

Section B — ACCULTURATION

<p>ITEM B1</p>	<p>SP Status</p>	<p>1 <input type="checkbox"/> Available (B2) 2 <input type="checkbox"/> Callback required (Household page) 3 <input type="checkbox"/> Noninterview (Section L)</p>	<p>5</p>
<p>ITEM B2</p>	<p>Refer to Hispanic origin in 4e and f on page 2 and 3 of HIS-1 and expected language for this supplement.</p>	<p>1 <input type="checkbox"/> Hispanic/English Supp. interview (1a) 2 <input type="checkbox"/> Hispanic/Spanish Supp. interview (1b) 8 <input type="checkbox"/> Other (Section C)</p>	<p>6</p>
<p>Read to respondent: I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>1 a. Do you speak any Spanish?</p>		<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (4)</p>	<p>7</p>
<p>Read to respondent: I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.</p> <p>b. Do you speak any English?</p>		<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No (4)</p>	<p>8</p>
<p>2. Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?</p>	<p>1 <input type="checkbox"/> Mostly Spanish 2 <input type="checkbox"/> Mostly English 3 <input type="checkbox"/> Both about the same</p>	<p>9</p>	
<p>3. What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally? Mark only one.</p>	<p>1 <input type="checkbox"/> Spanish only 2 <input type="checkbox"/> Mostly Spanish 3 <input type="checkbox"/> Mostly English 4 <input type="checkbox"/> English only 5 <input type="checkbox"/> Spanish and English equally</p>	<p>10</p>	
<p>4. Can you read Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>11</p>	
<p>5. Can you read English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>12</p>	
<p>Ask if "Yes" to both 4 and 5; otherwise skip to 7.</p>			<p>13</p>
<p>6. In which language do you read better?</p>	<p>1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Both the same</p>	<p>14</p>	
<p>7. Can you write in Spanish?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>15</p>	
<p>8. Can you write in English?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>16</p>	
<p>Ask if "Yes" to both 7 and 8; otherwise skip to 10.</p>			<p>17-18</p>
<p>10. Which of these groups best describes your national origin? Mark only one.</p>	<p>01 <input type="checkbox"/> Puerto Rican 07 <input type="checkbox"/> Hispano 02 <input type="checkbox"/> Cuban 08 <input type="checkbox"/> Other Latin American 03 <input type="checkbox"/> Cuban American 09 <input type="checkbox"/> Other Spanish or Hispanic 04 <input type="checkbox"/> Mexican/Mexicano 10 <input type="checkbox"/> American 05 <input type="checkbox"/> Mexican American 11 <input type="checkbox"/> Anglo American 06 <input type="checkbox"/> Chicano 88 <input type="checkbox"/> Other (Specify) _____</p>	<p>17-18</p>	
<p>11. Which of these groups best describes your mother's national origin? Mark only one.</p>	<p>01 <input type="checkbox"/> Puerto Rican 07 <input type="checkbox"/> Hispano 02 <input type="checkbox"/> Cuban 08 <input type="checkbox"/> Other Latin American 03 <input type="checkbox"/> Cuban American 09 <input type="checkbox"/> Other Spanish or Hispanic 04 <input type="checkbox"/> Mexican/Mexicano 10 <input type="checkbox"/> American 05 <input type="checkbox"/> Mexican American 11 <input type="checkbox"/> Anglo American 06 <input type="checkbox"/> Chicano 88 <input type="checkbox"/> Other (Specify) _____</p>	<p>19-20</p>	
<p>12. Which of these groups best describes your father's national origin? Mark only one.</p>	<p>01 <input type="checkbox"/> Puerto Rican 07 <input type="checkbox"/> Hispano 02 <input type="checkbox"/> Cuban 08 <input type="checkbox"/> Other Latin American 03 <input type="checkbox"/> Cuban American 09 <input type="checkbox"/> Other Spanish or Hispanic 04 <input type="checkbox"/> Mexican/Mexicano 10 <input type="checkbox"/> American 05 <input type="checkbox"/> Mexican American 11 <input type="checkbox"/> Anglo American 06 <input type="checkbox"/> Chicano 88 <input type="checkbox"/> Other (Specify) _____</p>	<p>21-22</p>	

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13a. In what country were you born?

- 1 U.S., except Puerto Rico (14)
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 8 Other (Specify)

23

(13b)

b. Altogether, how many years have you lived in the United States?

