

## SELF-ADMINISTERED QUESTIONNAIRE

(March 18, 2002)

### INSTRUCTIONS:

This is the second part of the health study you've been kind enough to participate in. We ask you to please fill out this questionnaire made of various sections. The first parts are about your personality, emotions, and ability to concentrate. Then, there is an entire section about your eating habits in the last year. The last part ask questions about your attitudes about smoking.

Before you fill out the answers, it's important to read the brief instructions at the beginning of each section.

Your answers are absolutely confidential. They will be seen only by people held to professional secrecy, and the information will be treated anonymously.

Please answer the questions in the order they're given; at the bottom of each page check if you've answered them all before you turn the page.

*If you feel tired, take a short break.*

If something is not clear, don't hesitate to ask for an explanation from the person who gave you the questionnaire.

[In the front page the following sentence is reported :

*For any information or explanations, you can call our Toll-Free Number 800.214.500 Monday – Friday, 10 a.m.- 12a.m. and 2;30 – 4:30 p.m.]*

First name \_\_\_\_\_

Last name \_\_\_\_\_

Maiden name \_\_\_\_\_

(for women write both last and maiden name)

Date of handout      |\_\_|\_\_| / |\_\_|\_\_| / |2|0|0|\_\_|  
                                  dd        mm            yy

Place of compilation

1.    |\_\_| Hospital
2.    |\_\_| Home
3.    |\_\_| Other place

## 1. PERSONALITY

**INSTRUCTIONS:** The following questions are about your habits and behavior, various character traits that a person might have.

There are no right or wrong answers. What's important is that you answer all the questions while thinking about the way you usually are and usually behave.

Read each item and put an X in the box which comes closest to how you've been feeling

	YES	NO
1. Does your mood often go up and down?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you take much notice of what people think?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a talkative person?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you say you will do something, do you always keep your promise no matter how inconvenient it might be?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever feel 'just miserable' for no reason?	<input type="checkbox"/>	<input type="checkbox"/>
6. Would being in debt worry you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you rather lively?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were you ever greedy by helping yourself to more than your share of anything?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you an irritable person?	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you take drugs which may have strange or dangerous effects?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you enjoy meeting new people?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever blamed someone for doing something you knew was really your fault?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are your feelings easily hurt?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you prefer to go your own way rather than act by the rules?	<input type="checkbox"/>	<input type="checkbox"/>
15. Can you usually let Yourself go and enjoy yourself at a lively party?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are all your habits good and desirable ones?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you often feel 'fed-up'?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do good manners and cleanliness matter much to you?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you usually take the initiative in making new friends?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever taken anything (even a pin or button) that belonged to someone else?	<input type="checkbox"/>	<input type="checkbox"/>
21. Would you call yourself a nervous person?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you think marriage is old-fashioned and should be done away with?	<input type="checkbox"/>	<input type="checkbox"/>
23. Can you easily get some life into a rather dull party?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever broken or lost something belonging to someone else?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you a worrier?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you enjoy co-operating with others?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you tend to keep in the background on social occasions?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does it worry you it you know there are mistakes in your work?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever said anything bad or nasty about anyone?	<input type="checkbox"/>	<input type="checkbox"/>
30. Would you call yourself tense or 'highly-strung'?	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you think people spend too much time safeguarding their future with savings and insurance?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you like mixing with people?	<input type="checkbox"/>	<input type="checkbox"/>
33. As a child were you ever cheeky to your parents?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you worry too long after an embarrassing experience?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you try not to be rude to people?	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you like plenty of bustle and excitement around you?	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever cheated at a game?	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you suffer from 'nerves'?	<input type="checkbox"/>	<input type="checkbox"/>
39. Would you like other people to be afraid of you?	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you ever taken advantage of someone?	<input type="checkbox"/>	<input type="checkbox"/>
41. Are you mostly quiet when you are with other people?	<input type="checkbox"/>	<input type="checkbox"/>
42. Do you often feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>
43. Is it better to follow society's rules than go your own way?	<input type="checkbox"/>	<input type="checkbox"/>
44. Do other people think of you as being very lively?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you always practice what you preach?	<input type="checkbox"/>	<input type="checkbox"/>
46. Are you often troubled about feelings of guilt?	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you sometimes put off until tomorrow what you ought to do today?	<input type="checkbox"/>	<input type="checkbox"/>
48. Can you get a party going?	<input type="checkbox"/>	<input type="checkbox"/>

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## 2. FEELINGS (HADS)

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**INSTRUCTIONS:** One of the goals of our study is to better understand the relationship between people's moods and feelings and medical illnesses. Ignore the number written to the left of each answer. Read each item and put an X in the box which comes closest to how you've been feeling in the past week.

