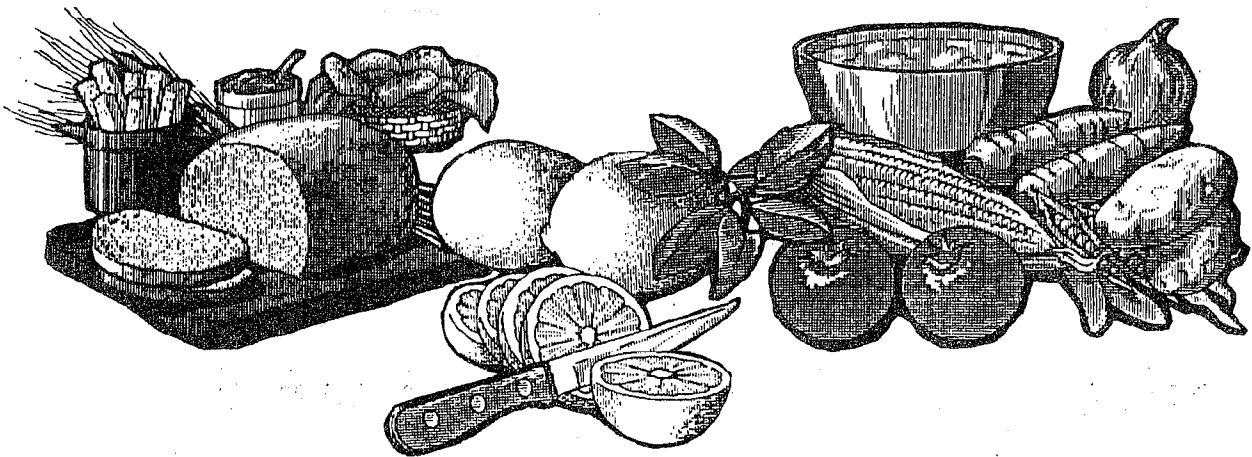


FOOD QUESTIONNAIRE



This form asks about your usual food intake during the previous year. It takes about 30 minutes to complete. Please follow these instructions:

- Answer each question as best you can—estimate if you aren't sure.
- Use only a #2, ordinary pencil.
- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.
- Do not make any other marks on this form.
- If you wish to make comments, please use a separate piece of paper.

PLEASE PRINT YOUR NAME IN THIS BOX. PLEASE DO NOT WRITE OUTSIDE THE BOXED AREA.

TODAY'S DATE				
MO	DAY		YR	
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

SEX
<input type="radio"/> MALE
<input type="radio"/> FEMALE

AGE
<input type="radio"/> Less than 20
<input type="radio"/> 20-29
<input type="radio"/> 30-39
<input type="radio"/> 40-49
<input type="radio"/> 50-59
<input type="radio"/> 60-69
<input type="radio"/> 70+

SOCIAL SECURITY NUMBER								
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PLEASE MAKE NO MARKS IN THIS AREA

34792

1. Did you take any vitamins or minerals at least once each week during the previous year?
 No Yes, at least once per week

IF YES, what did you take?

VITAMIN TYPE	NUMBER OF TABLETS							
	NONE	1-3 Per WEEK	4-6 Per WEEK	1 Per DAY	2 Per DAY	3 Per DAY	4 Per DAY	5+ Per DAY
Multiple Vitamins								
Stress-tabs type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic, Theragran type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-a-day type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Vitamins								
Vitamin A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium or Dolomite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you took Calcium or Vitamin C:								
How many milligrams per Calcium tablet?	<input type="radio"/> 100	<input type="radio"/> 250	<input type="radio"/> 500	<input type="radio"/> 1000	<input type="radio"/> Don't Know			
How many milligrams per Vitamin C tablet?	<input type="radio"/> 100	<input type="radio"/> 250	<input type="radio"/> 500	<input type="radio"/> 1000	<input type="radio"/> Don't Know			

2. Did you smoke cigarettes? No Yes

IF YES, on the average, about how many cigarettes a day did you smoke?

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

3.	SELDOM/NEVER	SOMETIMES	OFTEN/ALWAYS
a. How often did you add salt to your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you add pepper to your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you eat the skin on chicken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you eat the fat on meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. a. If you ate poultry, it was usually... Light Meat Dark Meat Both
- b. If you ate hamburger or beef, it was usually... Regular Lean Extra Lean
- c. If you ate tuna, it was usually... Oil Pack Water Pack Either one Don't know

5. What kinds of fat did you usually use in cooking (to fry, stir-fry, saute or bake)? Specify only one or two.

- Stick Margarine Butter Soft Tub Margarine Oil
- 1/2 Butter, 1/2 Margarine Low-Calorie Margarine Whipped Butter
- Lard, fatback, baconfat Pam or no oil Don't know or don't cook

PLEASE DO NOT WRITE IN THIS AREA

6.5 KAB (short) For Years One and Two

**HENRY FORD HEALTH SCIENCES CENTER
SURVEY QUESTIONNAIRE**

MARITAL STATUS:	1. Single	2. Married	RETIRED:	1. No	2. Yes
	3. Divorced	4. Widow/Widower			
	5. Other (specify): _____				
HEIGHT	____ ft.	____ in.	WEIGHT	____ lbs.	PHONE () _____

The survey questionnaire is divided into three sections: Section I - Questions About Screening; Section II - Questions About Nutrition; and Section III - Questions About Frequency of Food Intake.

SECTION I - Questions About Screening

A. Screening And You

This section relates to colon and rectum (colorectal) cancer screening, which includes stool blood testing, digital rectal examination, and sigmoidoscopy. For each statement, please indicate what you think by circling the appropriate number. **Circle only one number for each statement.**

	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree
1. I think it is very likely that I will develop colorectal cancer or polyps.	1	2	3	4
2. Arranging my schedule to go through colorectal screening is an easy thing to do.	1	2	3	4
3. I am afraid of having an abnormal screening test result.	1	2	3	4
4. I believe that when colorectal cancer is found early, it can be cured.	1	2	3	4
5. I believe that if I had a normal screening test result, I wouldn't have to worry about developing colorectal cancer.	1	2	3	4
6. Doing colorectal cancer screening makes sense to me.	1	2	3	4
7. Members of my immediate family think I should go through colorectal screening.	1	2	3	4
8. I do not intend to go through colorectal screening.	1	2	3	4