- 1 Less than 1 yr.
- 2 1 yr., less than 5
- 3 5 yrs., less than 10
- 4 10 yrs., less than 15
- 5 15 yrs. or more
- 9 DK

24

14. In what country was your father born?

- 1 U.S., except Puerto Rico
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 8 Other (Specify)

25

9 DK

15. In what country was your mother born?

- 1 U.S., except Puerto Rico
- 2 Puerto Rico
- 3 Cuba
- 4 Mexico
- 8 Other (Specify)

26

9 DK

Notes

Section C — FOOD FREQUENCY

Read to respondent: **These questions are about the foods YOU eat. For each food I read from this list (Hand card), please tell me how often you eat it; for example, twice a week, three times a month and so forth. Then I will ask if you eat a small, medium or large portion of the food. Remember, I'm only interested in the foods YOU eat. Now, please look at the fruits and juices list, as I ask these first questions.**

<p>1. During the past year or so, how many times per day, week, month or year, did you usually drink orange juice or grapefruit juice?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (2)} \end{array} \right.$</p>	<p>5-8 (Was it a) Small, medium, or large (portion)? 9</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (6 oz.) 3 <input type="checkbox"/> Large</p>
<p>2. During the past year or so, how many times per day, week, month or year did you usually drink other fruit juices or fortified juice drinks?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (3)} \end{array} \right.$</p>	<p>10-13 (Was it a) Small, medium, or large (portion)? 14</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (6 oz.) 3 <input type="checkbox"/> Large</p>
<p>3. During the past year or so, how many times per day, week, month or year did you usually eat oranges?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (3)} \end{array} \right.$</p>	<p>15-18 (Was it a) Small, medium, or large (portion)? 19</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large</p>

Read to respondent: **I am going to continue in this way asking about how often you eat the other foods on this list and what your portion size is. Please be as accurate as possible without spending too much time on any one food. We just want a picture of your diet in general.**

Any questions?

<p>4. During the past year or so how often did you eat grapefruit?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (5)} \end{array} \right.$</p>	<p>20-23 (Was it a) Small, medium, or large (portion)? 24</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ grapefruit) 3 <input type="checkbox"/> Large</p>
<p>5. Cantaloupe in season?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (6)} \end{array} \right.$</p>	<p>25-28 29</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (¼ medium) 3 <input type="checkbox"/> Large</p>
<p>6. Peaches, canned or fresh?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (7)} \end{array} \right.$</p>	<p>30-33 34</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large</p>
<p>7. Apples or applesauce?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (8)} \end{array} \right.$</p>	<p>35-38 39</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. or ½ cup) 3 <input type="checkbox"/> Large</p>
<p>8. Bananas?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (9)} \end{array} \right.$</p>	<p>40-43 44</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large</p>
<p>9. Any other fruit, such as fruit cocktail or berries?</p>	<p>Times per $\left\{ \begin{array}{l} 1 \square \text{ Day} \\ 2 \square \text{ Week} \\ 3 \square \text{ Month} \\ 4 \square \text{ Year} \\ 0000 \square \text{ Less than 6 a year or never (10)} \end{array} \right.$</p>	<p>45-48 49</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Large</p>

Section C — FOOD FREQUENCY — Continued

<p>(Now look at the vegetables list.)</p> <p>During the past year or so, how often did you usually eat —</p> <p>10. Beans, such as baked, pinto, or kidney beans, including in chili? Do not include green beans.</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (11)</p>	<p align="right">50-53 (Was it a) Small, medium, or large (portion)?</p> <p align="right">54</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (¾ cup) 3 <input type="checkbox"/> Large</p>
<p>11. Carrots or mixed vegetables containing carrots?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (12)</p>	<p align="right">55-58</p> <p align="right">59</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large</p>
<p>12. Green salad?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (13)</p>	<p align="right">60-63</p> <p align="right">64</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large</p>
<p>13. Tomatoes, including in salad?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (14)</p>	<p align="right">65-68</p> <p align="right">69</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 tomato) 3 <input type="checkbox"/> Large</p>
<p>14. Salad dressing or mayonnaise, including on sandwiches?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (15)</p>	<p align="right">70-73</p> <p align="right">74</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tbs.) 3 <input type="checkbox"/> Large</p>
<p>15. Broccoli?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (16)</p>	<p align="right">75-78</p> <p align="right">79</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large</p>
<p>16. Spinach?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (17)</p>	<p align="right">80-83</p> <p align="right">84</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large</p>
<p>17. Mustard greens, turnip greens, or collards?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (18)</p>	<p align="right">85-88</p> <p align="right">89</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large</p>
<p>18. Coleslaw, cabbage, or sauerkraut?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (19)</p>	<p align="right">90-93</p> <p align="right">94</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large</p>
<p>19. French fries or fried potatoes?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (20)</p>	<p align="right">95-98</p> <p align="right">99</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (¾ cup) 3 <input type="checkbox"/> Large</p>
<p>20. Potatoes, baked, boiled, or mashed?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (21)</p>	<p align="right">100-103</p> <p align="right">104</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 potato or ½ cup) 3 <input type="checkbox"/> Large</p>

