



## REGARDS

## PLACES YOU HAVE LIVED QUESTIONNAIRE

**Instructions:** It is important for the REGARDS study to have a history of where you have lived. Starting with where you were born, please provide the name of the closest town or city to where you lived, the name of the state, and how old you were when you moved to the next city. Please do not include any place you lived for less than 1 year. For the place you are currently living, put an "X" in the "Age when you left this town" column. If you have lived in a country other than the United States, write the name of the country in the "City" column and "OC" (for "other country") in the "state" column. If your parent or guardian was a member of the Armed Forces (AF) during your childhood and you do not remember exactly where you lived during this time period, write "Military" in the "City" column and "AF" in the "State" column. If you have lived in more than 10 places, please continue on the **next** page.

**For example,** suppose you were born in Tarboro, North Carolina and lived there until you were 7. At age 7, your father joined the Army and your family moved frequently until you were 11. At age 11, you returned to Tarboro, NC where you lived until you were 18. Then you moved to Winston-Salem, NC where you lived until you were 32. When were 32, you moved to Munich, Germany where you lived until you were 36. Then you moved to Birmingham, Alabama and have lived there since. The table to the right shows how you should complete this form.

If you have questions about how to fill out this form, please call the REGARDS Operations Office toll-free at 1-888-734-2738.

## EXAMPLE RESPONSE

	City (if in USA or Country (if not USA)	State*	Age when you left this town
Where did you live after you were born?	Tarboro	NC	7
2nd place you lived	Military	AF	11
3rd place you lived	Tarboro	NC	18
4th place you lived	Winston-Salem	NC	32
5th place you lived	Germany	OC	36
6th place you lived	Birmingham	AL	X
7th place you lived			
8th place you lived			
9th place you lived			
10th place you lived			

*Please let us know where you have lived in the space below:*

	City (if in USA) or Country (if not USA)	State *	Age when you left this town
Where did you live after you were born?			
2nd place you lived			
3rd place you lived			
4th place you lived			
5th place you lived			
6th place you lived			
7th place you lived			
8th place you lived			
9th place you lived			
10th place you lived			

\*OC for Other Country AF for Armed Forces



**REGARDS**  
**PLACES YOU HAVE LIVED QUESTIONNAIRE**

	City	State	Age when you left this town
11th place you lived			
12th place you lived			
13th place you lived			
14th place you lived			
15th place you lived			
16th place you lived			
17th place you lived			
18th place you lived			
19th place you lived			
20th place you lived			
21st place you lived			
22nd place you lived			
23rd place you lived			
24th place you lived			
25th place you lived			
26th place you lived			
27th place you lived			
28th place you lived			
29th place you lived			
30th place you lived			

*If you have any questions about this form, please call the REGARDS Operations Center (toll-free) at 1-888-REGARD8 [1-888-734-2738]*



# REGARDS FAMILY HISTORY QUESTIONNAIRE

We are interested in knowing whether your biological parents, brothers and sisters have ever had a stroke or heart attack. We also want to know whether they are still alive, and if not, what year they passed away.

**Instructions: for each row provide**

1. First name or initials
2. Whether they are your brother or sister
3. Their year of birth
4. Has this person had a stroke, and if so, the age they were when they had their (first) stroke?
5. Has this person had a heart attack, and if so, the age they were when they had their (first) heart attack?
6. Has this person died, and if so, the age they were when they died?

*Do not include yourself in your response*

Relation	#1: First name or initials	#2: Sex	#3: Year of Birth	#4: Has this person ever had a stroke?	#5: Has this person ever had a heart attack?	#6: Has this person died?
Father	<input type="text"/> (First Name or Initials)	Male	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death
Mother	<input type="text"/> (First Name or Initials)	Female	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death
Oldest brother or sister	<input type="text"/> (First Name or Initials)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death
Second oldest brother or sister	<input type="text"/> (First Name or Initials)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death
Third oldest brother or sister	<input type="text"/> (First Name or Initials)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death
Fourth oldest brother or sister	<input type="text"/> (First Name or Initials)	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="text"/> Year of birth	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of stroke	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of heart attack	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <input type="text"/> Year of death

If you have any questions about this form, please call the REGARDS Operations Center (toll-free) at 1-888-REGARD-8 [1-888-734-2738].