**Don't take too long over your replies; your immediate reaction to each item will probably be more accurate than a long, thought out response.**

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a. I felt tense or "wound up":

1.  Most of the time
2.  A lot of the time
3.  From time to time, occasionally
4.  Not at all

b. I ~~still~~ enjoyed the things I used to enjoy:

1.  Definitely as much
2.  Not quite so much
3.  Only a little
4.  Hardly at all

c. I got a sort of frightened feeling as if something awful is about to happen:

1.  Very definitely and quite badly
2.  Yes, but not too badly
3.  A little, but it doesn't worry me
4.  Not at all

d. I could laugh and see the funny side of things:

1.  As much as I always could
2.  Not quite so much now
3.  Definitely not so much now
4.  Not at all

e. Worrying thoughts went through my mind:

1.  A great deal of the time
2.  A lot of the time
3.  From time to time but not too often
4.  Only occasionally

f. I felt cheerful:

1.  Not at all
2.  Not often
3.  Sometimes
4.  Most of the time

g. I could sit at ease and feel relaxed:

1.  Definitely
2.  Usually
3.  Not often
4.  Not at all

h. I felt as if I am slowed down

1.  Nearly all the time
2.  Very often
3.  Sometimes
4.  Not at all

i. I got a sort of frightened feeling like "butterflies" in the stomach:

1.  Not at all
2.  Occasionally
3.  Quite often
4.  Very often

l. I have lost interest in my appearance:

1.  Definitely
2.  I don't take so much care as I should
3.  I may not take quite as much care
4.  I take just as much care as ever

m. I felt restless as if I have to be on the move:

1.  Very much indeed
2.  Quite a lot
3.  Not very much
4.  Not at all

n. I looked forward with enjoyment to things:

1.  As much as ever I did
2.  Rather less than I used to
3.  Definitely less than I used to
4.  Hardly at all

o. I got sudden feelings of panic

1.  Very often indeed
2.  Quite often
3.  Not very often
4.  Not at all

p. I could enjoy a good book or radio or TV program:

1.  Often
  2.  Sometimes
  3.  Not often
  4.  Very seldom
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## 2.A ATTENTION AND ABILITY TO FOCUS

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**INSTRUCTIONS:** Please put an X in the box which best describes your behavior during the last 6 months.

1. Fail to give close attention to details or make careless mistakes in my work

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

2. Fidget with hands or feet or squirm in seat

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

3. Have difficulty sustaining my attention in tasks or fun activities

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

4. Leave my seat in situations in which sitting is expected

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

5. Don't listen when spoken to directly

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

6. Feel restless

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

7. Don't follow through on instructions and fail to finish work

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

8. Have difficulty engaging in leisure activities or doing fun things quietly

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

9. Have difficulty organizing tasks and activities

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

10. Feel "on the go" or "driven by a motor"

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

12. Talk excessively

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

13. Lose things necessary for tasks or activities

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

14. Blurt out answers before questions have been completed

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

15. Am easily distracted

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

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16. Have difficulty awaiting turn

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

17. Am forgetful in daily activities

- 0.  Never or rarely
- 1.  Sometimes
- 2.  Often
- 3.  Very often

18. Interrupt or intrude on others

- 0.  Never or rarely
  - 1.  Sometimes
  - 2.  Often
  - 3.  Very often
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### 3. DIET

The questions in this part refer to your diet over the last year.

If you were sick or in hospital in the last 6 months, please ignore that period and focus your attention on your eating habits before that period.

