

FMMP Diet Questionnaire: 2007 and 2008 Instructions for completing the questionnaire



INTRODUCTION

Your diet is important to your health! We have not asked you about your diet since the first FMMP questionnaire. We are interested in how diet might be related to development of different diseases. When we use your diet information in future research studies, we will learn more about the relationship between diet and your health.

INSTRUCTIONS

- Please make sure to indicate **ONLY ONE** answer for the questions that ask you to check (√) or circle the answer.
- Please make sure to select **ALL** possible answers whenever the question instructions ask you to “mark if **YES**”.
- If you have difficulty reading (poor eye sight, etc.), ask for help of a family member when completing the questionnaire. If you do not have anyone to help you or if you have any trouble completing the questionnaire, ask a nurse to help you while you are waiting for your appointment in the clinic.
- Please answer all of the questions. If you are uncertain about an answer, please give the best guess. If you do not know the answer to a question, please indicate this by writing “DK” for “Don’t Know.” **Please do not leave any question blank.**




We have not asked you about your diet since the first FMMP questionnaire. For each food listed in the charts on the next several pages, please check (√) the box indicating how often ON AVERAGE you have eaten this food during the past year. If you cannot remember exact amounts, just check the column with your best guess.



Sweets, Baked Goods, Misc.	Never or less than once a month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6 or more per day
Popcorn									
Nuts									
Bran									
Wheat Germ									
Chowder or Cream Soup									
Oil and Vinegar Dressing									
Mayonnaise or other Creamy Dressings									
Mustard, dry or prepared									
Pepper									
Salt									

1. Do you currently take multiple vitamins? (Please tell us about individual vitamins in #2)

No

Yes 

If YES, How many do you take per week?

2 or less 3-5 6-9 10 +

What specific brand do you usually use?

2. Not counting multiple vitamins, do you take any of the following preparations?

Vitamin	Take?	If YES, please indicate dose:
Vitamin A	<input type="checkbox"/> No <input type="checkbox"/> Yes, seasonal only <input type="checkbox"/> Yes, most months	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 8,000 IU <input type="checkbox"/> 8000 – 12,000 IU <input type="checkbox"/> 13,000 – 22,000 IU <input type="checkbox"/> 23,000 IU or more <input type="checkbox"/> DK
Vitamin C	<input type="checkbox"/> No <input type="checkbox"/> Yes, seasonal only	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day:

Vitamin	Take?	If YES, please indicate dose:
	<input type="checkbox"/> Yes, most months	<input type="checkbox"/> Less than 400 mg <input type="checkbox"/> 400-700 mg <input type="checkbox"/> 750-1250 mg <input type="checkbox"/> 1300 mg + <input type="checkbox"/> DK
Vitamin B6	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 10 mg <input type="checkbox"/> 10-39 mg <input type="checkbox"/> 40-79 mg <input type="checkbox"/> 80 mg + <input type="checkbox"/> DK
Vitamin E	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 100 IU <input type="checkbox"/> 100-250 IU <input type="checkbox"/> 300-500 IU <input type="checkbox"/> 600 IU + <input type="checkbox"/> DK
Selenium	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 80 mcg <input type="checkbox"/> 80-130 mcg <input type="checkbox"/> 140-250 mcg <input type="checkbox"/> 260 mcg + <input type="checkbox"/> DK
Iron	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 51 mg <input type="checkbox"/> 51-200 mg <input type="checkbox"/> 201-400 mg <input type="checkbox"/> 401 mg + <input type="checkbox"/> DK
Zinc	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many years? <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10+ <input type="checkbox"/> DK What dose per day: <input type="checkbox"/> Less than 25 mg <input type="checkbox"/> 25-74 mg <input type="checkbox"/> 75-100 mg <input type="checkbox"/> 101 mg + <input type="checkbox"/> DK

3. Are there any other supplements that you take on a regular basis? ___ YES ___ NO

Please mark if **YES**:
 Folic Acid Cod Liver Oil Iodine
 Vitamin D Beta Carotene Copper
 B- Complex Brewer's Yeast Magnesium
 Omega-3 Fatty-Acids Other, Specify:

4. How much of the visible fat on your meats do you remove before eating?

Remove all visible fat Remove majority Remove small part
 Remove none Don't eat meat

5. What kind of fat do you usually use for frying and sautéing?

Real Butter Margarine Vegetable oil
 Vegetable Shortening Lard Don't fry or saute' Don't know

6. What kind of fat do you usually use for baking?

Real Butter Margarine Vegetable oil
 Vegetable Shortening Lard Don't bake Don't know

7. What form of margarine do you usually use?

None Stick Tub
 Spread Low calorie stick Low calorie tub

8. How often do you eat food that is fried at home? (Exclude "Pam" type sprays)

Daily 1-3 times per week
 4-6 times per week Less than once a week

9. How often do you eat fried foods away from home? (french fries, fried meats)

Daily 1-3 times per week
 4-6 times per week Less than once a week

10. How many teaspoons of sugar do you add to your food and beverages each day?

None

11. What type of cooking oil do you usually use? _____

12. What kind of breakfast cereal do you usually use? _____

13. Do you eat pretzels? Are there any other important special foods that you usually eat AT LEAST ONCE PER WEEK?

(Include tortillas, yeast, cream sauce, custard, horseradish, parsnips, rhubarb, fava beans, carrot juice, coconut, avocado, mango, papaya, dried apricots, dates, figs etc)

*Do not include dry spices

Other foods that you eat at least once per week:	Usual Serving Size:	Servings per week:
(a) Pretzels	10 regular size or 17 mini pretzels	
(b)		
(c)		