Section C – FOOD FREQUENCY – Continued

21. Sweet potatoes or yams?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (22)	105-108 (Was it a) Small, medium, or large (portion)?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large	109
22. Rice?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (23)	110-113	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large	114
23. ANY other vegetables, such as string beans, peas, corn?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (24)	115-118	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (½ cup) 3 <input type="checkbox"/> Large	119
(Now look at the meat, fish, and poultry list.) During the past year or so, how often did you usually eat – 24. Hamburgers, cheeseburgers, or meatloaf?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (25)	RT 66 3-4 5-8	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (¼ lb.) 3 <input type="checkbox"/> Large	9
25. Beef, such as steaks or roasts?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (26)	10-13	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large	14
26. Beef stew or beef pot pie with vegetables?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (27)	15-18	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large	19
27. Liver, including chicken livers?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (28)	20-23	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (4 oz.) 3 <input type="checkbox"/> Large	24
28. Pork, such as pork chops or roasts?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (29)	25-28	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pork chops or 4 oz. of roast) 3 <input type="checkbox"/> Large	29
29. FRIED chicken?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (30)	30-33	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large	34
30. Chicken or turkey, baked or broiled?	Times per { <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (31)	35-38	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large	39

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Section C – FOOD FREQUENCY – Continued

31. Chicken stew or chicken pot pie?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (32)	40-43 (Was it a) Small, medium, or large (portion)? 44 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large
32. FRIED fish or fish sandwiches?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (33)	45-48 49 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large
33. Fish broiled or baked?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (34)	50-53 54 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 sm. or 1 lg. piece) 3 <input type="checkbox"/> Large
34. Spaghetti, lasagna, or other pasta with tomato sauce?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (35)	55-58 59 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large
35. Pizza?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (36)	60-63 64 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pieces) 3 <input type="checkbox"/> Large
36. Macaroni and cheese; other mixed dishes with cheese?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (37)	65-68 69 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 cup) 3 <input type="checkbox"/> Large
(Now look at the cereal and other foods list.) During the past year or so, how often did you usually eat -- 37. Cooked cereals like oatmeal?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (38)	70-73 74 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large
38. High fiber cereals like bran, granola, or shredded wheat?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (39)	75-78 79 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large
39. Highly fortified cereals like Product 19, Total, or Just Right?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (40)	80-83 84 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large
40. Other cold cereals like Rice Krispies or Corn Flakes?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (41)	85-88 89 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large

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Section C – FOOD FREQUENCY – Continued

41. Eggs?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (42)	90-93	How many eggs each time? _____ Number	94
42. Bacon?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (43)	95-98	How many slices each time? _____ Number	99
43. Sausage?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (44)	100-103	How many patties or links each time? _____ Number	104
(Now turn the card over and look at the lunch and other foods list.) During the past year or so, how often did you usually eat – 44. Vegetable soup, vegetable beef, minestrone, or tomato soup? Do not include other kinds of soup.	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (45)	105-108	(Was it a) Small, medium, or large (portion)? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. bowl) 3 <input type="checkbox"/> Large	109
45. Hot dogs?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (46)	110-113	How many hot dogs each time? _____ Number	114
46. Ham or lunch meat?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (47)	115-118	(Was it a) Small, medium, or large (portion)? 1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large	119
47. White bread, rolls or crackers, including sandwiches, bagels, and so forth? I'm going to ask about dark bread and corn bread separately.	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (48)	RT 67 3-4 5-8	How many slices of bread each time? 1 <input type="checkbox"/> Small (1 slice) 2 <input type="checkbox"/> Medium (2 slices or 4 crackers) 3 <input type="checkbox"/> Large (3+ slices)	9
48. Dark breads like whole wheat, rye, or pumpernickel?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (49)	10-13	How many slices of bread each time? 1 <input type="checkbox"/> Small (1 slice) 2 <input type="checkbox"/> Medium (2 slices) 3 <input type="checkbox"/> Large (3+ slices)	14
49. Corn bread, corn muffins, corn tortillas, or grits?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (50)	15-18	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 piece or ½ cup grits) 3 <input type="checkbox"/> Large	19
50. Biscuits, muffins?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (51)	20-23	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 medium) 3 <input type="checkbox"/> Large	24

