

DRAFT FOR REFERRAL PURPOSES ONLY

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Cohort #

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MR centre #

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Participant #

Participant Initials

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F M L

**BEVERAGES**

Average Use Last Year: *Mark ONE box only (X)*

Your Serving Size

	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	
											Less than medium (Small) Medium More than medium (Large)

1. WHOLE MILK (HOMO) (as beverage or in cereal, but not in coffee or tea)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
2. 2% MILK (includes Lactaid) (as beverage or in cereal, but not in coffee or tea)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
3. 1% MILK (as beverage or in cereal, but not in coffee or tea)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
4. SKIM MILK (as beverage or in cereal, but not in coffee or tea)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
5. COFFEE, regular (brewed or instant)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
6. COFFEE, decaffeinated	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
7. TEA, regular (eg, Red Rose, Salada, Tetley)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
8. MILK in Tea and Coffee Please mark type:												<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
Homo milk	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	2 tbsp or 30 ml
2%/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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	2 tbsp or 30 ml
Skim	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	2 tbsp or 30 ml

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<b>BEVERAGES cont.</b>	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
9. CREAM in Tea and Coffee Please mark type:											<input type="checkbox"/> S		
Coffee cream	<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"/> M	1 tbsp or 15 ml	<input type="checkbox"/> L
Half & Half	<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"/> S	1 tbsp or 15 ml	<input type="checkbox"/> M
Non dairy creamer (incl. coffee mate or coffee rich)	<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"/> L	1 tbsp or 15 ml	<input type="checkbox"/> S
10. HERBAL TEA	<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"/> M	1 cup or 250 ml	<input type="checkbox"/> S
11. SUGAR or HONEY in Tea and Coffee	<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"/> L	1 tsp or 1 pkge	<input type="checkbox"/> S
12. COLAS, regular (eg, Coca Cola, Pepsi)	<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"/> M	1 can or 355 ml	<input type="checkbox"/> S
13. OTHER SOFT DRINKS, regular (eg, 7-Up, Sprite, Cream Soda)	<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"/> L	1 can or 355 ml	<input type="checkbox"/> S
14. DIET COLAS (eg, diet Coke, diet Pepsi)	<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"/> M	1 can or 355 ml	<input type="checkbox"/> S
15. ORANGE GRAPEFRUIT JUICE	<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"/> L	3/4 cup or 175 ml	<input type="checkbox"/> S
16. OTHER JUICES (eg, apple, cranberry, grape, pineapple)	<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"/> M	3/4 cup or 175 ml	<input type="checkbox"/> S
17. FRUIT DRINK (eg, iced tea, lemonade)	<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"/> L	1 cup or 250 ml	<input type="checkbox"/> S

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	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)		
<b>BEVERAGES cont.</b>															
18. VEGETABLE JUICE (eg, V-8, tomato, clamato, carrot)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	3/4 cup or 175 ml
19. CHOCOLATE MILK, HOT CHOCOLATE, COCOA	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml
20. BEER, ALE	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 bottle or 341 ml
21. WHITE WINE	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	5 oz or 150 ml
22. RED WINE, SHERRY, PORT	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	5 oz or 150 ml
23. LIQUOR (eg, rum, vodka, gin)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1.5 oz or 45 ml
<b>DAIRY PRODUCTS</b>															
24. EGG, boiled, poached (incl. in egg salad)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 egg
25. EGG, fried, scrambled, omelette	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 egg
26. McMUFFIN (incl. egg-mcmuffin, sausage-mcmuffin)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 regular size
27. COTTAGE or RICOTTA CHEESE	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
28. CHEESE, regular fat, natural and processed	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 slice or 30 gm