We ask you to please answer all the **questions marked with an arrow**, by putting an “x” in the box for the answer that describes best how many times on the average you ate each food. REMEMBER TO PUT AN “X” IN THE BOX EVEN IF THE ANSWER IS NEVER

#### EXAMPLE OF COMPILATION

- If during the summer last year you usually ate tomatoes 2 times a week and mixed salad with tomatoes once a week, you have to do an “x” as in the **example below (box 1)**.
- If during the last year (EXCEPT FOR THE SUMMER MONTHS) you usually ate tomatoes once a month, you have to do an “x” as in the **example below (box 2)**
- if during the last year you usually ate raw peppers once a week, you have to do an “x” as in the **example below (box 3)**

1. TOMATOES <u>in season</u> (summer months) (also consider those in mixed salads)?	2. TOMATOES (out of season) (also consider those in mixed salads)	3. RAW PEPPERS (also consider those in mixed salads)
<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a season <input type="checkbox"/> 7-11 times a season <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input checked="" type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input checked="" type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input checked="" type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day

► In the last year have you followed a specific diet? (fill in one of the circles)      NO      . YES

**If yes, why?** (check all that apply)

Medical reasons (diabetes, high blood pressure, high cholesterol or triglycerides, etc.)

To lose weight

Other (Macrobiotic or Vegetarian type diet)

**For the foods listed below, think of how many times you've eaten them during the last year and put an "x" in the box for the answer that best describes how many times on an average you've eaten each food (considering both lunch and dinner).  
PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER.**

<p><b>1. TOMATOES in season</b> (in summer) (including those also in mixed salads)</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a season  <input type="checkbox"/> 7-11 times a season  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>	<p><b>2 TOMATOES (out of season)</b> (including those also in mixed salads)</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a year  <input type="checkbox"/> 7-11 times a year  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>	<p><b>3. RAW PEPPERS</b> (including those also in mixed salads)</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a year  <input type="checkbox"/> 7-11 times a year  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>
<p><b>4. COOKED PEPPERS</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a year  <input type="checkbox"/> 7-11 times a year  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>	<p><b>5. RAW CARROTS</b> (including those also in mixed salads)</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a year  <input type="checkbox"/> 7-11 times a year  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>	<p><b>6. COOKED CARROTS</b></p> <p><input type="checkbox"/> Never  <input type="checkbox"/> 1-6 times a year  <input type="checkbox"/> 7-11 times a year  <input type="checkbox"/> Once a month  <input type="checkbox"/> 2-3 times a month  <input type="checkbox"/> Once a week  <input type="checkbox"/> 2 times a week  <input type="checkbox"/> 3-4 times a week  <input type="checkbox"/> 5-6 times a week  <input type="checkbox"/> Once a day  <input type="checkbox"/> 2 or more times a day</p>

<p><b>7. SALAD</b> (lettuce, red chicory, chicory or other leafy greens) (including those also in mixed salads)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>8. POTATOES</b> (Fried, Boiled, Roast, Mashed)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>9. VEGETABLE SOUFLLES or PIES</b> (all kinds)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>10. PEAS</b> (Fresh, Frozen, Canned)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>11. BEANS or CHICK PEAS</b> (Dried, Fresh, Canned)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>12. COOKED MUSHROOMS</b> (all kinds, including cultivated)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>13. BROCCOLI</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>14. BRUSSELS SPROUTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>15. CAULIFLOWER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>16. TURNIPS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>17. SAVOY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>18. BLACK CABBAGE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>19. COOKED ONIONS, SPRING ONIONS or LEEKS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>20. ONIONS or SPRING ONIONS</b> (including those also in mixed salad)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>21. COOKED SPINACH, SWISS CHARD, COSTE, ERBETTE COTTE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>22. COOKED EGGPLANTS, ZUCCHINI, STRING BEANS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>23. COOKED ARTCHOKES or FENNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>24. ARTICHOKEs, FENNEL, OR CELERY (In season)</b> (raw with salt and oil or in mixed salad)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>25. BEETS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>26. APPLES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>27. PEARS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>28. BANANAS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>29. KIWIS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>30. ORANGES or GRAPEFRUITS (in season)</b> (excluding freshly-squeezed)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>31. MANDARINS OR CLEMENTINES (in season))</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>32. GLASSES OF ORANGE OR GRAPEFRUIT JUICE (including freshly squeezed)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>33. GLASSES OF FRUIT JUICE (ex. pear, apple, apricot, peach)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>34. GRAPES (in season)</b> (consider a small bunch of grapes)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>35. PEACHES OR CLINGSTONES (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>36. APRICOTS (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>37. PLUMS (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>38. CUPS OF STRAWBERRY (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>39. SLICES OF MELON (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>40. SERVINGS OF FRUIT COCKTAILS (in season)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a season</li> <li><input type="checkbox"/> 7-11 times a season</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>41. WALNUTS, HAZELNUTS, ALMONDS, PEANUTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>42. DRIED FRUIT LIKE PRUNES AND DRIED FIGS, DATES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>43. COOKED HAM (PROSCIUTTO COTTO)</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>44. SMOKED HAM (PROSCIUTTO CRUDO)</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>45. SALAMI</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>46. BALONEY (MORTADELLA), WURSTEL</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>47. SALTED SLICED BEEF (BRESAOLA)</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>48. COPPA</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