Notes

Section C – FOOD FREQUENCY – Continued

<p>51. Butter on bread, rolls, or vegetables? I'll ask about margarine next.</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (52)</p>	<p align="right">25-28</p> <p>(Was it a) Small, medium, or large (portion)?</p> <p align="right">29</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p>
<p>52. Margarine on bread, rolls, or vegetables?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (53)</p>	<p align="right">30-33</p> <p align="right">34</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 pats) 3 <input type="checkbox"/> Large</p>
<p>53. Cheese or cheese spreads, not including cottage cheese?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (54)</p>	<p align="right">35-38</p> <p align="right">39</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 slices or 2 oz.) 3 <input type="checkbox"/> Large</p>
<p>54. Peanuts or peanut butter?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (55)</p>	<p align="right">40-43</p> <p align="right">44</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tbs.) 3 <input type="checkbox"/> Large</p>
<p>55. Salty snacks like chips or popcorn?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (56)</p>	<p align="right">45-48</p> <p align="right">49</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 handful) 3 <input type="checkbox"/> Large</p>
<p>(Now look at the desserts list.) During the past year or so, how often did you usually eat – 56. Ice cream, not including fat free ice cream?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (57)</p>	<p align="right">50-53</p> <p align="right">54</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. scoop) 3 <input type="checkbox"/> Large</p>
<p>57. Pie?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (58)</p>	<p align="right">55-58</p> <p align="right">59</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. slice) 3 <input type="checkbox"/> Large</p>
<p>58. Doughnuts, cookies, cake, or pastry?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (59)</p>	<p align="right">60-63</p> <p align="right">64</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. piece, 1 donut) 3 <input type="checkbox"/> Large</p>
<p>59. Chocolate candy?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (60)</p>	<p align="right">65-68</p> <p align="right">69</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 oz.) 3 <input type="checkbox"/> Large</p>
<p>60. (Now look at the beverages list.) During the past year or so, how often did you usually [use/drink] – milk or cream in coffee or tea including non-dairy creamer?</p>	<p>Times per { 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Year 0000 <input type="checkbox"/> Less than 6 a year or never (61)</p>	<p align="right">70-73</p> <p align="right">74</p> <p>1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 tbs.) 3 <input type="checkbox"/> Large</p>

Notes

Section C – FOOD FREQUENCY – Continued

61. Sugar, in coffee or tea or on cereal?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (62)	75-78 (Was it a) Small, medium, or large (portion)?	79
		1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (2 tsp.) 3 <input type="checkbox"/> Large	
62. Whole milk or drinks made with whole milk, not including on cereal? I'm going to ask about 1%, 2%, and skim milk separately.	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (63)	80-83	84
		1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large	
63. 2% milk or drinks made with 2% milk, not including on cereal?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (64)	85-88	89
		1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large	
64. Skim milk, 1% milk, ½% milk or buttermilk, not including on cereal?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (65)	90-93	94
		1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (8 oz. glass) 3 <input type="checkbox"/> Large	
65. Non-diet soda or soft drinks?	Times per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Day} \\ 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 a year or never (66)	95-98	99
		1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large	
66a. During the past year or so, how often did you drink beer?	3654 <input type="checkbox"/> Everyday/daily Days per $\left\{ \begin{array}{l} 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 days per year or never (67)	100-103	
b. On the days you drank beer, how many cans, bottles, or glasses did you drink?	Number 99 <input type="checkbox"/> DK	104-105	
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (12 oz.) 3 <input type="checkbox"/> Large (16 oz.)	106	
67a. During the past year or so, how often did you drink wine?	3654 <input type="checkbox"/> Everyday/daily Days per $\left\{ \begin{array}{l} 2 \text{ } \square \text{ Week} \\ 3 \text{ } \square \text{ Month} \\ 4 \text{ } \square \text{ Year} \end{array} \right.$ 0000 <input type="checkbox"/> Less than 6 days per year or never (68)	107-110	
b. On the days you drank wine, how many glasses did you drink?	Glasses 99 <input type="checkbox"/> DK	111-112	
c. Were they small, medium, or large?	1 <input type="checkbox"/> Small 2 <input type="checkbox"/> Medium (1 med. wine glass) 3 <input type="checkbox"/> Large	113	
Notes			

Section C -- FOOD FREQUENCY -- Continued

RT 68

3-4

68a. During the past year or so, how often did you drink liquor?

- 3654 Everyday/daily
 _____ { 2 Week
 Days per { 3 Month
 _____ { 4 Year
 0000 Less than 6 days per year or never (69)

5-8

b. On the days you drank liquor, how many drinks did you have?

- _____
 Drinks
 99 DK

9-10

c. Were they small, medium, or large?