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	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
29. CHEESE, part-skim natural and processed	<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"/> S	<input type="checkbox"/> M	1 slice or 30 gm
											<input type="checkbox"/> L		
30. YOGURT, plain, regular fat	<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"/> S	<input type="checkbox"/> M	3/4 cup or 175 ml
											<input type="checkbox"/> L		
31. YOGURT, plain, low fat	<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"/> S	<input type="checkbox"/> M	3/4 cup or 175 ml
											<input type="checkbox"/> L		
32. YOGURT, fruit-flavoured, regular fat	<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"/> S	<input type="checkbox"/> M	3/4 cup or 175 ml
											<input type="checkbox"/> L		
33. YOGURT, fruit-flavoured, low fat	<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"/> S	<input type="checkbox"/> M	3/4 cup or 175 ml
											<input type="checkbox"/> L		
<b>MIXED DISHES</b>													
34. BEAN SOUP (incl. navy bean, split pea, lentil)	<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"/> S	<input type="checkbox"/> M	1 cup or 250 ml
											<input type="checkbox"/> L		
35. INDIAN CORN SOUP	<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"/> S	<input type="checkbox"/> M	1 cup or 250 ml
											<input type="checkbox"/> L		
36. SOUP, creamed (eg, cream of mushroom)	<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"/> S	<input type="checkbox"/> M	1 cup or 250 ml
											<input type="checkbox"/> L		
37. SOUP, not creamed (eg, tomato, chicken noodle, beef barley, chicken & dumpling)	<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"/> S	<input type="checkbox"/> M	1 cup or 250 ml
											<input type="checkbox"/> L		
38. CRACKERS in soup or as snack	<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"/> S	<input type="checkbox"/> M	4 crackers
											<input type="checkbox"/> L		
39. PIZZA, no meat	<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"/> S	<input type="checkbox"/> M	1 medium slice
											<input type="checkbox"/> L		

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	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
40. PIZZA, with meat	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 medium slice	
41. MEATLESS PASTA & SAUCE (incl. vegetarian lasagna, macaroni & cheese); homemade or canned	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 1/2 cups	
42. PASTA & MEAT SAUCE, (incl. hamburger helper meat lasagna); homemade or canned	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 1/2 cups	
43. GARLIC BREAD	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 medium slice	
44. MEAT STEW with carrots, potato, other vegetables; homemade or canned	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 1/2 cups	
45. CHILI WITH MEAT; homemade or canned	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 1/2 cups	
46. BAKED BEANS or PORK AND BEANS	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 cup or 250 ml	
47. BEAN BURRITO	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 medium	
48. MEAT BURRITO (incl. beef and bean, other combinations)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 medium	
49. HAMBURGER (with bun)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 quarter pound burger	
50. CHEESEBURGER (with bun)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 quarter pound burger	

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<b>MIXED DISHES cont.</b>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. HOTDOG (with bun)	<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"/>
52. CHINESE CHOW MEIN (incl. beef or chicken chow mein)	<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"/>
53. CHINESE EGG ROLL	<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"/>
54. STIRFRIED CHINESE VEGETABLES	<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"/>
55. CHINESE CHOP SUEY	<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"/>
<b>VEGETABLES, PEAS AND BEANS</b>													
56. POTATOES, boiled, mashed or baked	<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"/>
57. FRENCH FRIES and FRIED POTATOES	<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"/>
58. SCALLOPED POTATOES	<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"/>
59. CARROTS, raw or cooked	<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"/>
60. BROCCOLI	<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"/>
61. COLESLAW	<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"/>

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Grid for Cohort #

Cohort #

Grid for MR centre #

MR centre #

Grid for Participant #

Participant #

Participant Initials

Grid for Participant Initials

F M L

VEGETABLES, PEAS AND BEANS cont.

Average Use Last Year: Mark ONE box only (X)

Your Serving Size

Frequency categories: Never, Less than once per month, 1-3 per mo., 1 per week, 2-4 per week, 5-6 per week, 1 per day, 2-3 per day, 4-5 per day, 6+ per day. Serving size categories: Less than medium (Small), Medium, More than medium (Large)

Table with 11 columns for frequency and 3 rows for serving size (S, M, L). Rows include items like CAULIFLOWER, CABBAGE, BRUSSEL SPROUTS, CORN, PEAS, GREEN BEANS, DARK LEAFY VEGETABLES, LETTUCE, TOMATOES, and SALAD DRESSING.

