium in Tums, etc.)O NoO YesIF YES: What dose per day do you take? (Elemental calcium) \longrightarrow O 500 mg or lessO 501 - 1,200 mgO 1,201 - 1,500 mgO Greater than O Don't knowb. Vitamin D (in calcium supplements or separately)O NoO YesIF YES: How often?O Seasonal onlyO Most monthsWhat dose per day do you take? \rightarrow O 400 IU or less0 401 - 0 801 - 1,000 IUO Greater than O Large doseO OtherO Don't know													
3.	Are there <u>other</u> supple	ements that you	u <u>currently</u> take o	on a reg	ular ba	sis? Ma	rk all tha		nthly				
	O B-complex	O Flax seed	O Lycop	ene		ΟV	itamin A		O Zinc				
	O Beta-carotene	O Flax seed oi	I O Magn	esium		ΟV	itamin B	-6	O Other, specify:				
	O Choline	O Fish oil	O Metar	mucil/Citi	rucel	ΟV	itamin B						
	O Chromium	O Folic acid	O Niacir	า		ΟV	itamin C						
	O Coenzyme Q10	O Iron	O Potas	sium		ΟV	itamin E			Office	use only:		
	O Cod liver oil	O Lecithin	O Selen	ium		ΟV	itamin K						
For each food listed, fill in the circle indicating how often on <u>average</u> you have used the amount specified <u>during the past year</u> . (Note: "oz" = ounce, "C" = cup, "e.g." = example)													
4	. DAIRY FOODS		Never, or less than once per 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+ per day		
Skim or lowfat milk (8 oz glass)		0	0	0	0	0	0	0	0	0			
Whole milk (8 oz glass)			0	0	0	0	0	0	0	0	0		
Yogurt, regular or non-fat (4-6 oz)			0	0	0	0	0	0	0	0	0		
Yogurt, Greek, regular or non-fat (4-6 oz)			0	0	0	0	0	0	0	0	0		
Ice cream (1/2 C)			0	0	0	0	0	0	0	0	0		

Cottage or ricotta cheese (1/2 C)



COSMOS

Diet Questionnaire

4. DAIRY FOODS (continued)	Never, or less than once per 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+ per day
Other cheese, e.g., American, cheddar, plain or as part of a dish (1 slice or 1 oz)		0	0	0	0	0	0	0	0	0
Butter (pat), added to food or bread, exclude use in cooking		0	0	0	0	0	0	0	0	0
Margarine (pat), added to food or bread; exclude use in cooking			0	0	0	0	0	0	0	0
What form of margarine do you usually use?										
O None O Stick → Specify brand and type (e.g., Parkay) Office use o									e only:	

Please average your seasonal use of foods <u>over the entire year</u>. For example, if a food such as cantaloupe is eaten 4 times a week during the approximately 3 months that it is in season, then the <u>average</u> use would be once per week. (Note: "oz" = ounce, "C" = cup, e.g. = example)

	than o	r, or less once per onth	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
Raisins (1 oz or small pack) or grapes (1/2 C)		0	0	0	0	0	0	0	0	0
Prunes or dried plums (6 prunes or 1/4 C)		0	0	0	0	0	0	0	0	0
Prune juice (1 small glass)		0	0	0	0	0	0	0	0	0
Bananas (1 medium)		0	0	0	0	0	0	0	0	0
Cantaloupe (1/4 melon)		0	0	0	0	0	0	0	0	0
Avocado (1/2 fruit or 1/2 C)		0	0	0	0	0	0	0	0	0
Fresh apples or pears (1 medium)		0	0	0	0	0	0	0	0	0
Apple juice or cider (1 small glass)		0	0	0	0	0	0	0	0	0
Oranges (1)		0	0	0	0	0	0	0	0	0
Orange juice, calcium or Vitamin D fortified (1 small glass)		0	0	0	0	0	0	0	0	0
Orange juice, regular (not calcium fortified) (1 small glass)		0	0	0	0	0	0	0	0	0
Grapefruit (1/2) or grapefruit juice (1 small glas	s)	0	0	0	0	0	0	0	0	0
Other fruit juices (1 small glass)		0	0	0	0	0	0	0	0	0
Strawberries, fresh, frozen or canned (1/2 C)		0	0	0	0	0	0	0	0	0
Blueberries, fresh, frozen or canned (1/2 C)		0	0	0	0	0	0	0	0	0
Peaches or plums (1 fresh or 1/2 C canned)		0	0	0	0	0	0	0	0	0
Apricots (1 fresh, 1/2 C canned or 5 dried)		0	0	0	0	0	0	0	0	0