- 1 Small
 2 Medium (1 shot)
 3 Large

11

69. About how many servings of vegetables do you eat per day or per week, not counting salad or potatoes?

- 000 None or less than one per week
 _____ { 1 Per day
 Servings { 2 Per week

12-14

70. About how many servings of fruit do you eat per day or per week, not counting juices?

- 000 None or less than one per week
 _____ { 1 Per day
 Servings { 2 Per week

15-17

71. About how many servings of cold cereal do you eat per day or per week?

- 000 None or less than one per week
 _____ { 1 Per day
 Servings { 2 Per week

18-20

72. When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sometimes, rarely, or never?

- 1 Often or always
 2 Sometimes
 3 Rarely
 4 Never
 5 Don't eat chicken or poultry

21

73. When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely, or never?

- 1 Often or always
 2 Sometimes
 3 Rarely
 4 Never
 5 Don't eat red meat

22

74. In a typical week, how many meals do you usually get in restaurants, cafeterias, or fast food places?

- 00 None or less than one per week
 _____ per week
 (Meals)
 99 DK

23-24

Notes

Section E – HEIGHT AND WEIGHT

**ITEM
E1**

Refer to HIS-1.

- SP was household repondent for HIS-1 (*Transcribe from page 20–21, question 5, then Section F*)
- SP was NOT household repondent for HIS-1 (1)

1. About how tall are you without shoes?

5-7

_____ Feet

_____ Inches

2. About how much do you weigh without shoes?

8-10

Note: If SP is pregnant, weight referred to is pre-pregnancy weight.

_____ Pounds

Notes

Section F – FOOD KNOWLEDGE

1. Please tell me if you agree or disagree with the following statements, or if you have no opinion --	AGREE/YES	DISAGREE/NO	NO OPINION/DK	11
a. There are plenty of healthy foods that taste good.	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
b. It is easy to eat a healthy diet.	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
c. In general, healthy foods cost more than other kinds of foods.	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
d. There is a lot of conflicting advice on healthy ways to eat.	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
2. Do you get encouragement from your family or friends to eat more healthy food?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			16
<p><i>HAND CARD F1.</i></p> <p>3. I am going to read two statements. Please tell me which you agree with MORE.</p> <p>A. What people eat or drink has little effect on whether they will develop major diseases.</p> <p align="center">OR</p> <p>B. By eating the right kinds of foods, people can reduce their chances of developing major diseases.</p> <p>Which do you agree with MORE?</p>	1 <input type="checkbox"/> A (7) 2 <input type="checkbox"/> B (4) 9 <input type="checkbox"/> DK (5)			17
<p>4. In your opinion, what major diseases may be related to what people eat and drink?</p> <p><i>Mark all that apply.</i></p>	1 <input type="checkbox"/> Cancer 2 <input type="checkbox"/> Heart disease 3 <input type="checkbox"/> Obesity/overweight 4 <input type="checkbox"/> Diabetes 5 <input type="checkbox"/> Hypertension or high blood pressure 6 <input type="checkbox"/> Ulcers/other digestive problems (not cancer) 7 <input type="checkbox"/> Other disease(s)			18 19 20 21 22 23 24 25
<p><i>If box 1, Cancer is marked in 4, skip to 6; otherwise, ask --</i></p> <p>5. Do you think cancer may be related to what people eat and drink?</p>	1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No (7) 7 <input type="checkbox"/> Probably (6) 9 <input type="checkbox"/> DK (7)			26
<p><i>HAND CARD F2. Read each category if telephone interview.</i></p> <p>6. Which of these would be helpful if a person wanted to reduce his or her chances of getting certain kinds of cancer?</p> <p>(Please give me the numbers from the card.)</p> <p><i>Mark each that applies.</i></p>	1 <input type="checkbox"/> Eating more fiber 2 <input type="checkbox"/> Eating less sugar 3 <input type="checkbox"/> Avoiding foods with additives 4 <input type="checkbox"/> Eating less fat 5 <input type="checkbox"/> Eating less salt 6 <input type="checkbox"/> Eating more fruit and vegetables 7 <input type="checkbox"/> Taking vitamins 0 <input type="checkbox"/> None of these changes would be helpful 9 <input type="checkbox"/> Don't know			27 28 29 30 31 32 33 34 35
<p><i>If box 1, Fiber is marked in 6, skip to 8; otherwise, ask --</i></p> <p>7. Some foods contain fiber. Have you heard of fiber?</p>	1 <input type="checkbox"/> Yes (8) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9)			36