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

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**VEGETABLES, PEAS  
AND BEANS cont.**

Average Use Last Year: *Mark ONE box only (X)*

Your Serving Size

Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
-------	--------------------------	-------------	------------	--------------	--------------	-----------	-------------	-------------	------------	--------------------------	--------	--------------------------

73.	BEETS, boiled or pickled	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
74.	Yellow-Orange SWEET POTATOES or YAMS	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 med or 1/2 cup
75.	OTHER ROOT VEGETABLES (eg, turnips, parsnips, yams, radish, rutabagas, leeks)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
76.	YELLOW SQUASH, winter type	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
77.	SUMMER SQUASH, ZUCCHINI, EGGPLANT	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
78.	GREEN PEPPER, raw or cooked	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
79.	ASPARAGUS	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	4 spears
80.	OTHER VEGETABLES (eg, celery, mushrooms, bean sprouts), raw or cooked)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml
81.	CANNED OR PRESERVED VEGETABLES	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 cup or 125 ml



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	MEATS	Average Use Last Year: <i>Mark ONE box only (X)</i>									Your Serving Size			
		Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
82.	MEATLOAF, MEATBALLS or PATTIES (not fast-food hamburgers), no bun	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	3" patty or 3 balls
83.	BEEF (incl. steak, roast beef, pot roast)	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
84.	PORK (incl. pork chop, pork roast)	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
85.	BAKED HAM. PEMEAL BACON	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
86.	VEAL, LAMB	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
87.	CARIBOO, MOOSE, BUFFALO MEAT, DEER	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
88.	DUCK, GOOSE, other fowl, gamebirds	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo C, medium
89.	LIVER, other organ meats	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo B, medium
90.	CHICKEN, TURKEY, roasted, oven baked	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	photo C, medium
91.	FRIED CHICKEN (incl. chicken nuggets, chicken balls, breaded chicken); homemade or fast-food type	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	4 nuggets or 3 balls
92.	CHICKEN WINGS	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	4 wings

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MEATS cont.	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
93. CHICKEN CASSEROLES (incl chicken tetrazini, cacciatore, kiev)	<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"/> S	<input type="checkbox"/> M	1 1/2 cups
94. STEAMED or BAKED FISH (eg, salmon, mackerel, haddock)	<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"/> S	<input type="checkbox"/> M	photo B, medium
95. BATTERED FISH (incl. breaded, fish, fish sticks, battered shrimp)	<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"/> S	<input type="checkbox"/> M	photo B, medium (5 fish sticks)
96. TARTAR SAUCE on fish	<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"/> S	<input type="checkbox"/> M	2 tbsp or 30 ml
97. CANNED FISH (eg, tuna or salmon salad, sardines)	<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"/> S	<input type="checkbox"/> M	1/2 cup or 125 ml
98. STEAMED SEAFOOD, meat only (includes crab, lobster, shrimp)	<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"/> S	<input type="checkbox"/> M	photo B, medium or 1 cup
99. BACON	<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"/> S	<input type="checkbox"/> M	2 strips
100. SAUSAGES (includes pork, link sausages, weiners)	<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"/> S	<input type="checkbox"/> M	1 medium or 2 links
101. CHICKEN or TURKEY Lunch Meat	<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"/> S	<input type="checkbox"/> M	1 slice or 30 gms
102. HAM, BLACK FOREST, CORNED BEEF Lunch	<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"/> S	<input type="checkbox"/> M	1 slice or 30 gms
103. BOLOGNA, SALAMI, HEAD CHEESE or OTHER Lunch Meat	<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"/> S	<input type="checkbox"/> M	1 slice or 30 gms