<p><b>49. PANCETTA</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>50. SPECK</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>51. OTHER TYPES OF PROCESSED MEATS (TIPI DI AFFETTATI)</b> (consider also those you ate in sandwiches)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>
<p><b>52. PIZZA</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>53. PASTASCIUTTA WITH TOMATOES SAUCE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>	<p><b>54. PORK CHOPS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> 1-6 times a year</li> <li><input type="checkbox"/> 7-11 times a year</li> <li><input type="checkbox"/> Once a month</li> <li><input type="checkbox"/> 2-3 times a month</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> 2 times a week</li> <li><input type="checkbox"/> 3-4 times a week</li> <li><input type="checkbox"/> 5-6 times a week</li> <li><input type="checkbox"/> Once a day</li> <li><input type="checkbox"/> 2 or more times a day</li> </ul>

55. BEEF STEAK	56. HAMBURGER	57. VEAL CHOP OR CUTLET
<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day

58. CHICKEN
<input type="checkbox"/> Never <input type="checkbox"/> 1-6 times a year <input type="checkbox"/> 7-11 times a year <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> Once a week <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2 or more times a day

**Which method or methods did you use to prepare the following meats?** *(multiple answers are allowed)*  
*If you do not eat any kind of meat, put an X in the first column*

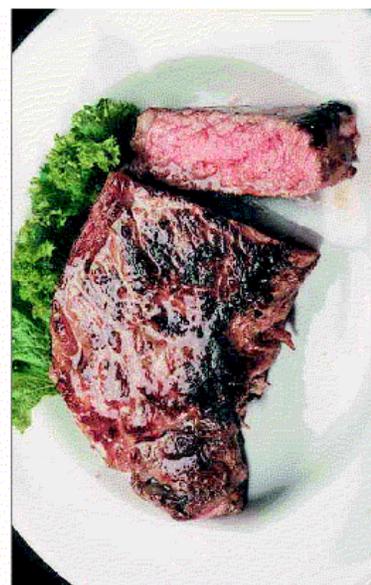
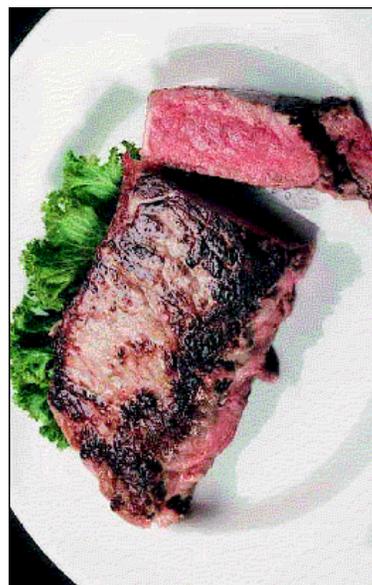
Food Item	Do not eat	<u>Grilling</u>	<u>Barbecue</u>		Roasting / baking	Braising or stewing	Frying, - Breaded and fried	Stir-frying
BEEF STEAK								
HAMBURGER								
PORK CHOPS								
VEAL CHOP OR CUTLET								
CHICKEN								

**If you eat the following meats, which degree of doneness do they usually have?**

Food item	<u>done</u>	<u>medium</u>	<u>rare</u>
	<u>(inside done)</u>	<u>(inside rose)</u>	<u>(inside red)</u>
Beef Steak			
Hamburgers			
Pork chops			
Veal chop or cutlet			
Chicken			

**If you eat the following food items, which degree of browning do they usually have?**

Please use the following four sets of 3 pictures as an indicator for the degree of browning of all listed food items.



