

0	0	0	U	F	S				
---	---	---	---	---	---	--	--	--	--

UTERINE FIBROID STUDY



DIETARY QUESTIONNAIRE

This form asks questions about your diet. The questions will take about 30 minutes to complete. Please fill in the information requested, or place a check in the appropriate space. If you are not sure about an answer, please estimate.

A set of instructions is included (see green sheet). If you have questions, please call the Uterine Fibroid Study Manager toll -free at 1-800-948-7552, extension 127.

**Please complete this questionnaire at home and return it in the enclosed envelope to:
CODA, Inc., 1009 Slater Rd., Suite 120, Durham, NC 27703.**

Principal Investigators:

Donna Baird, PhD
Epidemiology Branch
National Institute of Environmental Health Sciences
P.O. Box 12233
Research Triangle Park, NC 27709

Joel Schectman, MD
Department of Health Care Sciences
George Washington University Medical Center
2150 Pennsylvania Avenue, N.W.
Washington, DC 20037

Data collected by CODA, Inc.

Durham, NC

3. If you take Vitamin A, C, E, calcium, dolomite or other vitamins:

a. How many units per Vitamin A tablet?

1 _ 100 2 __ 200 3 __ 400 4 __ 1,000 5 __ Don't know

b. How many milligrams per Vitamin C tablet?

1 _ 100 2 __ 250 3 __ 500 4 __ 1,000 5 __ Don't know

c. How many units per Vitamin E tablet?

1 _ 100 2 __ 200 3 __ 400 4 __ 1,000 5 __ Don't know

d. How many milligrams per calcium or dolomite tablet?

1 _ 100 2 __ 250 3 __ 500 4 __ 1,000 5 __ Don't know

e. Do you regularly take pills containing any of these nutrients?

1 _ Yeast 2 __ Selenium 3 __ Zinc 4 __ Iron 5 _ Beta-carotene

6 _ Cod liver oil 7 __ Other, specify: _____

CODE (0 or 1)

<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"/>

4. How often do you eat the following foods from *restaurants or fast food places*?

RESTAURANT FOOD	Never or less than 1 per year	1-4 times a year	5-11 times a year	1-3 times a month	Once a week	2-4 times a week	Almost every day
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
a. Fried chicken							
b. Burgers							
c. Pizza							
d. Chinese food							
e. Mexican food							
f. Fried fish							

OFFICE USE ONLY

5. This section is about your *usual* eating habits over the past year.

Please read the instructions on the green sheet and follow the example below.

Example: This person...

1. eats a medium serving of cantaloupe once a week, in season.
2. has a small serving of sweet potatoes about once a month.
3. never eats liver.

	How Often?								How Much?			
	Never or less than 1 per month (1)	1 per mo. (2)	2-3 per mo. (3)	1 per wk. (4)	2 per wk. (5)	3-4 per wk. (6)	5-6 per wk. (7)	Daily (8)	Medium Serving	Your Serving Size		
										S (1)	M (2)	L (3)
Cantaloupe (in season)				✓					¼ med.		✓	
Sweet potatoes, yams		✓							½ cup	✓		
Liver	✓								4 oz.			

Please start your answers here.

A. FRUITS	How Often?								How Much?			
	Never or less than 1 per month (1)	1 per mo. (2)	2-3 per mo. (3)	1 per wk. (4)	2 per wk. (5)	3-4 per wk. (6)	5-6 per wk. (7)	Daily (8)	Medium Serving	Your Serving Size		
										S (1)	M (2)	L (3)
1. Apples, applesauce, pears									(1) or ½ cup			
2. Cantaloupe (in season)									¼ med.			
3. Bananas									1 med.			
4. Oranges									1 med.			
5. Orange juice or grapefruit juice									6 oz. glass			
6. Grapefruit									½ med.			
7. Other fruit juices, fortified fruit drinks									6 oz. glass			

B. VEGETABLES	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. Beans such as baked beans, pintos, kidney, limas, black-eyed peas, lentils									¾ cup			
2. Tomatoes, tomato juice									1 med. or 6 oz. glass			
3. Red chili sauce, taco sauce, salsa picante									2 table-spoons			
4. Broccoli									½ cup			
5. Spinach									½ cup			
6. Mustard greens, turnip greens, collards									½ cup			
7. Cole slaw, cabbage, sauerkraut									½ cup			
8. Carrots or mixed vegetables containing carrots									½ cup			
9. Green salad*									1 med. bowl			
10. Salad dressing, mayonnaise (including on sandwiches)									2 table-spoons			
11. French fries and fried potatoes									¾ cup			
12. Sweet potatoes, yams									½ cup			
13. Other potatoes, including boiled, baked, potato salad and mashed									1 med. or ½ cup			
14. Rice									¾ cup			

OFFICE USE ONLY

<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"/>	<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"/>
<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"/>

* Requires follow-up, if missing.