Notes

Section G – CANCER SURVIVORSHIP

1. Has a medical doctor ever told you that you had cancer of any kind (including any cancer you have already mentioned)?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (Section H)	5
2. How many different kinds of cancer have you had?	_____ Number of cancers } If 1 cancer (3) If 2 or more cancers (4) <input type="checkbox"/> DK	6
3a. What kind of cancer was it?	_____ 799 <input type="checkbox"/> DK	7-9
b. What part of the body was affected?	_____ 99 <input type="checkbox"/> DK	10-11
c. In what year was this cancer first diagnosed?	_____ Year (3e) 99 <input type="checkbox"/> DK (3d)	12-13
d. How old were you when this cancer was first diagnosed?	_____ Age 99 <input type="checkbox"/> DK	14-15
e. (Please look at this card and tell me) how was your cancer first detected? Mark only one.	1 <input type="checkbox"/> I had no symptoms and it was detected during a routine check-up 2 <input type="checkbox"/> I noticed something was wrong and went to a doctor 3 <input type="checkbox"/> I noticed something was wrong but did not talk to a doctor about it until my regular physical exam 8 <input type="checkbox"/> It was detected in some other way (Specify) <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK	16
ITEM G1	Refer to question 3c or 3d for when the cancer was FIRST DIAGNOSED.	17
4a. What kind of cancer was diagnosed first?	_____ 799 <input type="checkbox"/> DK	18-20
b. What part of the body was affected?	_____ 99 <input type="checkbox"/> DK	21-22
c. What year was this cancer first diagnosed?	_____ Year (4e) 99 <input type="checkbox"/> DK (4d)	23-24
d. How old were you when this cancer was first diagnosed?	_____ Age 99 <input type="checkbox"/> DK	25-26
e. (Please look at this card and tell me) how was the (cancer in 4a) first detected? Mark only one.	1 <input type="checkbox"/> I had no symptoms and it was detected during a routine check-up 2 <input type="checkbox"/> I noticed something was wrong and went to a doctor 3 <input type="checkbox"/> I noticed something was wrong but did not talk to a doctor about it until my regular physical exam 8 <input type="checkbox"/> It was detected in some other way (Specify) <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK	27
Notes		

Section G – CANCER SURVIVORSHIP – Continued

<p>5a. What kind of cancer was diagnosed most recently?</p> <p>_____</p> <p>799 <input type="checkbox"/> DK</p>	<p>28-30</p>
<p>b. What part of the body was affected?</p> <p>_____</p> <p>99 <input type="checkbox"/> DK</p>	<p>31-32</p>
<p>c. In what year was this cancer first diagnosed?</p> <p>_____ Year (G2)</p> <p>99 <input type="checkbox"/> DK (5d)</p>	<p>33-34</p>
<p>d. How old were you when this cancer was first diagnosed?</p> <p>_____ Age</p> <p>99 <input type="checkbox"/> DK</p>	<p>35-36</p>
<p>ITEM G2</p> <p><i>Refer to question 5c or 5d for when the most recent cancer was FIRST DIAGNOSED.</i></p>	<p>37</p> <p>1 <input type="checkbox"/> More than 10 years ago (Section H)</p> <p>2 <input type="checkbox"/> 10 or fewer years ago (6)</p>
<p>The following questions refer only to the (cancer in questions 3a or 5a).</p> <p><i>HAND CARD G2. Read each category if telephone interview.</i></p> <p>6. What types of doctors did you see for your diagnosis and treatment?</p> <p><i>Mark each that applies.</i></p>	<p>1 <input type="checkbox"/> Internist, general practitioner</p> <p>2 <input type="checkbox"/> Cancer specialist (oncologist)</p> <p>3 <input type="checkbox"/> General surgeon</p> <p>4 <input type="checkbox"/> Cancer surgeon</p> <p>5 <input type="checkbox"/> Plastic surgeon/Reconstructive surgeon</p> <p>6 <input type="checkbox"/> Radiologist</p> <p>8 <input type="checkbox"/> Other specialist (Specify) ∇</p> <p>9 <input type="checkbox"/> DK</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p>
<p>7a. Did you get more than one opinion about the type of treatment you should have?</p> <p>_____</p> <p><i>HAND CARD G3. Read each category if telephone interview.</i></p> <p>b. What types of treatment did you receive for this cancer?</p> <p><i>Mark each that applies.</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p>46</p> <p>1 <input type="checkbox"/> Surgery to remove the tumor</p> <p>2 <input type="checkbox"/> Radiation</p> <p>3 <input type="checkbox"/> Chemotherapy</p> <p>4 <input type="checkbox"/> Special diets</p> <p>5 <input type="checkbox"/> Self healing techniques, including imaging</p> <p>8 <input type="checkbox"/> Other (Specify) ∇</p> <p>9 <input type="checkbox"/> DK</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p>
<p>8. After your cancer was diagnosed, did you receive any counseling or join any support groups to help you cope?</p> <p>_____</p> <p><i>HAND CARD G4. Read categories if telephone interview.</i></p> <p>9a. What was the main reason you did not get counseling?</p> <p><i>Mark only one.</i></p>	<p>1 <input type="checkbox"/> Yes (10)</p> <p>2 <input type="checkbox"/> No (9)</p> <p>9 <input type="checkbox"/> DK (10)</p> <p>54</p> <p>1 <input type="checkbox"/> I didn't know it was available (9b)</p> <p>2 <input type="checkbox"/> I didn't want it</p> <p>3 <input type="checkbox"/> I didn't think I needed it</p> <p>8 <input type="checkbox"/> Some other reason (Specify) ∇ } (10)</p> <p>9 <input type="checkbox"/> DK</p>
<p>b. Would you have been interested in receiving counseling if you had known about it?</p> <p>_____</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p>56</p>
<p>10. Did a doctor, nurse, or social worker give you written information about your cancer or its treatment?</p> <p><i>If NO, ASK –</i></p> <p>Even though no one gave you any written information did you pick any up on your own?</p> <p><i>If Yes, mark box 3.</i></p> <p><i>If No, mark box 2.</i></p>	<p>1 <input type="checkbox"/> Yes (11)</p> <p>2 <input type="checkbox"/> No, no information given</p> <p>3 <input type="checkbox"/> No, but I picked it up myself } (12)</p> <p>9 <input type="checkbox"/> DK</p>
<p>Notes</p>	