Beef steak

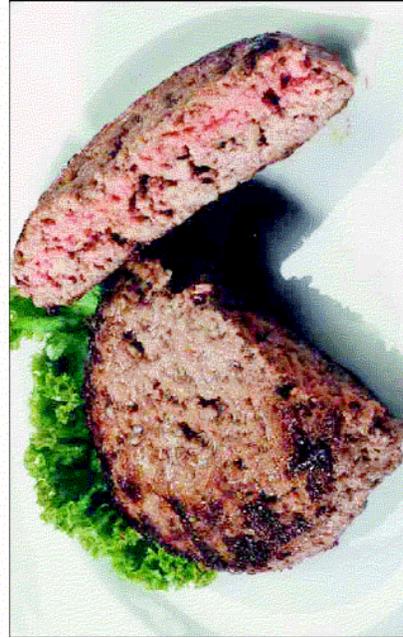
A

B

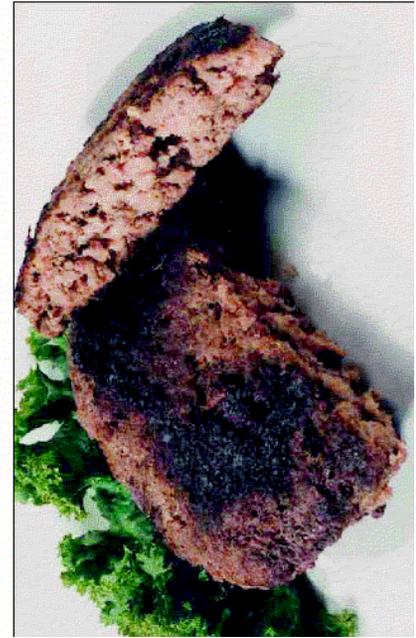
C



A

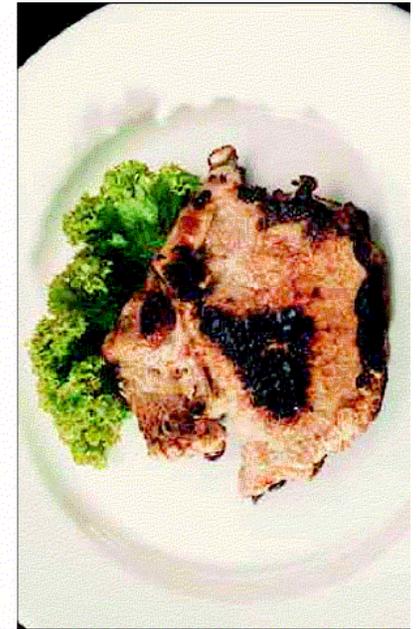
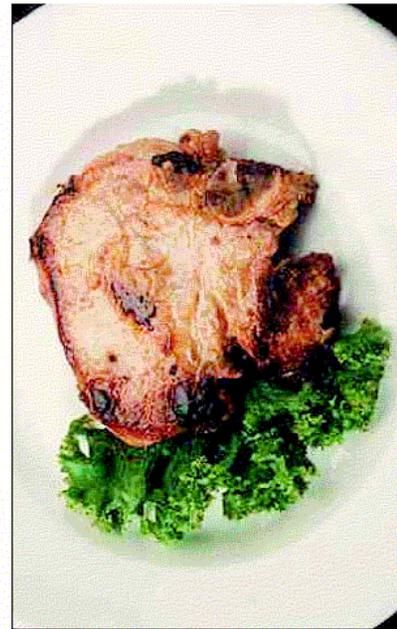
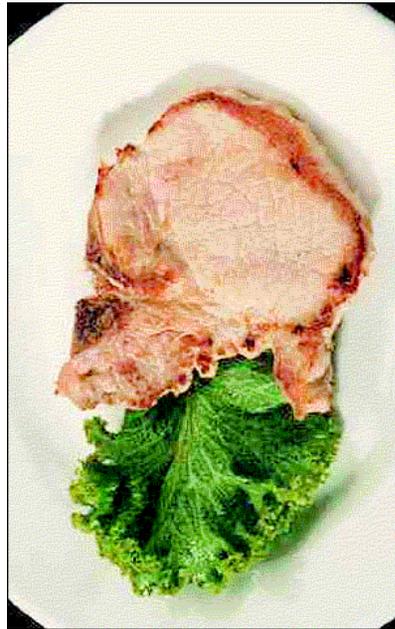