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	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
<b>MEATS cont.</b>													
104. SALTED / DRIED MEAT or FISH	<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"/> S	<input type="checkbox"/> M	photo B, medium
											<input type="checkbox"/> L		
105. PICKLED MEAT or FISH	<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"/> S	<input type="checkbox"/> M	photo B, medium
											<input type="checkbox"/> L		
<b>BREADS, CEREALS AND GRAINS</b>													
106. WHITE BREAD	<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"/> S	<input type="checkbox"/> M	1 slice
											<input type="checkbox"/> L		
107. WHOLE WHEAT BREAD	<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"/> S	<input type="checkbox"/> M	1 slice
											<input type="checkbox"/> L		
108. OTHER BREAD (incl. multigrain, oat bran, raisin bread)	<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"/> S	<input type="checkbox"/> M	1 slice
											<input type="checkbox"/> L		
109. WHITE BREAD ROLLS (eg, kaisers, bagel, pita)	<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"/> S	<input type="checkbox"/> M	1 medium
											<input type="checkbox"/> L		
110. WHOLE WHEAT BREAD ROLLS (eg, kaisers, bagels, pita)	<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"/> S	<input type="checkbox"/> M	1 medium
											<input type="checkbox"/> L		
111. CORNBREAD	<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"/> S	<input type="checkbox"/> M	1 wedge, 4" x 3" x 1"
											<input type="checkbox"/> L		
112. SCONES, HOT BISCUITS	<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"/> S	<input type="checkbox"/> M	1 medium, 3" diam
											<input type="checkbox"/> L		
113. EGGOS, PANCAKES, FRENCH TOAST	<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"/> S	<input type="checkbox"/> M	2 medium
											<input type="checkbox"/> L		
114. BRAN/GRANOLA CEREALS Specify usual type:											<input type="checkbox"/> S	<input type="checkbox"/> M	3/4 cup or 175 ml
_____	<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"/> L		

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**BREADS, CEREALS  
AND GRAINS cont.**

Average Use Last Year: *Mark ONE box only (X)*

Your Serving Size

	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small) Medium More than medium (Large)
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115. WHOLE WHEAT CEREALS (eg, Shreddies, Shredded Wheat) Specify usual type: _____ _____	<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"/> S <input type="checkbox"/> M 1 cup or 2 biscuits <input type="checkbox"/> L
116. SUGAR COATED CEREALS (eg, Frosted Flakes, Fruit Loops) Specify usual type: _____ _____	<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"/> S <input type="checkbox"/> M 1 cup or 250 ml <input type="checkbox"/> L
117. NO SUGAR CEREALS (eg, Corn Flakes, Rice Krispies) Specify usual type: _____ _____	<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"/> S <input type="checkbox"/> M 1 cup or 250 ml <input type="checkbox"/> L
118. COOKED CEREALS (eg, porridge, oatmeal, cornmeal) Specify usual type: _____ _____	<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"/> S <input type="checkbox"/> M 1 cup or 250 ml <input type="checkbox"/> L
119. SUGAR on cereal (eg, white or brown)	<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"/> S <input type="checkbox"/> M 1 tsp or 5 ml <input type="checkbox"/> L
120. CREAM CHEESE on bagels, toast, crackers etc, regular	<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"/> S <input type="checkbox"/> M 2 tbsp or 30 ml <input type="checkbox"/> L
121. CREAM CHEESE on bagels, toast, crackers etc, low fat	<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"/> S <input type="checkbox"/> M 2 tbsp or 30 ml <input type="checkbox"/> L
122. BRAN or OAT MUFFINS	<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"/> S <input type="checkbox"/> M 1 medium <input type="checkbox"/> L
123. OTHER MUFFINS or FRUIT BREADS (eg, blueberry, banana bread)	<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"/> S <input type="checkbox"/> M 1 medium <input type="checkbox"/> L
124. RICE, WILD RICE, boiled or steamed	<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"/> S <input type="checkbox"/> M 1 cup or 250 ml <input type="checkbox"/> L

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BREADS, CEREALS AND GRAINS cont.	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size			
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)	
125. FRIED RICE, plain or with vegetables, homemade or fast food	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 cup or 250 ml
126. BUTTER on bread items	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 tsp or 1 pat
127. MARGARINE on bread items	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 tsp or 1 pat
<b>FRUITS</b>														
128. APPLE, PEAR	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 medium
129. CITRUS FRUITS (oranges, clementines, grapefruit)	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 orange or 1/2 grapefruit
130. BANANA	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 medium
131. GRAPES	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1/2 cup or 125 ml
132. BERRIES (strawberries, raspberries, cherries, wildberries)	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1/2 cup or 125 ml
133. PEACH, PLUM, NECTARINE	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 medium
134. CANTALOUPE	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1/8 th of whole or 1/2 cup
135. WATERMELON, HONEYDEW	<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"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	1 cup or 250 ml