## REGARDS FOOD QUESTIONNAIRE

This form is about the foods you usually eat. It will take about 30-40 minutes to complete.

- \* Please answer each question as best you can. Estimate if you aren't sure.
- \* Use pen supplied.
- \* Put an 'X' in the box that you choose to answer.

If female, are you pregnant or breast feeding?      Yes       No

**AVERAGE USE IN THE PAST YEAR**

First, a few general questions about what you eat.	LESS THAN ONCE 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
About how many servings of vegetables do you eat, per day or per week, not counting salad or potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how many servings of fruit do you eat, not counting juices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat cold cereal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you use fat or oil in cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What kinds of fat or oil do you usually use in cooking? **MARK ONLY ONE OR TWO**

<input type="checkbox"/> Don't know, or Pam	<input type="checkbox"/> Butter/margarine blend	<input type="checkbox"/> Lard, fatback, bacon fat	<input type="checkbox"/> Stick margarine
<input type="checkbox"/> Low-fat margarine	<input type="checkbox"/> Crisco	<input type="checkbox"/> Soft tub margarine	<input type="checkbox"/> Corn oil, vegetable oil
<input type="checkbox"/> Butter	<input type="checkbox"/> Olive oil or canola oil		

During the past year, have you taken any vitamins or minerals regularly, at least once a month?

Yes, fairly regularly       No, not regularly

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS?					
	DIDN'T TAKE	A FEW DAYS PER MONTH	1-3 DAYS PER WEEK	4-6 DAYS PER WEEK	EVERY DAY	LESS THAN 1 YR.	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YRS
<b>Multiple Vitamins.</b> Did you take...											
Regular Once-A-Day, Centrum, or Thera type--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress-tabs or B-Complex type-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antioxidant combination type -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Single Vitamins</b> (not part of multiple vitamins)											
Vitamin A (not beta-carotene)-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-carotene-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin E-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic acid, folate-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium, alone or combined with something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc, alone or combined with something else ---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**REGARDS FOOD QUESTIONNAIRE**

If you took Once-a-day, Centrum or Thera-type multiple vitamins, did you usually take types that  contain minerals, iron, zinc, etc.  do not contain minerals  don't know

If you took vitamin C or vitamin E:

How many milligrams of **vitamin C** did you usually take, on the days you took it?

100  250  500  750  1000  1500  2000  3000+  Don't know

How many IUs of **vitamin E** did you usually take, on the days you took it?

100  200  300  400  600  800  1000  2000+  Don't know

Did you take any of these supplements at least once a month?

Ginkgo  Ginseng  St. John's Wort  Kava Kava  Echinacea  Melatonin  
 DHEA  Glucosamine/Chondroitin  Something else  Didn't take these

The next section is about your usual eating habits in the past year or so. This includes all meals or snacks, at home or in a restaurant or carry-out. There are two kinds of questions to answer for each food:

**HOW OFTEN**, on average, did you eat the food during the past year?

\* Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

**HOW MUCH** did you usually eat of the food?

\* Sometimes we ask how many you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.  
 \* Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES. For each food, pick the picture (bowl or plate) that looks the most like the serving size you usually eat. (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D=2 cups.)

**NOTE: Refer to the last page for pictures of serving sizes.**

**EXAMPLE:** This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C" sized serving of rice (about 1 cup).

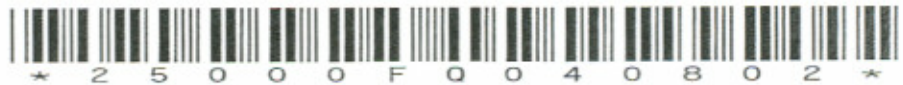
HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE A-B-C-D				
										1	2	3	4	
Apple juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses each time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much each time.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