C. MEAT, MIXED DISHES, LUNCH ITEMS	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. Hamburgers, cheeseburgers, meat loaf, beef burritos, tacos									1 med.			
2. Chili with beans									¾ cup			
3. Beef* - steaks, roasts (including on sandwiches)									4 oz.			
4. Beef stew or pot pie with carrots, other vegetables									1 cup			
5. Liver, including chicken livers									4 oz.			
6. Pork,* including chops, roasts									2 chops or 4 oz.			
7. Fried chicken*									2 sm. or 1 lg. piece			
8. Chicken* or turkey, roasted, stewed or broiled (including on sandwiches)									2 sm. or 1 lg. piece			
9. Chicken or turkey pot pie									¼ of 9" pie.			
10. Fried fish or fish sandwich									4 oz. or 1 sand.			
11. Tuna fish, tuna salad, tuna casserole									½ cup			
12. Other fish, broiled or baked									4 oz.			
13. Spaghetti, lasagna, other pasta with tomato sauce									1 cup			
14. Hot dogs									2 dogs			
15. Ham, bologna, salami, other lunch meats									2 slices			
16. Vegetable soup, vegetable beef, minestrone, tomato soup									1 med. bowl			

OFFICE USE
ONLY

<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"/>	<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"/>
<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"/>	<input type="checkbox"/>

* Requires follow-up, if missing.

D. BREADS, SALTY SNACKS, SPREADS	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. White bread (including sandwiches, bagels, burger rolls, French or Italian bread and pita bread)									2 slices			
2. Dark breads, such as wheat, rye, pumpernickel (including for sandwiches)									2 slices			
3. Corn bread, corn muffins, corn tortillas									1 med. piece			
4. Salty snacks such as potato chips, corn chips, popcorn									2 hand- fuls or 1 cup			
5. Peanuts, peanut butter									2 table- spoons			
6. Margarine on bread or rolls									2 pats			
7. Butter on bread or rolls									2 pats			

OFFICE USE
ONLY

<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

E. BREAKFAST FOODS	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. High fiber, bran or granola cereals, shredded wheat									1 med. bowl			
2. Highly fortified cereals, such as Product 19, Total or Most									1 med. bowl			
3. Other cold cereals, such as Corn Flakes, Rice Krispies									1 med. bowl			
4. Cooked cereals or grits									1 med. bowl			
5. Eggs									1=sm. 2=med.			
6. Bacon									2 slices			
7. Sausage									2 patties or			

<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

F. SWEETS	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. Ice cream									1 scoop or ½ cup			
2. Doughnuts, cookies, cakes, pastry									1 piece or 3 cookies			
3. Pies									1 med. slice			
4. Chocolate candy									small bar or 1 oz.			
5. Hard candy									3 pieces			
6. Other candy									3 pieces			

<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"/>	<input type="checkbox"/>

G. DAIRY PRODUCTS	How Often?								How Much?			
	Never or less than 1 per month	1 per mo.	2-3 per mo.	1 per wk.	2 per wk.	3-4 per wk.	5-6 per wk.	Daily	Medium Serving	Your Serving Size		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		S (1)	M (2)	L (3)
1. Cottage cheese									½ cup			
2. Cheeses* and cheese spreads, not including cottage cheese									2 slices or 2 oz.			
3. Yogurt									1 cup			
4. Frozen yogurt									1 scoop or ½ cup			

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

* Requires follow-up, if missing.