B



C

Hamburger

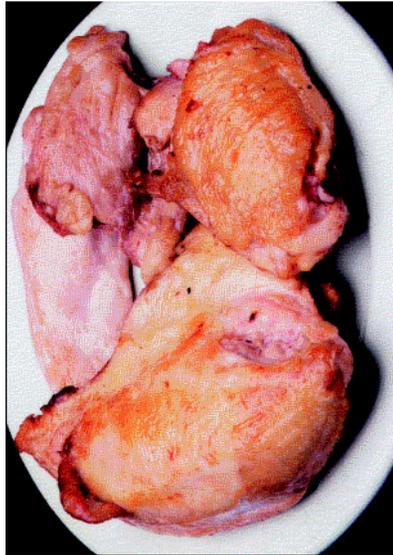


Pork chop  
Veal chop, cutlet

A  
A

B  
B

C  
C



Chicken

A

B

C

#### 4. VITAMINS

**How often did you take MULTIVITAMIN PILLS in the last year?**

PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER

- Never
- Less than 1 day per month
- 1-3 days a month
- 1-3 days a week
- 4-6 days a week
- everyday

**Without considering the ones already present in multivitamin pills, put an "x" in the box for how many times on an average in the last year you've taken:** PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER

BETA-CAROTENE	VITAMIN A	VITAMIN C	VITAMIN E
<ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than 1 day per month</li> <li><input type="checkbox"/> 1-3 days a month</li> <li><input type="checkbox"/> 1-3 days a week</li> <li><input type="checkbox"/> 4-6 days a week</li> <li><input type="checkbox"/> everyday</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than 1 day per month</li> <li><input type="checkbox"/> 1-3 days a month</li> <li><input type="checkbox"/> 1-3 days a week</li> <li><input type="checkbox"/> 4-6 days a week</li> <li><input type="checkbox"/> everyday</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than 1 day per month</li> <li><input type="checkbox"/> 1-3 days a month</li> <li><input type="checkbox"/> 1-3 days a week</li> <li><input type="checkbox"/> 4-6 days a week</li> <li><input type="checkbox"/> everyday</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Never</li> <li><input type="checkbox"/> Less than 1 day per month</li> <li><input type="checkbox"/> 1-3 days a month</li> <li><input type="checkbox"/> 1-3 days a week</li> <li><input type="checkbox"/> 4-6 days a week</li> <li><input type="checkbox"/> everyday</li> </ul>

**If during the last year you've taken one of the vitamins listed above, put an "x" for how many years in the past you've taken it.**

MULTIVITAMIN PILLS	BETA-CAROTENE	VITAMIN A	VITAMIN C	VITAMIN E
<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-4 years</li> <li><input type="checkbox"/> 5-9 years</li> <li><input type="checkbox"/> 10 or more years</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-4 years</li> <li><input type="checkbox"/> 5-9 years</li> <li><input type="checkbox"/> 10 or more years</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-4 years</li> <li><input type="checkbox"/> 5-9 years</li> <li><input type="checkbox"/> 10 or more years</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-4 years</li> <li><input type="checkbox"/> 5-9 years</li> <li><input type="checkbox"/> 10 or more years</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 1 year</li> <li><input type="checkbox"/> 1-4 years</li> <li><input type="checkbox"/> 5-9 years</li> <li><input type="checkbox"/> 10 or more years</li> </ul>

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## 5. WINE AND OTHER BEVERAGES

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In this section, we'd like you to remember your drinking alcoholic beverages during some periods of your life.

**During the last year, you drank:**

Wine	YES <input type="checkbox"/>	<input type="checkbox"/> NO, but in the past, I did	<input type="checkbox"/> NO, I never did
Beer	YES <input type="checkbox"/>	<input type="checkbox"/> NO, but in the past, I did	<input type="checkbox"/> NO, I never did
Liquor, hard-liquors	YES <input type="checkbox"/>	<input type="checkbox"/> NO, but in the past, I did	<input type="checkbox"/> NO, I never did

If you've never drunk any kind of alcoholic beverage (wine, beer, or liquor) go to the next section (page 28)

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**In the period FROM 18 TO 25 YEARS put an X on the times you've drunk: PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER**