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FRUITS cont.	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
136. MANGO, PAPAYA	<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"/> S	1/2 mango or 1/2 cup	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
137. ANY OTHER FRUIT (eg, pineapple, kiwi)	<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"/> S	1/2 cup or 125 ml	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
138. CANNED OR PRESERVED FRUIT	<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"/> S	1/2 cup or 125 ml	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
139. DRIED FRUIT (eg, raisins, prunes, dates)	<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"/> S	1 tbsp raisins or 2 dates	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
<b>DESSERTS AND SWEETS</b>													
140. CAKES (incl. snack cakes such as Joe Louis)	<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"/> S	1 snack cake or 1/12 of whole cake	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
141. DONUTS, SWEET ROLLS, DANISH PASTRY, CROISSANT	<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"/> S	1 medium	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
142. ICE CREAM	<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"/> S	2 scoops or 1 cup	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
143. SHERBET, POPSICLES, FREEZIES	<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"/> S	1 popsicle	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
144. PUDDING (eg, vanilla, chocolate, rice)	<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"/> S	1/2 cup or 125 ml	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
145. PIES AND TARTS	<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"/> S	1 slice or 1/8 pie	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		
146. COOKIE, INDIAN COOKIE, INDIAN BISCUIT	<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"/> S	2 cookies	
											<input type="checkbox"/> M		
											<input type="checkbox"/> L		

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**DESSERTS AND SWEETS cont.**

Average Use Last Year: *Mark ONE box only (X)*

Your Serving Size

Never    Less than once per month    1-3 per mo.    1 per week    2-4 per week    5-6 per week    1 per day    2-3 per day    4-5 per day    6+ per day    Less than medium (Small)    Medium    More than medium (Large)

147. SNACK FOODS (eg, potato chips, nachos, popcorn)

S  
 M 1 small bag or 50 gm  
 L

148. CHOCOLATE (includes chocolate bar)

S  
 M 1 bar or 5 chocolate pieces  
 L

149. HARD CANDY

S  
 M 2 candies  
 L

150. JELLO

S  
 M 1/2 cup or 125 ml  
 L

**MISCELLANEOUS**

151. TOFU or TEMPEH

S  
 M 1/2 cup or 125 ml  
 L

152. NUTS/SEEDS

S  
 M 1/4 cup or 60 ml  
 L

153. PEANUT BUTTER

S  
 M 1 tbsp or 15 ml  
 L

154. JAM, SYRUP, HONEY (not used in beverages)

S  
 M 1 tbsp or 15 ml  
 L

155. GRAVY on meats, fries, sandwiches

S  
 M 1/4 cup or 60 ml  
 L

156. MAYONNAISE on sandwiches, in egg / tuna salads

S  
 M 1 tbsp or 15 ml  
 L

157. SOUR CREAM on potatoes, as chip dip; WHIPPING CREAM on pies, fruit

S  
 M 1 tbsp or 15 ml  
 L

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**MISCELLANEOUS cont.**

	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
	Never	Less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	Less than medium (Small)	Medium	More than medium (Large)
158. KETCHUP, SALSA, BBQ SAUCE	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 tbsp or 15 ml	
159. MUSTARD	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 tsp	
160. PICKLES, RELISH	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 dill or 2 tbsp	
161. SOY SAUCE, in cooking, added to food	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 tsp or 5 ml	
162. FRESH GARLIC (includes use in cooking)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1/2 tsp or 2.5 ml	
163. CHILIES, green, red	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 small	
164. ADDED SALT AT TABLE on raw or cooked dishes	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	2 sprinkles or 1/8 tsp	
165. SUGAR SUBSTITUTES (such as Equal, Nutrasweet)	<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"/> S <input type="checkbox"/> M <input type="checkbox"/> L	1 pkge or 1 tablet	

Is there anything else that you eat?

