

B3. Are there any particular foods you do not eat (for example, because of allergies or for other reasons)?

B4. Do you ever get up in the middle of the night to eat or drink anything? If yes, how often and what do you eat or drink?

B5. Do you drink coffee or tea? If yes, how many cups of each in a day?

Coffee	Tea
<input type="checkbox"/> Regular	<input type="checkbox"/> Regular
<input type="checkbox"/> De-Caf	<input type="checkbox"/> De-Caf
	<input type="checkbox"/> Herbal

B6. Do you drink grapefruit or orange juice? If yes, how much and how often?

B7. Do you eat fast food? Yes No

B8. What fast food do you usually eat?

B9. How often do you eat fast food? _____

B10. Do you drink alcohol? Yes No

If yes, please answer all that apply:

Beer. How much each time and how often?

Wine. How much each time and how often?

Hard liquor. How much each time and how often?

DO NOT DATA ENTER PK-DIET.