<b>GLASSES OF WINE</b>	<b>GLASSES OF ALCOHOLIC APERITIFS OR LIQUEUR-LIKE WINE</b> (ex. Martini, Vermouth, Port, sweet white raisin wine, etc)	<b>GLASSES OF HARD LIQUOR, BITTERS, OR LIQUEURS</b> (ex Whisky, Vodka, Brandy, Rhum, Gin, Cognac, Grappa, Sambuca)	<b>CANS OR BOTTLES OF BEER</b>
<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day

**In the period FROM 26 TO 45 YEARS put an X on the times you've drunk: PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER**

<b>GLASSES OF WINE</b>	<b>GLASSES OF ALCOHOLIC APERITIFS OR LIQUEUR-LIKE WINE</b> (ex. Martini, Vermouth, Port, sweet white raisin wine, etc)	<b>GLASSES OF HARD LIQUOR, BITTERS, OR LIQUEURS</b> (ex Whisky, Vodka, Brandy, Rhum, Gin, Cognac, Grappa, Sambuca)	<b>CANS OR BOTTLES OF BEER</b>
<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day

In the period **FROM 46 YEARS ON** put an X on the times you've drunk: PUT AN "X" IN THE BOX EVEN IF THE ANSWER IS NEVER

GLASSES OF WINE	GLASSES OF ALCOHOLIC APERITIFS OR LIQUEUR-LIKE WINE (ex. Martini, Vermouth, Port, sweet white raisin wine, etc)	GLASSES OF HARD LIQUOR, BITTERS, OR LIQUEURS (ex Whisky, Vodka, Brandy, Rhum, Gin, Cognac, Grappa, Sambuca)	CANS OR BOTTLES OF BEER
<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day	<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2-3 times a month <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5-6 times a week <input type="checkbox"/> Once a day <input type="checkbox"/> 2-3 times a day <input type="checkbox"/> 4-5 times a day <input type="checkbox"/> 6 or more times a day

## 6. ATTITUDES ABOUT SMOKING

**This section has questions concerning your knowledge about the effects of smoking.**

	None	Some- what	Very much	Don't know
1. How much of a connection do you believe there is between smoking and the amount or kind of illness people get?				

	None	Some- what	Very much	Don't know
2. How much of a connection do you believe there is between smoking and lung cancer?				

3. Do you believe a smoker is more likely to have the health problems listed below?

	Not more likely	Slightly more likely	Much more likely	Don't know
Heart disease				
Lung cancer				
Bladder cancer				
Cancer of the larynx or voice box				
Cancer of the cervix (if female)				
Emphysema				
Chronic bronchitis				
Frequent coughing				

	Not at all	Slightly	Fairly	Very	Don't know
4. In your opinion, how much of a connection is there between a smoker's genetic make-up and their risk of getting lung cancer?					
5. How concerned are you about the possible effects of smoking on your health?					
6. In your opinion, how much does quitting smoking improve overall health?					

## 7. STAGE OF QUITTING AND CONFIDENCE

*Only for (current) smokers*

**With these three questions, we'd like to find out if you've ever thought about quitting and about how confident you feel about this possibility**

1. Please check the one which best describes you.

1.  I am not seriously considering quitting in the next 6 months.
2.  I am seriously considering quitting in the next 6 months.
3.  I am planning to quit in the next 30 days

2. How much, if at all, do you want to quit smoking?

1.  Not at all
2.  A little
3.  Some-what
4.  Quite a bit
5.  Very much

3. How confident are you that you could quit smoking for good?

1.  Not at all
  2.  A little
  3.  Some-what
  4.  Quite a bit
  5.  Very much
-

## 8.CONCLUSIONS

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Date completed      |\_|\_|\_| / |\_|\_|\_| / |2|0|0|\_|\_|  
                                 dd            mm                    yy

Did anyone help you fill out this questionnaire?

- 0. No                                    |\_|\_|
- 1. Person who gave it to me    |\_|\_|
- 2. Spouse                            |\_|\_|
- 3. Relative                         |\_|\_|
- 4. Friend                            |\_|\_|
- 5. Other                             |\_|\_|

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**Thank you very much for your valuable collaboration.  
Congratulations! You have now completed the questionnaire.  
Please remember to give this questionnaire back to the person who gave it to  
you  
OR to mail it back in the attached stamped envelope.**

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