

# Dietary Assessment

ID:       —

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

1. Do you currently take multi-vitamins? (Please report **other individual** vitamins in question 2.)

- No  Yes → If YES, a) How many do you take per week?  
 2 or less  3-5  6-9  10 or more
- b) For how many years have you taken them?  
 0-1  2-4  5-9  10 or more
- c) What specific brand do you usually use? →

Specify exact brand and type

2. Not counting multi-vitamins, do you take any of the following preparations:

a) Vitamin A?  No  Yes, seasonal only  Yes, most months → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 8,000 IU  8,000 to 12,000 IU  13,000 to 22,000 IU  23,000 IU or more  Don't know

b) Vitamin C?  No  Yes, seasonal only  Yes, most months → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 400 mg.  400 to 700 mg.  750 to 1250 mg.  1300 mg. or more  Don't know

c) Vitamin B<sub>6</sub>?  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 10 mg.  10 to 39 mg.  40 to 79 mg.  80 mg. or more  Don't know

d) Vitamin E?  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 100 IU  100 to 250 IU  300 to 500 IU  600 IU or more  Don't know

e) Selenium  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 80 mcg.  80 to 130 mcg.  140 to 250 mcg.  260 mcg. or more  Don't know

f) Iron?  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 51 mg.  51 to 200 mg.  201 to 400 mg.  401 mg. or more  Don't know

g) Zinc?  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 25 mg.  25 to 74 mg.  75 to 100 mg.  101 mg. or more  Don't know

h) Calcium? (Include Calcium in Dolomite and Tums, etc.)  No  Yes → If YES, {  
 How many years?  0-1 yr.  2-4 years  5-9 years  10+ years  Don't know  
 What dose per day?  Less than 400 mg.  400 to 900 mg.  901 to 1300 mg.  1301 mg. or more  Don't know

i) Are there other supplements that you take on a regular basis? Please mark if yes:

- Metamucil  Cod liver oil  Iodine  Beta-carotene  Other (please specify)
- Vitamin D  Folic acid  Copper  Niacin
- B-Complex Vitamins  Omega-3 fatty acids  Brewer's yeast  Magnesium

3. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

**AVERAGE USE LAST YEAR**

	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
<b>DAIRY FOODS</b>									
Skim or low fat milk (8 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole milk (8 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Cream (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage or ricotta cheese (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cheese, e.g. American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (pat), added to food or bread; exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butter (pat), added to food or bread; exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What form of margarine do you usually use? →

- None  Stick  Tub  Extra light
- 'Lite' stick  'Lite' tub  Squeeze

What specific brand and type (e.g., Parkay Corn Oil Spread)



3. (Continued) Please fill in your **average use, during the past year, of each specified food.**

Please try to average your seasonal use of foods over the entire year. For example, if a food such as peaches are eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
<b>FRUITS</b>									
Fresh apples or pears (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice or grapefruit juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruits, fresh, frozen, or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
<b>VEGETABLES</b>									
Tomatoes (1) or Tomato juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage, cauliflower, or Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frozen, canned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach or collard greens, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow (winter) squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
<b>MEAT, SWEETS, BAKED GOODS, CEREAL, MISC.</b>									
Eggs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, with skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, without skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagna, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie, homemade (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pie, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold breakfast cereal (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (slice), including wheat pita bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fried potatoes (4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice or Pasta, e.g., spaghetti, noodles, etc. (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil and vinegar dressing, e.g., Italian, (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



4. (Continued) Please fill in your average use, during the past year, of each specified food.

	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY	
<b>BEVERAGES</b>										
Coffee, <u>not</u> decaffeinated (1 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea (1 cup), not herbal tea	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine (4 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g. whiskey, gin, etc. (1 drink or shot)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low calorie carbonated beverage, e.g., Diet Coke	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carbonated beverage with sugar, e.g., Coke, Pepsi	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hawaiian Punch, lemonade, or other fruit drinks	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consider the serving size as 1 glass, bottle or can for these fruit and carbonated beverages.

5. How many teaspoons of sugar do you add to your beverages or food each day?   0  1  2  3  4  5  6  7  8  9  5

6. Which cold breakfast cereal do you usually eat?   0  1  2  3  4  5  6  7  8  9  6  
 Don't eat cold breakfast cereal  0  1  2  3  4  5  6  7  8  9  a

7. How much of the visible fat on your beef, pork or lamb do you remove before eating?  
 Remove all visible fat  Remove most  Remove small part of fat  Remove none  Don't eat meat  7

8. What kind of fat do you usually use for frying and sautéing at home? (Exclude "Pam"-type spray)  
 Real butter  Margarine  Vegetable oil  Vegetable shortening  Lard  8

9. What kind of fat do you usually use for baking at home?  
 Real butter  Margarine  Vegetable oil  Vegetable shortening  Lard  9

10. How often do you eat food that is fried at home? (Exclude "Pam"-type spray)  
 Less than once a week  1-3 times per week  4-6 times per week  Daily  10

11. How often do you eat fried food away from home? (e.g. french fries, fried chicken, fried fish)  
 Less than once a week  1-3 times per week  4-6 times per week  Daily  11

12. What type of cooking oil do you usually use at home (e.g. Mazola Corn Oil)?   0  1  2  3  4  5  6  7  8  9  12  
 0  1  2  3  4  5  6  7  8  9  a

13. Do you use a microwave oven?  
 Yes  No  
 If yes, for how many years?   0  1  2  3  4  5  6  7  8  9  12  
 0  1  2  3  4  5  6  7  8  9  a

14. Do you currently follow a physician-prescribed special diet?  
 Yes  No  
 a) If yes, for how many years?   0  1  2  3  4  5  6  7  8  9  14  
 0  1  2  3  4  5  6  7  8  9  a  
 b) If yes, what kind of diet do you follow? (Select more than one if necessary.)  
 Weight reduction (low calorie)  Low cholesterol  Low sodium  0  1  2  3  4  5  6  7  8  9  
 Diabetic  Low fat  Low triglyceride  Ulcer  High Potassium  0  1  2  3  4  5  6  7  8  9  
 Other   0  1  2  3  4  5  6  7  8  9

15. How has your use of the following foods and beverages changed over the **PAST FIVE YEARS?**

FOOD	USE HAS DECREASED	USE ABOUT THE SAME	USE HAS INCREASED	
a) Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Margarine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Red meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Whole wheat bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Whole grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>