## REGARDS FOOD QUESTIONNAIRE

**How often do you drink the following beverages?**

HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	<u>HOW MUCH EACH TIME</u>				
										1	2	3	4	
Tomato juice or V-8 juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you drink orange juice, how often do you drink a calcium-fortified brand?	<input type="checkbox"/> Usually calcium-fortified <input type="checkbox"/> Sometimes calcium-fortified <input type="checkbox"/> Hardly ever calcium-fortified				<input type="checkbox"/> I don't know <input type="checkbox"/> I don't drink orange juice									
Other real fruit juices like apple juice, prune juice, lemonade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kool-Aid, Hi-C, or other drinks with added vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks with some juice in them, like Sunny Delight, Juice Squeeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant breakfast milkshakes like Carnation, diet shakes like SlimFast or liquid supplements like Ensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses or cans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses of milk (any kind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you drink glasses of milk, what kind do you <u>usually</u> drink? <b>MARK ONLY ONE:</b>	<input type="checkbox"/> Whole milk <input type="checkbox"/> Reduced-fat 2% milk <input type="checkbox"/> Low-fat 1% milk				<input type="checkbox"/> Non-fat milk <input type="checkbox"/> Rice milk <input type="checkbox"/> Soy milk				<input type="checkbox"/> I don't drink milk or soy milk					
Regular soft drinks, or bottled drinks like Snapple (not diet drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bottles or cans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer or non-alcoholic beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bottles or cans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What kind of beer do you drink? <b>MARK ONLY ONE:</b>	<input type="checkbox"/> Regular beer <input type="checkbox"/> Non-alcoholic beer				<input type="checkbox"/> Light beer <input type="checkbox"/> I don't drink beer									
Wine or wine coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor or mixed drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses of water, tap or bottled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee, regular or decaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea or iced tea (not herb teas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What do you usually add to coffee?	<b>MARK ONLY ONE:</b> <input type="checkbox"/> Cream or half & half <input type="checkbox"/> Nondairy creamer <input type="checkbox"/> Milk <input type="checkbox"/> None of these													
What do you usually add to tea?	<b>MARK ONLY ONE:</b> <input type="checkbox"/> Cream or half & half <input type="checkbox"/> Nondairy creamer <input type="checkbox"/> Milk <input type="checkbox"/> None of these													
Do you usually add sugar (or honey) to coffee?	<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, how many teaspoons each cup?								<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+					
Do you usually add sugar (or honey) to tea?	<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, how many teaspoons each cup?								<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+					



## REGARDS FOOD QUESTIONNAIRE

How often do you eat each of the following fruits, just during the 2-3 months when they are in season?

HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Raw peaches, apricots, nectarines while they are in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cantaloupe, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> 1/8	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1
Strawberries, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Watermelon, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Any other fruit in season like grapes, honey-dew, pineapple, kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

How often do you eat the following foods all year round? Estimate your average for the whole year.

Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Apples or pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Oranges or tangerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Canned fruit like applesauce, fruit cocktail, or dried fruit like raisins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many eggs each time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Breakfast sausage, including sausage biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Pancakes, waffles, French toast, Pop Tarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Breakfast bars, granola bars, Power bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cooked cereals like oatmeal, cream of wheat or grits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
High-fiber cereals like All Bran, Raisin Bran, Fruit-n-Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	

Which high-fiber cereal do you eat most often? **MARK ONLY ONE:**  All Bran or Bran Buds  Raisin Bran  Fiber One, Fruit-n-Fiber, etc.  Something else  I don't know  I don't eat it

Product 19, Just Right or Total cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Any other cold cereal, like Corn Flakes, Cheerios, Special K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Milk or milk substitutes on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many oz. on cereal	<input type="checkbox"/> 3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7	<input type="checkbox"/> 8+
Yogurt or frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Cheese, sliced cheese or cheese spread, including on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

When you eat cheese, is it  Usually low-fat  Sometimes low-fat  Hardly ever low-fat  Don't know/don't eat



## REGARDS FOOD QUESTIONNAIRE

How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry, at home or in a restaurant?

HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Carrots, or mixed vegetables or stews containing carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Green beans or green peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mustard greens, turnip greens, collards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
French fries, fried potatoes or hash browns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
White potatoes not fried, incl. boiled, baked, mashed & potato salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Sweet potatoes, yams (Not in pie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Cole slaw, cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Green salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Raw tomatoes, including in salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> ¼	<input type="checkbox"/> ½	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Salad dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Is your salad dressing											<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't use			
Any other vegetable, like okra, squash, cooked green peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Refried beans or bean burritos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Chili with beans (with or without meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Baked beans, black-eyed peas, pintos, any other dried beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Vegetable stew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Split pea, bean or lentil soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Any other soup, like chicken noodle, chowder, mushroom, instant soups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Which bowl	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Spaghetti, lasagna or other pasta with tomato sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Cheese dishes <u>without</u> tomato sauce, like macaroni and cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Pizza, including carry-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4





