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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.

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Data collected by CODA, Inc.

Durham, NC

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TODAY'S DATE: ____/____/____
Month Day Year

1. When were you born? ____/____/____
Month Day Year

1a. How old are you? ____ years

THE FOLLOWING QUESTIONS ARE ABOUT YOUR TYPICAL DIET DURING THE PAST YEAR.

2. During the past year, have you taken any vitamins or minerals?

1 __ No → **Skip to page 3** 2 __ Yes, fairly regularly 3 __ Yes, but not regularly **If Yes,**

VITAMIN TYPE	**Number of tablets**								**For how many years?**				
Multiple Vitamins	None (1)	1-3 per wk. (2)	4-6 per wk. (3)	1 per day (4)	2 per day (5)	3 per day (6)	4 per day (7)	5+ per day (8)	Less than 1 yr. (1)	1-2 yrs. (2)	3-5 yrs. (3)	6-9 yrs. (4)	10+ yrs. (5)
One-a-day type													
Stress-tabs type													
Therapeutic, Theragran type													
Other Vitamins													
Vitamin A													
Vitamin C													
Vitamin E													
Calcium or dolomite													

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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)

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

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

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?** 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)	**How Much?** 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? 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)	How Much? Medium Serving	Your Serving Size S (1)	M (2)	L (3)	OFFICE USE ONLY
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				☐☐

* Requires follow-up, if missing.

C. MEAT, MIXED DISHES, LUNCH ITEMS	How Often? 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)	How Much? Medium Serving	Your Serving Size S (1)	M (2)	L (3)	OFFICE USE ONLY
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				☐ ☐

* Requires follow-up, if missing.

D. BREADS, SALTY SNACKS, SPREADS	How Often? 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)	How Much? Medium Serving	Your Serving Size S (1)	M (2)	L (3)	OFFICE USE ONLY
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				☐☐

E. BREAKFAST FOODS	How Often? 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)	How Much? Medium Serving	Your Serving Size 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 links				☐☐

OFFICE USE ONLY

	How Often?								How Much?			
F. SWEETS	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. 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			

	How Often?								How Much?			
G. DAIRY PRODUCTS	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)
2. Cheeses* and cheese spreads, not including cottage cheese									2 slices or 2 oz.			
4. Frozen yogurt									1 scoop or ½ cup			

* Requires follow-up, if missing.

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

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

* Requires follow-up, if missing.

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

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		Code	Amount
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: _____	☐☐	☐☐☐☐

	1 Seldom/Never	2 Sometimes	3 Often/Always	
7. How often do you eat the skin on chicken?	_____	_____	_____	☐
How often do you eat the fat on meat?	_____	_____	_____	☐
How often do you add salt to your food?	_____	_____	_____	☐
How often do you add pepper to your food?	_____	_____	_____	☐

8. Not counting salad or potatoes, about how many servings of vegetables do you eat per week?*

_____ ___ # servings per week ☐

9. Not counting juices, about how many servings of fruits do you usually eat per week?*

_____ ___ # servings per week ☐

10. How many times per week do you use fat or oil in cooking, not including baked goods? For example, in frying eggs, meat or vegetables?

_____ ___ # times per week ☐

* Requires follow-up, if missing.

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

CODE (0 or 1)

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

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

CODE (0 or 1)

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

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

C

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)

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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.

CODE (0 or 1)

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: _____

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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.**

CODE (0 or 1)

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: _____

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☐☐
☐☐

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 ✓**

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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

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