Section G – CANCER SURVIVORSHIP – Continued

<i>HAND CARD G5. Read each category if telephone interview.</i>		1 <input type="checkbox"/> General information about cancer	58
11 a. What subjects did the materials cover? (Anything else?)		2 <input type="checkbox"/> Information about your specific type of cancer	59
<i>Mark each that applies.</i>		3 <input type="checkbox"/> Cancer treatment options	60
		4 <input type="checkbox"/> Coping with the physical side effects of cancer treatment	61
		5 <input type="checkbox"/> Coping with the emotional effects of cancer	62
		8 <input type="checkbox"/> Other (Specify) ↴	63
		9 <input type="checkbox"/> DK	64
b. [Was this/Were any of these] material(s) helpful?		1 <input type="checkbox"/> Yes	65
		2 <input type="checkbox"/> No	
		9 <input type="checkbox"/> DK	
<i>HAND CARD G6. Read 12b categories if telephone interview.</i>			66
12 a. After you were diagnosed with cancer, did you contact any of these cancer organizations?		1 <input type="checkbox"/> Yes (12b)	
		2 <input type="checkbox"/> No (13)	
b. Which cancer organizations did you contact? (Any others?)		1 <input type="checkbox"/> American Cancer Society	67
<i>Mark each that applies.</i>		2 <input type="checkbox"/> National Cancer Institute	68
		3 <input type="checkbox"/> The 1-800-4-CANCER HOTLINE	69
		8 <input type="checkbox"/> Other	70
		9 <input type="checkbox"/> Don't know	71
			72
13. Did you participate in a research study or clinical trial as a part of your cancer treatment?		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
		9 <input type="checkbox"/> DK	
14 a. Not counting Medicare or Medicaid, did you have health insurance that paid for all or part of your treatment?		1 <input type="checkbox"/> Yes (14b)	73
		2 <input type="checkbox"/> No } (15)	
		9 <input type="checkbox"/> DK }	
<i>HAND CARD G7. Read all categories if telephone interview.</i>			74
b. Did your health insurance change in any of these ways because of your cancer?		1 <input type="checkbox"/> Yes – Cost to me increased	
<i>Mark only one.</i>		2 <input type="checkbox"/> Yes – My insurance was cancelled or not renewed	
		8 <input type="checkbox"/> Yes – Other change (Specify) ↴	
		0 <input type="checkbox"/> No – Did not change	
15 a. Were you EVER denied health or life insurance coverage because of your cancer?		1 <input type="checkbox"/> Yes	75
		2 <input type="checkbox"/> No	
		9 <input type="checkbox"/> DK	
b. Were you EVER asked to waive coverage of your cancer in order to get health insurance?		1 <input type="checkbox"/> Yes	76
		2 <input type="checkbox"/> No	
		9 <input type="checkbox"/> DK	
16 a. Were you working at a job or business immediately BEFORE your diagnosis of cancer?		1 <input type="checkbox"/> Yes (16b)	77
		2 <input type="checkbox"/> No (17)	
b. Were you self-employed?		1 <input type="checkbox"/> Yes (17)	78
		2 <input type="checkbox"/> No (16c)	
c. Did your employer have a long-term disability plan that covered cancer?		1 <input type="checkbox"/> Yes } (18)	79
		2 <input type="checkbox"/> No }	
		9 <input type="checkbox"/> DK }	
17 a. Have you worked at a job for pay AFTER your cancer was diagnosed?		1 <input type="checkbox"/> Yes (17b)	80
		2 <input type="checkbox"/> No (Section H)	
b. Were you self-employed?		1 <input type="checkbox"/> Yes (Section H)	81
		2 <input type="checkbox"/> No (18)	
18. Some people have problems with employment because of cancer. Have you EVER . . .			82
a. Faced on-the-job problems from your employer or supervisor directly related to your cancer?		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
b. Been fired or laid off from your job because of your cancer?		1 <input type="checkbox"/> Yes	83
		2 <input type="checkbox"/> No	
c. Felt you couldn't change jobs because of your cancer?		1 <input type="checkbox"/> Yes	84
		2 <input type="checkbox"/> No	
d. Felt you couldn't take a new job because of a change in insurance related to your cancer?		1 <input type="checkbox"/> Yes	85
		2 <input type="checkbox"/> No	
e. Refrained from applying for a new job because you didn't want your medical records made public?		1 <input type="checkbox"/> Yes	86
		2 <input type="checkbox"/> No	