Please write the NAME of the food, HOW OFTEN you had it and the AMOUNT.

**FOOD or DRINK**

	Average Use Last Year: <i>Mark ONE box only (X)</i>										Your Serving Size		
_____	<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"/>	_____		



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FOR THE FOLLOWING QUESTIONS, PLEASE MARK **X** IN THE BOX THAT BEST DESCRIBES YOUR ANSWER

1. Are you a (*Please mark one box only*):

- Non-vegetarian (eats **ALL** meat, chicken and fish)
- Vegan (eats **NO** meat, **NO** chicken, **NO** fish, **NO** milk/dairy foods, **NO** eggs)
- Lacto-vegetarian (eats milk/dairy foods, but **NO** meat, **NO** chicken, **NO** fish, **NO** eggs)
- Lacto-ovo vegetarian (eats milk/dairy foods and eggs, but **NO** meat, **NO** chicken, **NO** fish)
- Semi-vegetarian (eats meat occasionally)
- Vegetarian who eats chicken and fish, but **NO** meat

2. How much of the visible fat on the meats do you eat? (*Please mark one box only*):

- most of it
- some of it
- as little as possible
- do not eat meat

3. How often do you eat the skin on chicken? (*Please mark one box only*):

- always
- often
- sometimes
- never
- do not eat chicken

4. What kind of fat do you most often use for cooking, pan- or stir-frying? (*Please mark one box only*):

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> do not add fat or oil | <input type="checkbox"/> butter                              | <input type="checkbox"/> margarine |
| <input type="checkbox"/> vegetable oil         | <input type="checkbox"/> animal fat, such as lard, bacon fat |                                    |
| <input type="checkbox"/> vegetable shortening  | <input type="checkbox"/> other, please specify: _____        |                                    |

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5. How often do you eat rare meat? (*Please mark one box only*):

- daily   
  1-3 times per week   
  4-6 times per week   
  less than 1 per week or never

6. How often do you/your family eat hunted meat/wild game? (*Please mark one box only*):

- weekly   
  1-3 times per month   
  1-11 times per year   
  never

7. What kind of fat do you most often use for deep-frying? (*Please mark one box only*):

- do not deep fry   
  butter   
  margarine  
 vegetable oil   
  animal fat, such as lard, bacon fat  
 vegetable shortening   
  other, please specify: \_\_\_\_\_

8. What kind of fat do you most often use for baking? (*Please mark one box only*):

- do not bake   
  butter   
  margarine  
 vegetable oil   
  animal fat, such as lard, bacon fat  
 vegetable shortening   
  other, please specify: \_\_\_\_\_

9. What type of oil do you most often use? (*Mark all that apply*):

- corn oil   
  sunflower oil   
  vegetable oil  
 canola oil   
  soybean oil   
  mustard oil  
 peanut oil   
  olive oil   
  sesame oil  
 coconut oil   
  other, please specify: \_\_\_\_\_

10. How often do you eat fried foods? (*Please mark one box per line*):

a. At home

- daily   
  1-3 times per week   
  4-6 times per week   
  less than 1 per week or never

b. Away from home

- daily   
  1-3 times per week   
  4-6 times per week   
  less than 1 per week or never

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11. How often do you eat "take out" or meals away from home? (*Please mark one box only*):

daily   
  1-3 times per week   
  4-6 times per week   
  less than 1 per week or never

12. What type of the following items do you use most often? (*Please mark one box per line*):

butter     none     stick     tub   
 → if **stick or tub**, do you use  
 regular     light

margarine     none     stick     tub   
 → if **stick or tub**, do you use  
 regular     light

mayonnaise     none     regular     light

sour cream     none     regular     light

13a. Are you currently on a special diet?