## REGARDS FOOD QUESTIONNAIRE

Do you ever eat chicken, meat or fish?  Yes  No **IF NO, SKIP TO NEXT PAGE**

HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How much meat in lbs.	1/8	1/4	1/2	3/4
Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much meat in lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacos, burritos, enchiladas, tamales, etc. with meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef steaks, roasts, pot roast, or in frozen dinners or sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you like beef cooked?	<input type="checkbox"/> Rare <input type="checkbox"/> Medium <input type="checkbox"/> Well done <input type="checkbox"/> I don't eat beef													
Pork chops, pork roasts, or dinner ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you eat meat, do you	<input type="checkbox"/> Avoid eating the fat <input type="checkbox"/> Sometimes eat the fat <input type="checkbox"/> Often eat the fat <input type="checkbox"/> I don't eat meat													
Veal, lamb or deer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ribs, spareribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver, including chicken livers or liverwurst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gizzard, pork neckbones, chitlins, pigs feet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed dishes with beef or pork, like stew, corned beef hash, stuffed cabbage, meat dish with noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed dishes with chicken, like chicken casserole, chicken & noodles, pot pie or in stir-fry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many medium pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you eat chicken, do you	<input type="checkbox"/> Avoid eating the skin <input type="checkbox"/> Sometimes eat the skin <input type="checkbox"/> Often eat the skin													
Oysters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other shellfish like shrimp, scallops, crabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna, tuna salad, tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much of the tuna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried fish or fish sandwich, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fish, not fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dogs, or sausage like Polish, Italian or chorizo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your hot dogs	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat them													
Boloney, sliced ham, turkey lunch meat, other lunch meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your lunch meats	<input type="checkbox"/> Usually low-fat or turkey <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat													



## REGARDS FOOD QUESTIONNAIRE

HOW OFTEN	NEVER	A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D
Noodles, macaroni, pasta salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Tofu, bean curd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Meat substitutes, such as veggie burgers, Gardenburgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many patties <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Chinese food, Thai or other Asian food, not counted above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Snacks like potato chips, corn chips, popcorn (not pretzels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Are these snacks	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat									
Peanuts, other nuts or seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Doughnuts, Danish pastry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Cake, sweet rolls, coffee cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Are they	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat									
Cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8+
Are your cookies	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat									
Ice cream, ice milk, ice cream bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Is your ice cream	<input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat									
Pumpkin pie, sweet potato pie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices <input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Any other pie or cobbler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices <input type="checkbox"/> 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Chocolate candy, candy bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many bars <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
										<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="margin-bottom: 5px;"><input type="checkbox"/> 1 small</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> 1 medium</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> 1 large</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> 2 large</div> </div>
Other candy, not chocolate, like hard candy, caramel, jelly beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> 8+



## REGARDS FOOD QUESTIONNAIRE

HOW OFTEN	NEVER OF A FEW TIMES PER YEAR	ONCE PER MON	2-3 TIMES PER MON	ONCE PER WEEK	TWICE PER WEEK	3-4 TIMES PER WEEK	5-6 TIMES PER WEEK	EVERY DAY	2+ TIMES PER DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
										How many each time	1	2	3	4
Biscuits or muffins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolls, hamburger buns, English muffins, bagels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark bread like rye or whole wheat, including in sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White bread or toast, including French, Italian, or in sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn bread, corn muffins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice, or dishes made with rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margarine (not butter) on bread or on potatoes or vegetables, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pats (tsp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter (not margarine) on bread or on potatoes or vegetables, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many pats (tsp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jelly, jam, or syrup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayonnaise, sandwich spreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catsup, salsa or chili peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mustard, soy sauce, steak sauce, barbecue sauce, other sauces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many Tbsp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you use the pictures to choose your serving size on this form?  Yes  No

Would you say your health is  Excellent  Very good  Good  Fair  Poor

How many times have you gone on a diet?  Never  1-2  3-5  6-8  9 or more

Did you ever drink more beer, wine or liquor than you do now?  Yes  No

How many hours do you watch television or video, per day or per week on average?