OFFICE USE ONLY

H. MILK	How Often?									How Much?					
	Never or less than 1 per month	1-3 per mo.	1 per wk.	2-4 per wk.	5-6 per wk.	1 per day	2-3 per day	4-5 per day	6+ per day	Medium Serving	Your Serving Size				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		S (1)	M (2)	L (3)		
1. Whole milk* and beverages with whole milk (not including on cereal)										8 oz. glass				<input type="checkbox"/>	<input type="checkbox"/>
2. 2% milk* and beverages with 2% milk (not including on cereal)										8 oz. glass				<input type="checkbox"/>	<input type="checkbox"/>
3. Skim milk,* 1% milk or buttermilk (not including on cereal)										8 oz. glass				<input type="checkbox"/>	<input type="checkbox"/>

I. BEVERAGES	How Often?									How Much?					
	Never or less than 1 per month	1-3 per mo.	1 per wk.	2-4 per wk.	5-6 per wk.	1 per day	2-3 per day	4-5 per day	6+ per day	Medium Serving	Your Serving Size				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		S (1)	M (2)	L (3)		
1. Regular soft drinks (not diet)										12 oz. can or bottle				<input type="checkbox"/>	<input type="checkbox"/>
2. Diet soft drinks										12 oz. can or bottle				<input type="checkbox"/>	<input type="checkbox"/>
3. Kool-aid										8 oz. glass				<input type="checkbox"/>	<input type="checkbox"/>
4. Beer*										12 oz. can or bottle				<input type="checkbox"/>	<input type="checkbox"/>
5. Wine*										1 med. glass				<input type="checkbox"/>	<input type="checkbox"/>
6. Liquor*										1 shot				<input type="checkbox"/>	<input type="checkbox"/>
7. Decaffeinated coffee										1 med. cup				<input type="checkbox"/>	<input type="checkbox"/>
8. Coffee with caffeine*										1 med. cup				<input type="checkbox"/>	<input type="checkbox"/>
9. Tea with caffeine* (hot or iced)										1 med. cup				<input type="checkbox"/>	<input type="checkbox"/>
10. Tea without caffeine (hot or iced)										1 med. cup				<input type="checkbox"/>	<input type="checkbox"/>
11. Milk or cream in coffee or tea										1 table-spoon				<input type="checkbox"/>	<input type="checkbox"/>
12. Sugar in coffee or tea, or on cereal										2 tea-spoons				<input type="checkbox"/>	<input type="checkbox"/>

* Requires follow-up, if missing.

6. Please list any foods that you eat *once a week or more* that were not asked about already:

OFFICE USE ONLY

- a) Food: _____ Number of servings per week: _____
- b) Food: _____ Number of servings per week: _____
- c) Food: _____ Number of servings per week: _____
- d) Food: _____ Number of servings per week: _____

Code	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- | | 1 | 2 | 3 | |
|--|--------------|-----------|---------------------|--------------------------|
| | Seldom/Never | Sometimes | Often/Always | |
| 7. How often do you eat the skin on chicken? | _____ | _____ | _____ | <input type="checkbox"/> |
| How often do you eat the fat on meat? | _____ | _____ | _____ | <input type="checkbox"/> |
| How often do you add salt to your food? | _____ | _____ | _____ | <input type="checkbox"/> |
| How often do you add pepper to your food? | _____ | _____ | _____ | <input type="checkbox"/> |
| 8. Not counting salad or potatoes, about how many servings of vegetables do you eat <u>per week</u> ?* | | | _____ | <input type="checkbox"/> |
| | | | # servings per week | |
| 9. Not counting juices, about how many servings of fruits do you usually eat <u>per week</u> ?* | | | _____ | <input type="checkbox"/> |
| | | | # servings per week | |
| 10. How many times <u>per week</u> do you use fat or oil in cooking, not including baked goods? For example, in frying eggs, meat or vegetables? | | | _____ | <input type="checkbox"/> |
| | | | # times per week | |

* Requires follow-up, if missing.

11. What do you *usually* cook with? Please pick the **one** you use most frequently .

- | | | |
|-------------------------------|---------------------|-------------------------------|
| 1 __ Don't know or don't cook | 2 __ Soft margarine | 3 __ Stick margarine |
| 4 __ Butter | 5 __ Oil | 6 __ Lard, fatback, bacon fat |
| 7 __ Pam or no oil | 8 __ Crisco | 0 __ Diet margarine |

CODE (0 or 1)

<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"/>

12. What kind of fat do you *usually* add to vegetables, potatoes, etc.? Please pick the **one** you use most frequently.