Yes    ↓ *Continue to 13b*   
  No    → *Go to Question 14*

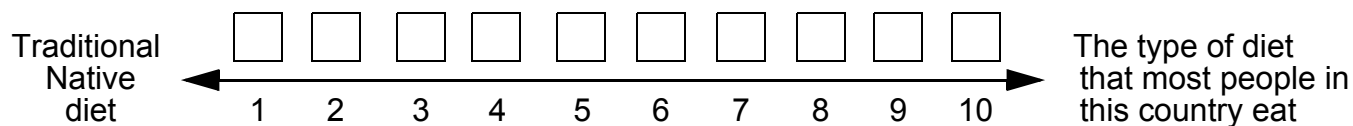
13b. If yes, what type of diet? \_\_\_\_\_

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13c. If yes, how long have you been on that special diet? (*Please write number in box*):

years      months

14. Compared to your ancestors, can you show us, by marking (X) in one of the boxes on this diagram, how you would describe your diet now?



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**15. VITAMINS**

During the last year, did you take any of the following multivitamins or multivitamins with minerals?

If no, put an **X** in the box NONE and continue to the next item.

If yes, please write the brand name, if known, the number of **pills** taken **per week** (*mark X*) and the number of **years** and **months** that you took them in the past.

VITAMINS/SUPPLEMENTS	None	More than 7 per week	7 per week	3-5 per week	1-2 per week	How long taken in years and months?			
Multiple vitamins, no minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Brand: _____									
Multiple plus iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Brand: _____									
Multiple plus minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Brand: _____									
B complex:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Brand: _____									
Brewer's yeast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Cod liver or halibut oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
Indian Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo

During the last year did you take any of the following individual items? For each item, please mark (**X**) the number of **pills** taken **per week**, the number of **years** or **months** that you took them in the past and the **strength** you currently take (for example, 500 mg of Vitamin C).

**Do not include vitamins if they are part of a multivitamin.**

Vitamin C only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/>	yrs	<input style="width: 20px; height: 20px;" type="text"/>	mo
<input type="checkbox"/> 250 mg or less									
<input type="checkbox"/> 500									
<input type="checkbox"/> 1,000									
<input type="checkbox"/> 1,500 or more									

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<b>VITAMINS/SUPPLEMENTS cont.</b>	None	More than 7 per week	6-7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
Vitamin E only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
<input type="checkbox"/> 200 IU or less							
<input type="checkbox"/> 400							
<input type="checkbox"/> 800							
<input type="checkbox"/> 1,000 or more							
Vitamin A only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
<input type="checkbox"/> 5,000 IU or less							
<input type="checkbox"/> 10,000							
<input type="checkbox"/> 15,000							
<input type="checkbox"/> 25,000 or more							
Beta carotene only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
<input type="checkbox"/> 5,000 IU or less							
<input type="checkbox"/> 10,000							
<input type="checkbox"/> 15,000							
<input type="checkbox"/> 25,000 or more							
Other vitamins:							
Folic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Pyridoxine or B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo

DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #

MR centre #

Participant #

Participant  
Initials

F M L

**VITAMINS/SUPPLEMENTS  
cont.**

None    More than 7 per week    6-7 per week    3-5 per week    1-2 per week

How long taken in years and months?

Iron only





  yrs

  mo

- 50 mg or less
- 100
- 200
- 300 or more

Calcium only





  yrs

  mo

- 500 mg or less
- 1,000
- 1,500
- 2,000 or more

Magnesium only





  yrs

  mo

- 100 mg or less
- 200
- 300 or more

Selenium only





  yrs

  mo

- 50 ug or less
- 100
- 150
- 200 or more

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Participant  
Initials

F M L

<b>VITAMINS/SUPPLEMENTS cont.</b>	None	More than 7 per week	6-7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
Zinc only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
<input type="checkbox"/> 20 mg or less							
<input type="checkbox"/> 50							
<input type="checkbox"/> 75							
<input type="checkbox"/> 100 or more							

16. Other minerals *Please specify:*

Garlic pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Metamucil, psyllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
Ginseng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo

17. Other health or nutritional products (not mentioned) *Please specify:*

<b>NAME OF ITEM</b>	More than 7 per week	6-7 per week	3-5 per week	1-2 per week	How long taken in years and months?	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> yrs	<input type="text"/> <input type="text"/> mo

**THANK YOU FOR YOUR HELP AND PARTICIPATION IN THE ALLIANCE FOR HEALTHY HEARTS & MIND.**