Section H – SMOKING HABITS

<p>These next questions are about cigarette smoking.</p>		
<p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Section J)</p>	5
<p>2. How old were you when you first started smoking cigarettes?</p>	<p>_____ Age 99 <input type="checkbox"/> DK</p>	6-7
<p>3. Do you now smoke cigarettes every day, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Every day (4) 2 <input type="checkbox"/> Some days (5) 3 <input type="checkbox"/> Not at all (Section J)</p>	8
<p>4. On the average, how many cigarettes do you now smoke a day?</p>	<p>_____ Cigarettes a day } (Section J) (Number) 99 <input type="checkbox"/> DK</p>	9-10
<p>5a. On how many of the past 30 days did you smoke cigarettes?</p>	<p>00 <input type="checkbox"/> None (Section J) _____ Days } (5b) (Number) 99 <input type="checkbox"/> DK</p>	11-12
<p>b. On the average, when you smoked, about how many cigarettes did you smoke a day?</p>	<p>_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK</p>	13-14

Notes

Section J — OCCUPATIONAL EXPOSURE

ITEM J1	Refer to "Work" box in C1 of HIS-1 for the SP.	1 <input type="checkbox"/> Wa/Wb box marked (1) 2 <input type="checkbox"/> All others (Section K)	5
	1 a. On your current job, do you WORK WITH any substances that you believe may be harmful if you breathed them or got them on your skin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6
	b. On your current job, are you exposed to radiation, not counting computer screen exposure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7
ITEM J2	Refer to 1a and 1b.	1 <input type="checkbox"/> "Yes" in 1a OR 1b (2) 2 <input type="checkbox"/> All others (Section K)	8
	2. How concerned are you about your exposure to [these substances/(and) radiation] on your current job? Are you very concerned, somewhat concerned, slightly concerned, or not at all concerned?	1 <input type="checkbox"/> Very concerned 2 <input type="checkbox"/> Somewhat concerned 3 <input type="checkbox"/> Slightly concerned 4 <input type="checkbox"/> Not at all concerned	9
	HAND CARD J1. Read each category if telephone interview. 3. From which of these did you find out that you were working with [harmful substances/(and) radiation]? Mark each mentioned.	1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Co-workers 4 <input type="checkbox"/> Previous training/education 5 <input type="checkbox"/> By reading about it 8 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> DK	10 11 12 13 14 15 16
	4. Is protective gear available for your use in your current job? Examples of protective gear are gloves, respirator, filter mask, boots, ear plugs, and film badge.	1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No } (Section K) 9 <input type="checkbox"/> DK	17
	5. When you have contact with [substances that might be harmful/(and) radiation], how often do you use protective gear? Never, some of the time, most of the time, or always?	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Most of the time 4 <input type="checkbox"/> Always (Section K)	18
	HAND CARD J2. Read each category if telephone interview. 6. Which of these reasons for not wearing protective gear are true for you? (Please give me the numbers from the card.) Mark each mentioned.	1 <input type="checkbox"/> Because it doesn't work properly 2 <input type="checkbox"/> Because it interferes with job performance 3 <input type="checkbox"/> Because it is uncomfortable 4 <input type="checkbox"/> Because I don't know how to use it 5 <input type="checkbox"/> Because it is not needed 8 <input type="checkbox"/> Some other reason (Specify) _____	19 20 21 22 23 24
Notes			