- | | | |
|---------------------|----------------------------------|-------------------------------|
| 1 __ Don't add fat | 2 __ Soft margarine | 3 __ Stick margarine |
| 4 __ Butter | 5 __ Half butter, half margarine | 6 __ Lard, fatback, bacon fat |
| 7 __ Diet margarine | 8 __ Whipped butter | 0 __ Crisco |

CODE (0 or 1)

<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"/>

13. If you eat cold cereal, please write the name of the **one** you eat most often: _____
Brand of Cereal

C	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Check here if you don't eat cold cereal: ____

14. When you were a child, did you take vitamin or mineral supplements?

- 1 __ No 2 __ Yes

15. Around age 30 were you taking vitamin or mineral supplements?

- 1 __ No 2 __ Yes

16. If you drink either diet or regular soft drinks more than once a week, do you drink those with or without caffeine?

- 1 __ Not applicable, don't drink soft drinks more than once a week
- 2 __ Mostly those with caffeine (such as Coke, Pepsi, Shasta Cola, Dr Pepper, Mello Yello, Mountain Dew, Sun Drop, Cheerwine, Barq's Root Beer, and Jolt)
- 3 __ Some with caffeine and some without
- 4 __ Mostly those without caffeine (such as Sprite, 7-Up, Ginger Ale and caffeine-free soft drinks)

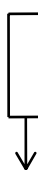
17. How often do you eat during the two hours before your bedtime? **Please ✓**

1 __ Rarely or never → **If Rarely or Never, Skip to question 19.**

2 __ Occasionally (at least once a week)

3 __ More than once a week

4 __ Nearly every day



18. What types of foods are you likely to eat during the two hours before bedtime?

Check all that apply.

1 __ Dinner or supper

2 __ Sweets or dessert

3 __ Crackers or breads

4 __ Fruits or vegetables

5 __ Leftovers

6 __ Snack items (chips, pretzels, popcorn)

7 __ Cheese

8 __ Ice cream

0 __ Other, specify: _____

CODE (0 or 1)

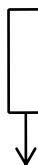
19. How often do you eat between meals? **Please ✓**

1 __ Rarely or never → **If Rarely or Never, Skip to question 21.**

2 __ Occasionally (at least once a week)

3 __ More than once a week

4 __ Nearly every day



20. What types of foods are you likely to eat between meals? **Check all that apply.**

1 __ Sweets

2 __ Crackers or breads

3 __ Fruits or vegetables

4 __ Leftovers

5 __ Snack items (chips, pretzels, popcorn)

6 __ Cheese

7 __ Ice cream

8 __ Other, specify: _____

CODE (0 or 1)

21. How often do you feel really hungry even though you've eaten adequately within the last 3 hours?

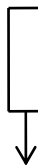
Please ✓

1 __ Rarely or never → **If Rarely or Never, Skip to question 23.**

2 __ Occasionally (at least once a week)

3 __ More than once a week

4 __ Nearly every day



22. When you do feel really hungry, even though you've eaten adequately within the last 3 hours, do you usually go ahead and eat or wait until the next mealtime?

1 __ Eat then

2 __ Wait until the next mealtime

23. How often do you keep eating at meals even though you aren't hungry anymore? **Please ✓**

1 __ Rarely or never → **If Rarely or Never, Skip to question 25.**

2 __ Occasionally (at least once a week)

3 __ More than once a week

4 __ Nearly every day

OFFICE USE
ONLY

24. Does this type of eating usually happen during the morning, afternoon, evening, or no particular time?

1 __ Morning

2 __ Afternoon

3 __ Evening

4 __ No particular time

25. Do you ever not eat (fast) for a day at a time for religious or other reasons (other than illness)?

1 __ No

2 __ Yes

If Yes,



How many days per year do you fast for religious or other reasons? _____ per year
of days

26. Over the past year have you had any illnesses or medical conditions that resulted in you being unable to eat for a day or more at a time?

1 __ No

2 __ Yes

If Yes,



How many days in the last year have you not eaten because of illness? _____
of days

27. Has your diet changed much in the last 5 years?

1 __ Little or not at all

2 __ Somewhat

3 __ Very much

SEX OF RESPONDENT = FEMALE

 2

THANK YOU VERY MUCH for taking the time to fill out this information.

Form 0 4

Vers 0 2

Outcome Code