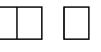




Diet Questionnaire

6. VEGETABLES	than o	, or less nce per onth	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
Tomatoes (2 slices)		0	0	0	0	0	0	0	0	0
Tomato juice or V8 juice (1 small glass)		0	0	0	0	0	0	0	0	0
Tomato sauce (1/2 C), e.g., spaghetti sauce		0	0	0	0	0	0	0	0	0
String beans (1/2 C)		0	0	0	0	0	0	0	0	0
Broccoli (1/2 C)		0	0	0	0	0	0	0	0	0
Cabbage, cauliflower, or Brussels sprouts (1/2	2 C)	0	0	0	0	0	0	0	0	0
Carrots, raw (2-4 sticks)		0	0	0	0	0	0	0	0	0
Carrots, cooked (1/2 C)		0	0	0	0	0	0	0	0	0
Corn (1 ear or 1/2 C frozen or canned)		0	0	0	0	0	0	0	0	0
Beans or lentils, baked or dried (1/2 C)		0	0	0	0	0	0	0	0	0
Peas or lima beans (1/2 C fresh, frozen, or can	nned)	0	0	0	0	0	0	0	0	0
Yams or sweet potatoes (1/2 C)		0	0	0	0	0	0	0	0	0
Spinach or collard greens, cooked (1/2 C)		0	0	0	0	0	0	0	0	0
Kale, mustard greens, or chard, cooked (1/2 C)		0	0	0	0	0	0	0	0	0
Eggplant or squash (1/2 C)		0	0	0	0	0	0	0	0	0
Lettuce (1 serving)		0	0	0	0	0	0	0	0	0
Potatoes, baked, boiled (1) or mashed (1 C)		0	0	0	0	0	0	0	0	0
Onions as a garnish or in salad (1 slice)		0	0	0	0	0	0	0	0	0
Onions cooked or rings (1/2 C)		0	0	0	0	0	0	0	0	0
Tofu, soy burger, soybeans, miso, or other soy protein		0	0	0	0	0	0	0	0	0
7. EGGS, MEATS, POULTRY, AND FISH	than o	r, or less once per ionth	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
Eggs (1)		0	0	0	0	0	0	0	0	0
Chicken or turkey, with skin (3 oz)		0	0	0	0	0	0	0	0	0
Chicken or turkey, without skin (3 oz)		0	0	0	0	0	0	0	0	0
Hot dogs (1)		0	0	0	0	0	0	0	0	0





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Diet Questionnaire

	Diet Questionnane									
7. EGGS, MEATS, POULTRY, AND FISH (continued)	Never than o month	, or less nce per	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
Bacon (2 slices)		0	0	0	0	0	0	0	0	0
Processed meats, e.g., turkey, sausage, bologna (1 piece or slice)		0	0	0	0	0	0	0	0	0
Hamburger (3 oz patty, cooked)		0	0	0	0	0	0	0	0	0
Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagna		0	0	0	0	0	0	0	0	0
Beef, pork, or lamb as a main dish, e.g. steak, roast, ham (4-6 oz.)		0	0	0	0	0	0	0	0	0
Canned tuna fish (3-4 oz.)		0	0	0	0	0	0	0	0	0
Dark fish, e.g. tuna steak, mackerel, salmon, bluefish, swordfish (3-5 oz.)		0	0	0	0	0	0	0	0	0
Other fish, e.g. cod, haddock, halibut (3-5 oz.)		0	0	0	0	0	0	0	0	0
Shrimp, lobster, scallops as a main dish		0	0	0	0	0	0	0	0	0
8. BREADS, SWEETS, BAKED GOODS, CEREAL, MISC.		, or less nce per nth	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
Milk chocolate (bar or pieces) (1 oz)		0	0	0	0	0	0	0	0	0
Dark chocolate (1 oz)		0	0	0	0	0	0	0	0	0
White chocolate (1 oz)		0	0	0	0	0	0	0	0	0
Candy bars, e.g., Snickers, Milky Way, Reeses (1)		0	0	0	0	0	0	0	0	0
Candy without chocolate (1 oz)		0	0	0	0	0	0	0	0	0
Pie (1 slice)		0	0	0	0	0	0	0	0	0
Cake (1 slice)		0	0	0	0	0	0	0	0	0
Cookies (1)		0	0	0	0	0	0	0	0	0
Brownies (1)		0	0	0	0	0	0	0	0	0
Cold breakfast cereal (1 serving)		0	0	0	0	0	0	0	0	0
Cooked oatmeal/oat bran (including instant) (1C)		0	0	0	0	0	0	0	0	0
White bread (1 slice), including pita bread		0	0	0	0	0	0	0	0	0
Whole wheat, oatmeal, or other whole grain bread (1 slice)		0	0	0	0	0	0	0	0	0