None  1-6 hours/week  1 hour/day  2 hours/day  3 hours/day  4+ hours/day

Do you smoke cigarettes now?  Yes  No

IF YES, On the average about how many cigarettes a day do you smoke now?

1-5  6-14  15-24  25-34  35 or more

What language do you usually speak at home or with friends?

English  Spanish  Something else  English & something else equally

What is your ethnic group? (MARK ONE OR MORE)

Hispanic or Latino  Black or African American  American Indian or Alaska Native  
 White, not Hispanic  Asian  Native Hawaiian or Other Pacific Islander

Thank you very much for filling out this questionnaire. Please take a minute to go back and fill in anything you may have skipped.



# REGARDS PARTICIPANT CONTACT FORM

Please provide the information below. If you have any questions, please call the REGARDS Operations Center (toll-free): 1-888-REGARD-8 [1-888-734-2738].

Your Contact Information. Please PRINT:

<i>Last Name</i>																								
<i>First Name</i>													<i>Middle Initial</i>											
<i>Street 1</i>																								
<i>Street 2</i>																								
<i>City</i>																			<i>State</i>					
<i>Zip</i>					<i>Home Phone</i>			-			-													
<i>Work Phone</i>			-			-																		
<i>Cell/Other</i>			-			-																		
<i>Email</i>																								

Do you plan to change your name within the next year? Yes  No

If Yes, what will your new name be?

<i>Last Name</i>																								
<i>First Name</i>													<i>Middle Initial</i>											

Do you plan on being out of this area for an extended period of time (a month or longer) within the next year? Yes  No

If Yes, Approximately when will you leave?	month	/	year
	<input type="text"/>		<input type="text"/>
If Yes, Approximately when will you return?	month	/	year
	<input type="text"/>		<input type="text"/>

Do you plan to change your local address within the next three months? Yes  No

If Yes: <i>Street 1</i>																								
New <i>Street 2</i>																								
Address <i>City</i>																			<i>State</i>					
Information <i>Zip</i>					<i>Home Phone</i>			-			-													



## REGARDS PARTICIPANT CONTACT FORM

**CONTACTS:** Please provide contact information for two persons who will always know where to find you. If possible, please include one person that does not live with you.

Contact 1:

<i>Last Name</i>	<input type="text"/>																							
<i>First Name</i>	<input type="text"/>																		<i>Middle Initial</i>	<input type="text"/>				
<i>Street 1</i>	<input type="text"/>																							
<i>Street 2</i>	<input type="text"/>																							
<i>City</i>	<input type="text"/>																		<i>State</i>	<input type="text"/>				
<i>Zip</i>	<input type="text"/>				<i>Home Phone</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>												
<i>Work Phone</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>																	
<i>Cell/Other</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>																	
<i>Email</i>	<input type="text"/>																							

Contact 2:

<i>Last Name</i>	<input type="text"/>																							
<i>First Name</i>	<input type="text"/>																		<i>Middle Initial</i>	<input type="text"/>				
<i>Street 1</i>	<input type="text"/>																							
<i>Street 2</i>	<input type="text"/>																							
<i>City</i>	<input type="text"/>																		<i>State</i>	<input type="text"/>				
<i>Zip</i>	<input type="text"/>				<i>Home Phone</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>												
<i>Work Phone</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>																	
<i>Cell/Other</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>																	
<i>Email</i>	<input type="text"/>																							



### REGARDS PARTICIPANT CONTACT FORM

Do you have a primary clinic, doctor, nurse or physician assistant who provides your usual medical care? Yes  No

If yes, please provide the following information for this clinic or person:

<i>Last Name</i>	<input type="text"/>																								
<i>First Name</i>	<input type="text"/>												<i>Title</i>	<input type="text"/>											
<b>Place of Business (Name of clinic or hospital)</b>																									
<input type="text"/>																									
<i>Street 1</i>	<input type="text"/>																								
<i>Street 2</i>	<input type="text"/>																								
<i>City</i>	<input type="text"/>																		<i>State</i>	<input type="text"/>					
<i>Zip</i>	<input type="text"/>				<i>Phone Number</i>	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>													
<b>When were you last seen by this person?</b>																									
												<input type="text"/>		<input type="text"/>											
												Mth		Yr											