COSMOS

Diet Questionnaire

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8. BREADS, SWEETS, BAKED GOODS, CEREAL, MISC. (continued)	than	er, or less once per onth	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
Rice or pasta, e.g. spaghetti, noodles, couscous (1 C)		0	0	0	0	0	0	0	0	0
Potato chips or corn/tortilla chips (1 small bag or 1 oz)		0	0	0	0	0	0	0	0	0
French fries (6 oz or 1 serving)		0	0	0	0	0	0	0	0	0
Peanut butter (1 tablespoon)		0	0	0	0	0	0	0	0	0
Peanuts (1 oz)		0	0	0	0	0	0	0	0	0
Walnuts (1 oz)		0	0	0	0	0	0	0	0	0
Other nuts (1 oz)		0	0	0	0	0	0	0	0	0
Oil and vinegar dressing, e.g., Italian (1 tablespoon)		0	0	0	0	0	0	0	0	0
9. BEVERAGES	than	r, or less once per onth	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
Coffee, with caffeine (8 oz cup)		0	0	0	0	0	0	0	0	0
Decaffeinated coffee (8 oz cup)		0	0	0	0	0	0	0	0	0
Black tea with caffeine (8 oz cup)		0	0	0	0	0	0	0	0	0
Green tea with caffeine (8 oz cup)		0	0	0	0	0	0	0	0	0
Decaffeinated tea, exclude herbal (8 oz cup)		0	0	0	0	0	0	0	0	0
Cocoa beverages (e.g., hot chocolate, mocha, Ensure) (8 oz cup)		0	0	0	0	0	0	0	0	0
Beer (1 glass, bottle, can)		0	0	0	0	0	0	0	0	0
Red wine (5 oz glass)		0	0	0	0	0	0	0	0	0
White wine (5 oz glass)		0	0	0	0	0	0	0	0	0
Liquor, e.g., whiskey, gin, vodka (1 drink or sh	iot)	0	0	0	0	0	0	0	0	0
Low calorie carbonated beverage, e.g. Diet Coke (1 bottle or can)		0	0	0	0	0	0	0	0	0
Carbonated beverage with sugar, e.g. Coke, Pepsi (1 bottle or can)		0	0	0	0	0	0	0	0	0
Other sugared beverages, e.g., punch, lemona sweetened iced tea (1 glass, bottle, can)	ade,	0	0	0	0	0	0	0	0	0

53683	COSMOS								
	Diet Questionnaire								
10. What kind of fat do you use for frying and sauteing at home? (Exclude "Pam"-ty	pe spray)								
O Real butter O Margarine O Vegetable oil O Olive oil O Vegetable sh	hortening O Lard O None								
11. What kind of fat do you usually use for baking at home?									
O Real butter O Margarine O Vegetable oil O Olive oil O Vegetable sh	hortening O Lard O None								
12. What kind of cooking oil do you usually use at home?									
13. How often do you eat food that is fried at home? (Exclude food fried in "Pam"-ty O Less than once a week O 1-3 times per week O 4-6 times per week									
14. How often do you eat fried food away from home? (e.g. French fries, fried chicken, fried fish)O Less than once a weekO 1-3 times per weekO 4-6 times per weekO Daily									
15. Which cold breakfast cereal do you usually eat? Cold cereal brand O Don't eat cold breakfast cereal O Specify brand and type	I and type:								
16. How many teaspoons of sugar do you add to your beverages or food each day? ->									

Thank you for completing the COSMOS Diet Questionnaire. Please check to see if you have answered all questions. Then return it in the enclosed prepaid envelope.